SECOND EDITION

LOUISE WEIHEN

EXPLORING EARLY CHILDHOOD





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INTRODUCTION

About this book

This full-colour new edition of *Exploring Early Childhood* has been comprehensively updated to fully align with the New South Wales Stage 6 syllabus. The text meticulously covers the three core modules – Pregnancy and Childbirth, Child Growth and Development, and Promoting Positive Behaviour – and seven of the most popular optional modules for this subject. Written by Louise Weihen, a highly experienced teacher, this book is a practical and contemporary standalone resource.

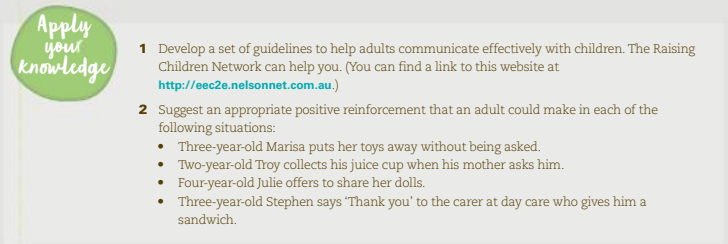


Chapter outcomes help students and teachers monitor their progress over the course of study.

Key terms are essential words and terminology that appear at the start of each chapter. Teachers can explicitly pre-teach these terms before study of the chapter begins. They allow students to familiarise themselves with important phrases and concepts, and they combine to build up a glossary of knowledge from chapter to chapter.

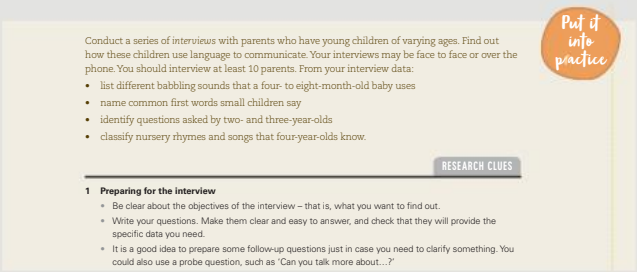
Apply your knowledge

These questions and exercises are placed throughout each chapter, and provide a chance for students to consolidate and extend their understanding of the concepts covered. They are sequentially arranged to assess foundation level skills, from remembering information and showing a basic understanding, to higher-order skills that involve application, analysis, synthesis and evaluation.



Put it into practice

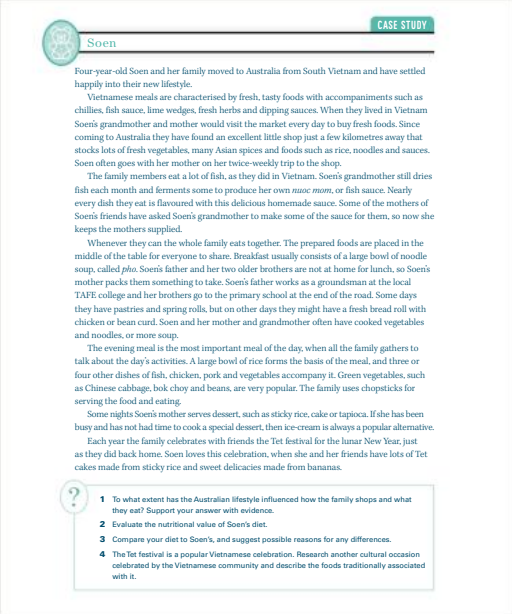
These practical, project-based tasks, such as interviews, critical reviews and research projects, are designed to put into practice key concepts from the chapter. They also match the instruments of assessment suggested in the syllabus.



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Case study

Each chapter features a case study, linking the theory to real-world situations, with questions to check comprehension.



CASE STUDY

Soen

Four-year-old Soen and her family moved to Australia from South Vietnam and have settled happily into their new lifestyle.

Vietnamese meals are characterised by fresh, tasty foods with accompaniments such as chillies, fish sauce, lime wedges, fresh herbs and dipping sauces. When they lived in Vietnam Soen's grandmother and mother would visit the market every day to buy fresh foods. Since coming to Australia they have found an excellent little shop just a few kilometres away that stocks lots of fresh vegetables, many Asian spices and foods such as rice, noodles and sauces. Soen often goes with her mother on her twice-weekly trip to the shop.

The family members eat a lot of fish, as they did in Vietnam. Soen's grandmother still dries fish each month and ferments some to produce her own *nuoc mom*, or fish sauce. Nearly every dish they eat is flavoured with this delicious homemade sauce. Some of the mothers of Soen's friends have asked Soen's grandmother to make some of the sauce for them, so now she keeps the mothers supplied.

Whenever they can the whole family eats together. The prepared foods are placed in the middle of the table for everyone to share. Breakfast usually consists of a large bowl of noodle soup, called *pho*. Soen's father and her two older brothers are not at home for lunch, so Soen's mother packs them something to take. Soen's father works as a groundsman at the local TAFE college and her brothers go to the primary school at the end of the road. Some days they have pastries and spring rolls, but on other days they might have a fresh bread roll with chicken or bean curd. Soen and her mother and grandmother often have cooked vegetables and noodles, or more soup.

The evening meal is the most important meal of the day, when all the family gathers to talk about the day's activities. A large bowl of rice forms the basis of the meal, and three or four other dishes of fish, chicken, pork and vegetables accompany it. Green vegetables, such as Chinese cabbage, bok choy and beans, are very popular. The family uses chopsticks for serving the food and eating.

Some nights Soen's mother serves dessert, such as sticky rice, cake or tapioca. If she has been busy and has not had time to cook a special dessert, then ice-cream is always a popular alternative.

Each year the family celebrates with friends the Tet festival for the lunar New Year, just as they did back home. Soen loves this celebration, when she and her friends have lots of Tet cakes made from sticky rice and sweet delicacies made from bananas.

1 To what extent has the Australian lifestyle influenced how the family shops and what they eat? Support your answer with evidence.
2 Evaluate the nutritional value of Soen's diet.
3 Compare your diet to Soen's, and suggest possible reasons for any differences.
4 The Tet festival is a popular Vietnamese celebration. Research another cultural occasion celebrated by the Vietnamese community and describe the foods traditionally associated with it.

Chapter quiz

At the end of every chapter, a quiz featuring multiple-choice, short-answer and extended response questions allows students to check their understanding.



CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 Play that is very physical, vigorous, intense and social in nature is referred to as 1 MARK
A aggressive play. B free play. C rough-and-tumble play. D solitary play.

2 Which of the following terms is used to describe toys that have many uses and stimulate a child's imagination? 1 MARK
A closed B expensive C homemade D open-ended

3 The social play that is characterised by children playing actively together and sharing is 1 MARK
A associative. B constructive. C cooperative. D functional.

4 Which of the following play theorists encouraged teasing in the parent–child relationship and believed in the value of free play? 1 MARK
A Friedrich Froebel B Susan Isaacs C Maria Montessori D Brian Sutton-Smith

5 Which of the following is an appropriate play activity to enhance the physical development of a preschooler? 1 MARK
A I-spy B hopscotch C puppet shows D tummy time

PART B: 20 marks

6 Identify three benefits of superhero play for child development. 3 MARKS
7 Describe one appropriate play experience for toddlers. 2 MARKS
8 Compare adult and child play. 4 MARKS
9 Recommend suitable indoor and outdoor play equipment for young children. 6 MARKS
10 Analyse the value of play for a child's development. 5 MARKS

PART C: 30 marks

11 a Outline the importance of practice to children's play. 2 MARKS
b Discuss the influence physical development has on play. 5 MARKS
c Assess how each of the types of cognitive play contributes to a child's development. 8 MARKS

12 a Describe the role of adults in children's play. 3 MARKS
b Discuss how individual differences in children influence their play. 4 MARKS
c Evaluate the influence of physical and social environments on children's play. 8 MARKS

Weblinks

All related weblinks can be found at **http://eec2e.nelsonnet.com.au**.

About the author

Louise Weihen is a passionate educator with over 25 years' experience in a variety of schools and systems. She was a member of the Board of Studies writing team for the Community and Family Studies Syllabus, and she has been an HSC exam assessor, writer and marker in a range of subject areas. Louise has worked as a consultant with all school sectors in New South Wales to develop resources, conduct study and revision seminars with students, and facilitate professional development workshops for teachers. Louise first started writing resources and textbooks more than 20 years ago, with an ongoing commitment to working on a variety of titles for use in Food Technology, Design and Technology, Hospitality, Community and Family Studies, and Exploring Early Childhood.

Louise's current position sees her committed to guiding young people to become independent learners who achieve to the best of their ability. She works with students in a positive, supportive and challenging way so that the young person strives for excellence. This role involves the development of a positive relationship with the young person, their teachers, both academic and pastoral leaders, and parents, so that all work together as a team.

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1 PREGNANCY AND CHILDBIRTH

Overview

Pregnancy and childbirth are important times for parents-to-be. Chapter 1 examines the physical and emotional demands on the mother during pregnancy and childbirth, and also considers the implications for the father and other family members. Contemporary issues related to becoming parents are also investigated.



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Learning objectives

After studying this chapter, you will be able to:

- analyse the factors that impact on pregnancy
- identify the stages of foetal development
- investigate the effects of a range of drugs during pregnancy
- discuss how pregnancy affects different family members
- examine the availability and accessibility of various birthing alternatives
- discuss the importance of postnatal follow-up for new mothers and babies
- examine postnatal issues and behaviours
- critically examine a contemporary issue relating to pregnancy and childbirth.



WORK IT OUT

Keep a glossary, in electronic or print form, of the important terms you learn throughout *Exploring Early Childhood*. Arrange them in alphabetical order, starting with the key terms for this chapter.



KEY TERMS

amniotic sac
bag of clear fluid in which a baby floats before birth; cushions against shock and thus protects baby

assisted reproductive technology (ART)
range of methods used to achieve pregnancy by manipulating ova or sperm

bonding
intense attachment that develops between parents and their baby

chromosomes
threadlike protein structures that carry genes

dilate
stretching of the cervix during labour to about 10 cm, to allow a baby to enter the birth canal (vagina)

episiotomy
an intentional cut of the perineum, using scissors, to avoid uncontrolled tearing during delivery of a baby

fertilisation
process by which one sperm penetrates an ovum membrane and the two sex cells join to form a new life

genes
packages of information about an individual's physical characteristics and body functions

implantation
process by which a fertilised ovum attaches to the lining of the uterus wall

jaundice
liver condition that yellows a baby's skin and whites of the eyes; caused by an increase in the bile pigments in the blood

ovulation
release of an ovum from the ovary, occurring midway through the menstrual cycle

ovum
female reproductive cell or egg that contains the female's genetic information

placenta
organ through which a developing baby feeds, breathes and excretes waste matter while in the uterus; attaches to the wall of the uterus and grows with the baby

sperm
microscopic male reproductive cell that carries a male's genetic information to a female's ovum

trimester
three-month section of a pregnancy's nine months

umbilical cord
cord made up of blood vessels that link the baby with the placenta; carries oxygen, blood and wastes

Pregnancy

A new life is created when a woman and a man have sexual intercourse and a sperm from the male joins with an ovum from the female in the process of fertilisation. A baby is conceived and begins to grow and develop in the woman, who is now pregnant.

The process of conception

A woman's menstrual cycle is approximately 28 days long, although this can vary. In the first part of the cycle, the uterus lining is built up, preparing for a potential pregnancy. Halfway through the cycle, or about 14 days before a period is due, ovulation takes place, and an ovum, or egg, is released and begins to move slowly along the fallopian tube. (If there is no fertilised ovum, the lining breaks down and is removed when the woman has her period, through a process called menstruation.)

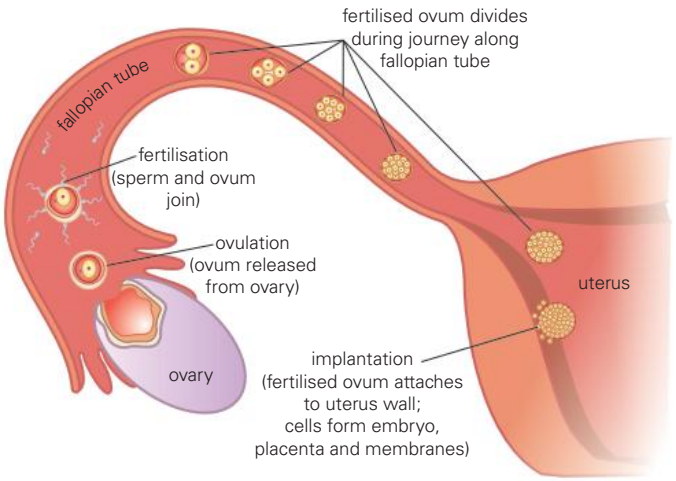


FIGURE 1.1 The process of ovulation, fertilisation and implantation

Sperm in males is produced in the testes. During intercourse millions of sperm are released through the penis in a thick milky substance called semen, and propel themselves along with their tails. A few thousand of these sperm will reach the ovum that has been released into the fallopian tube; however, only one sperm can pierce the ovum cell membrane to fertilise it.

After fertilisation, the fertilised ovum – now called a zygote – continues along the fallopian tube towards the uterus. During this four-day journey the cell divides into four, then eight, and so on, doubling the number of cells with each division. On reaching the uterus implantation takes place. The fertilised ovum – now called a blastocyst – is now made up of many cells; these cells will develop into an embryo and form the placenta and the membranes.

Genetic inheritance

At fertilisation a baby inherits 23 chromosomes from each parent's reproductive cell, creating a full set of 46, or 23 pairs. Each chromosome has a distinct size and shape and contains a strand of DNA (deoxyribonucleic acid). On each DNA strand there are genes, small proteins that work in pairs to influence physical characteristics and the potential development of individuals. They determine such things as sex, hair colour and texture, maturation rate, body type, eye colour, potential for intelligence and some personality traits.

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Normally every cell in the body carries 46 chromosomes. If the ovum or sperm carries a defective gene or chromosome, or if both do, there may be an error during cell division and the baby may be affected by a chromosomal disorder. The defect may involve a change in the number, structure or arrangement of the chromosomes. Down syndrome is an example of a chromosomal disorder.

The father's chromosomes determine the sex of a baby, as sperm have either an X or a Y chromosome, while ova have only an X. When an X sperm fertilises an ovum, the baby is a girl. When a Y sperm fertilises an ovum, the baby is a boy.

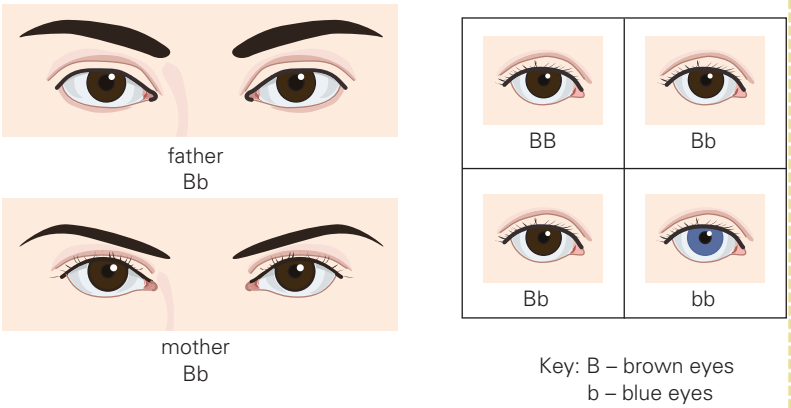


FIGURE 1.2 Genetic inheritance of eye colour

The effects of some genes hide the effects of others, and are therefore known as dominant, while those hidden are called recessive. **Figure 1.2** shows how an individual's eye colour is determined by the genes inherited from the father and the mother.



WORK IT OUT

According to Figure 1.2, what is the probability of a child from these parents having blue eyes?

Assisted reproductive technology

For some people infertility, or the inability to conceive or produce a child, is a real and heartbreaking problem. Some people may choose adoption or fostering, and assisted reproductive technology (ART) is also an option. According to the Australian Institute of Health and Welfare, approximately 4 per cent of women who give birth in Australia have received some form of ART treatment. Some of the methods are discussed below.

IVF (in-vitro fertilisation)

There are several steps to this process, as shown in **Figure 1.3**. First, the woman is given a fertility drug to help the ovaries produce more eggs. Just before ovulation occurs, the eggs are removed using a fine needle under ultrasound guidance, with the woman under light anaesthetic. The eggs are mixed with the man's sperm and fertilised. The fertilised eggs are incubated for two to four days and then the healthiest embryos (usually two) are placed in the uterus, through the cervix, using a catheter.

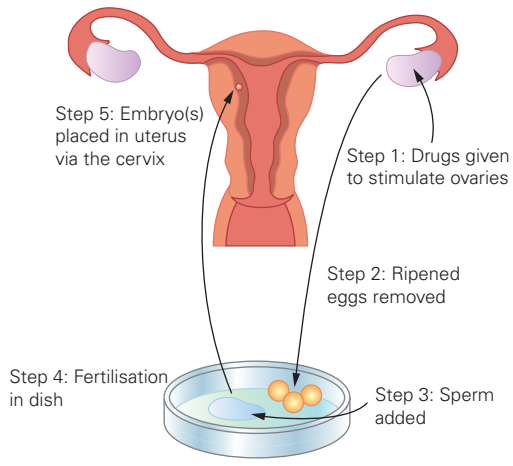


FIGURE 1.3 Steps in IVF

AID (artificial insemination by donor)

This involves a male donor's sperm being used in the IVF process or placed near the cervix, using a syringe, so that the sperm can swim up to the egg.

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GIFT (gamete intrafallopian transfer)

This process aims to help fertilisation take place, but it is used less nowadays due to improvements in IVF. The woman's eggs are removed in the same way as in IVF and then placed in the fallopian tube along with the man's sperm, using a catheter.

Other methods

ZIFT (zygote intrafallopian transfer) and TET (tubal embryo transfer) are similar to IVF, except the fertilised egg, or zygote, is placed in the fallopian tube instead of the uterus. These procedures are rarely used now due to improved success with IVF.

ICSI (intracytoplasmic sperm injection) involves an egg being retrieved as it would in IVF; a single sperm is then inserted directly into the egg, before it is placed in the uterus.

FET (frozen embryo transfer) occurs when a frozen embryo – previously fertilised and stored – is thawed and placed in the uterus.

TESE (testicular sperm extraction) is used when there is a blockage in the man's genital tract. Under local anaesthetic, sperm is removed directly from the testes through a biopsy.

Genetic counselling

It is possible to predict some genetic disorders in babies, and for those with a family history of genetic disease a genetic counsellor is recommended. Counselling can be helpful if either parent-to-be or a blood relative has a genetic disorder, for example cystic fibrosis, muscular dystrophy, Down syndrome or spina bifida. For some disorders, a couple can learn a lot about the wellbeing of future children through pre-pregnancy tests and from counselling about genetic make-up, health and habits.

Through screening processes, the genetic disorders an individual may carry can be identified and the chances of passing such diseases on to children assessed. There are also tests for genetic diseases that are common among particular ethnic groups. If in the past a couple has had problems with pregnancies, such as miscarriage, stillbirth or other children with birth defects, they might also seek genetic counselling.

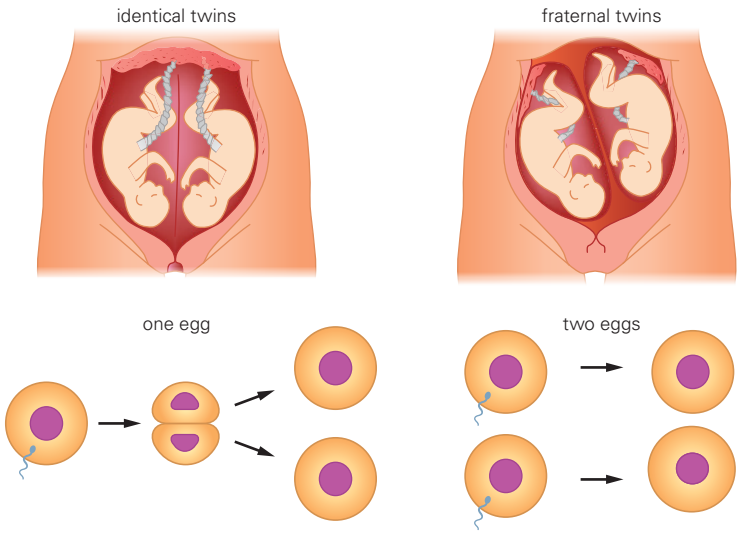


FIGURE 1.4 How identical and fraternal twins occur

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Multiple births

According to the Australian Bureau of Statistics there were 4316 sets of twins born in Australia in 2014, representing 1.5 per cent of all births, and 65 sets of triplets or higher multiples, representing 0.02 per cent of births. Overall, multiple births have been increasing since the start of the 21st century due to the increased use of fertility drugs and other ART, in part due to the delay in childbearing for women and the number of older mothers.

Identical twins are conceived when one sperm fertilises one ovum and this splits, creating two developing foetuses with the same genetic information. In some cases, when the split occurs after the first three days, the foetuses will share a placenta; if the split does not occur until about two weeks there is an increased risk of conjoined twins. *Fraternal* twins are conceived when two separate sperm fertilise two separate ova. Fraternal twins always have separate placentas.

Fertility problems

Fertility is an issue for both men and women. For most couples, pregnancy will occur naturally within a year of trying to conceive, but for more than 10 per cent of couples in Australia this is not the case. Infertility is the inability to conceive after 12 months of unprotected intercourse or the inability to carry a pregnancy to a live birth.

There is a range of possible causes of infertility for both men and women, as outlined in **Table 1.1**. Statistically we know that:

- 30 per cent of infertility cases are due to female factors alone
- 30 per cent of infertility cases are due to male factors alone
- 30 per cent of infertility cases are due to both female and male factors
- 10 per cent of infertility cases remain unexplained.

TABLE 1.1 Possible causes of infertility in women and men

Women	Men
blocked or damaged fallopian tubes	low sperm production (azoospermia)
ovulation problems	blockage in the genital tract
hormonal imbalances (e.g. polycystic ovary syndrome, or PCOS)	slow-swimming sperm (low motility)
endometriosis	defects resulting from injury or infection
autoimmune disorders (e.g. lupus, diabetes, thyroid disease, rheumatoid arthritis)	
genetic disorders (e.g. Turner syndrome in females, Klinefelter syndrome in males)	
sexually transmitted infections (e.g. chlamydia in females, gonorrhoea in males)	
medications (e.g. antidepressants, painkillers, antibiotics)	
lifestyle factors (e.g. smoking, alcohol, illicit drug use)	
exposure to environmental hazards (e.g. chemicals, radiation, electromagnetic emissions, high mental stress)	
age (i.e. over 35 for females, over 45 for males)	
being overweight or underweight	

Apply your knowledge

1 Describe the process of conception. Be sure to refer to ovulation, fertilisation and implantation.

2 Using the Internet, find an animation showing how a single baby, identical twins and fraternal twins are conceived. Write a paragraph that explains the differences between each. Use the following words in your answer:
- blastocyst
- fertilise
- placenta
- splitting
- uterus
- zygote.

3 Visit the Your Fertility website (you can find a link to the website at **http://eec2e.nelsonnet.com.au**) and summarise two important ideas about how each of the following factors can affect fertility:
a age
b weight
c smoking
d alcohol.

4 Investigate one genetic disorder (for example, cystic fibrosis, Down syndrome, haemophilia, Crohn's disease, Turner syndrome) to find out:
a how it occurs
b its symptoms and effects
c how it is diagnosed
d how it is treated or managed.



WORK IT OUT
Remember, add any important terms to your glossary.

Testing during pregnancy

The health and wellbeing of the mother is very important during pregnancy. Various tests are done regularly, at each visit she has with her doctor or midwife, while others are done only once or twice during the pregnancy, or only for women considered to have a high-risk pregnancy.

Benefit vs risk

Some tests are routine and pose no risk to mother or baby, such as blood and urine tests and ultrasound scans. Some diagnostic tests, however, such as amniocentesis and chorionic villus sampling (CVS), do carry risks of miscarriage that must be considered.

Around 20 per cent of pregnant women are told that they may have a pregnancy complication. After discussion with her doctor or midwife, the woman and her family can decide whether to have tests to confirm if an abnormality is present.

Diagnostic tests can be helpful. If a test confirms there is a problem:

- sometimes the abnormality can be fixed with surgery while the baby is in utero
- specialist care can be organised for the mother and baby before, during and at the birth
- the family has time to prepare for the baby's particular needs
- a woman may decide to terminate her pregnancy or she may continue her pregnancy with additional support and knowledge.

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Ultrasound scans



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FIGURE 1.5 Ultrasound scans provide an opportunity to see the baby and check progress

An ultrasound is a painless, non-invasive scan that takes about 15 minutes. Results are immediate. A radiographer, obstetrician or midwife carries out the scan. The mother needs to have a full bladder to ensure that a clear image of the womb and cervix is made. Gel is rubbed over her abdomen and a scanner probe is placed on her skin. Very high frequency soundwaves are passed into her body. As the soundwaves pass over objects in fluid, they produce a pattern of echoes, which are converted into electrical signals that are processed and displayed on a screen as an image.

Often an ultrasound is performed in each trimester of a pregnancy.

- A first trimester ultrasound is done within the first three months of pregnancy. It is used to confirm the number of babies and to calculate the due date for birth. This is known as the estimated due date.
- A second trimester ultrasound is usually done between 18 and 20 weeks. It is used to check the baby's limb and organ development, and monitor the size and location of the placenta. The baby's sex can also be determined.
- A third trimester ultrasound may be offered in the last month or so of pregnancy to check the baby's size, fluid levels around the baby and the condition of the placenta.

Amniocentesis

Diagnostic tests, such as amniocentesis, are usually only suggested to women when there is a significant chance their baby has a serious condition or abnormality. This may be because the woman has had an abnormal ultrasound, has a family history of certain abnormalities or already has a child with an abnormality. The procedure is invasive because a needle is inserted into the mother's body, and there is a risk of miscarriage, estimated to be 1 in 200.

If needed, this test is usually carried out between 15 and 20 weeks. It is considered to give accurate results in determining Down syndrome, cystic fibrosis and other chromosomal abnormalities. Some women may have a little leakage of amniotic waters or bleeding after the procedure, and mild cramps are also common.

The procedure takes about 20 minutes and involves inserting a fine, hollow needle through the woman's abdominal wall into the uterus, with ultrasound guidance, to remove a small amount of amniotic fluid. The cells collected are cultured in a laboratory and analysed to give full results after about two weeks.

CVS (chorionic villus sampling)

Like amniocentesis, CVS is suggested to mothers where there is a high risk of their baby having a serious genetic disorder; it can accurately test for most abnormalities. CVS can be uncomfortable and some women have vaginal bleeding or cramps afterwards. The risk of miscarriage is estimated to be 1 in 100.

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The main advantage of CVS over amniocentesis is that it can be carried out earlier, between 10 and 14 weeks. The procedure takes about 30 minutes and involves directing a catheter through the cervix to the placenta, under ultrasound guidance, or via a fine, hollow needle through the abdominal wall to take a small biopsy of placenta tissue. The tissue sample is then sent for analysis and the results are ready in about two weeks.

Blood and urine tests

Blood and urine tests that may be carried out at various stages of a pregnancy are described in **Table 1.2**.

TABLE 1.2 Blood and urine tests during pregnancy

Test	Blood or urine	When	Reason
Blood type and antibody screen	blood	12–14 weeks (first visit)	Determine blood type and Rhesus factor in case a blood transfusion or anti-D injection is needed later.
Rubella (German measles)			Check immunity. If none, the woman must avoid contact with the virus in first trimester and be immunised before next pregnancy.
Haemoglobin (iron)			Slightly lower iron is normal, but abnormally low levels require iron supplements.
Hepatitis B			If positive, mother is treated during pregnancy, and baby is treated at birth.
HIV			If positive, mother can be treated with AZT during pregnancy, and mother and baby treated after birth.
Syphilis			If positive, antibiotics are used to treat the infection.
Bacteria	urine	varies – sometimes each visit (up to 9 times)	If positive, antibiotics are used to treat the infection to avoid potential kidney damage.
Glucose			Persistent high levels could indicate hyperglycaemia; further tests will determine if gestational diabetes is present, which requires care and diet modification.
Protein			High levels could indicate pre-eclampsia, which can be treated with rest, medication and monitoring.

Apply your knowledge

1. Name three blood tests carried out during pregnancy. Give a reason for each.
2. What information can be obtained from an ultrasound scan?
3. Investigate the testing of blood pressure during pregnancy to find out:
   - **a** when and why it is tested
   - **b** what is considered a normal blood pressure during pregnancy
   - **c** what a low or high blood pressure may mean for a mother and baby.
4. Anastasia is 42 years old and her husband is 40 years old. They have had two miscarriages, but Anastasia is now 10 weeks pregnant. Anastasia's uncle and brother have Down syndrome. What advice would you give Anastasia and her husband regarding care and testing during her pregnancy?

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The baby develops

On implantation of the fertilised egg, the placenta, umbilical cord and amniotic sac begin to form. They develop to support the baby and are expelled from the uterus during the birthing process.

Growth of the embryo and foetus

The first eight weeks in the uterus is the embryonic stage. The cells divide and grow rapidly during this time and form into tissues for different functions. One cell becomes part of an eye, another part of a hand, and so on. As the embryo grows, cells in the brain and spinal cord send out nerve sprouts to the areas that will become the limbs and body wall. In the first few weeks the embryo is not obviously human and the limbs appear as buds along its trunk. The embryonic stage is a critical period in the pregnancy; all essential external structure, such as arms, legs, fingers and toes, and internal structure, such as the nervous system, form during this stage.

By the end of this stage the nervous system, all major organs and muscles have formed. The embryo is about 4 centimetres long and weighs approximately 10 grams, and the eyelids become visible. From this point, development involves changes to size and function or capability of organs, muscles and limbs.

From Week 9 onwards the developing baby is called a foetus. Changes are constant and it is not long before the mother can feel the baby move. This exciting time of foetal development is outlined in **Table 1.3**.

TABLE 1.3 Development of the foetus

Period	Foetal development
Weeks 9–12	• about 8 cm long and weighs about 15 g • facial features and teeth buds appear • kidneys begin to function • begins to swallow amniotic fluid • respiratory-like movements start • grasping, sucking and blinking reflexes present • moves by turning head and kicking
Weeks 13–16	• about 12 cm long and weighs about 40 g • head supported by muscles • skeleton developing • sex organs developing; gender is distinguishable • nails and hair forming • lungs formed but not functional

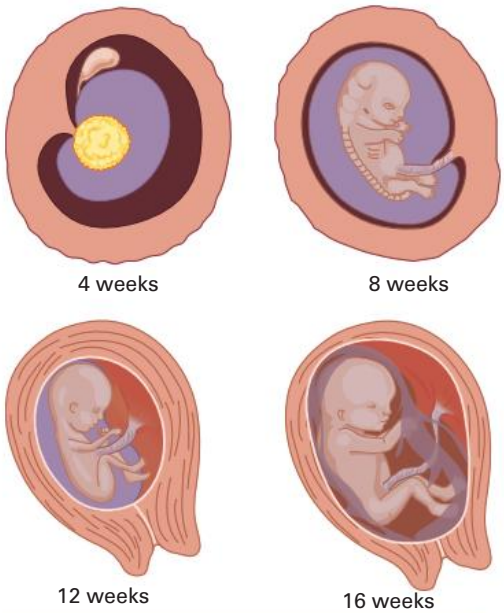


FIGURE 1.6A: The development of the embryo or foetus up to 16 weeks

Weeks 17–20	• about 20 cm long and weighs about 350 g • the mother can feel movements • skeleton hardens • vernix provides protective coating for skin • lanugo covers the skin • heartbeat can be heard • hair grows on head; eyebrows and eyelashes grow
Weeks 21–24	• about 30 cm long and weighs about 700 g • strong grasping reflex present • finger and toe prints visible • eyelids begin to part; eyes open • minimal fatty deposits
Weeks 25–28	• about 35 cm long and weighs about 1 kg • body temperature regulation is established • may suck thumb, hiccup, cry; can taste sweet and sour; can respond to stimuli (e.g. pain, light, sound)
Weeks 29–32	• about 40 cm long and weighs about 1.8 kg • brain growth occurs and functional areas develop • reasonable chance of survival outside uterus because brain can direct rhythmic breathing • lungs inflate • fat deposits on the body
Weeks 33–36	• about 45 cm long and weighs about 2.5 kg • can see and hear • weight gain slows down • nutrient stores increased
Weeks 37–40	• about 50 cm long and weighs about 3.5 kg • the foetus is now considered full term • assumed head-downwards position; moves down pelvis • antibodies acquired • iron stored in the liver • lung development and function increases • less activity by foetus and mother



FIGURE 1.6B The development of the foetus after 16 weeks

Miscarriage

For most women pregnancy is straightforward but occasionally complications occur. One of the most common problems in early pregnancy is miscarriage, the loss of the baby within the first 20 weeks of pregnancy. (The loss of a baby after this is called stillbirth.) One in five confirmed pregnancies miscarry, but a number of other women miscarry without even knowing they were pregnant.

Miscarriage often occurs because of foetal abnormality, as the baby fails to develop properly. Occasionally miscarriages are caused by blood-clotting problems, medical conditions such as

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diabetes, severe infections or physical problems associated with the cervix or uterus. There is nothing to suggest that exercise or stress causes miscarriage. Older women and those who smoke or drink alcohol and energy drinks during pregnancy are at a higher risk of miscarriage.

The first sign of a miscarriage is vaginal bleeding, which may not necessarily be heavy or painful. Not all bleeding leads to miscarriage, and many women go on to have a normal pregnancy after some light bleeding in the first few weeks of pregnancy. In other cases, the bleeding continues, accompanied by abdominal cramps as the cervix opens. Usually the woman will go to hospital for a dilatation and curettage (D and C) under general anaesthetic to ensure that all the embryo and placenta have been removed from the uterus and to avoid the risk of infection.

Losing a baby can be very difficult for a couple. They may experience a sense of loss and may feel guilty. They need to take time to grieve for their lost child, share time together and talk to their doctor or midwife. Support groups can offer comfort and assistance, and allow couples to share with others who have experienced a similar trauma. The risk of miscarriage is only slightly increased for the next pregnancy, and in most cases couples have trouble-free pregnancies in the future.

Drugs and pregnancy

A range of drugs and chemicals can cross the placenta and affect the embryo or foetus. These substances include alcohol, tobacco, caffeine, prescription medications and prohibited drugs. Their effects are briefly outlined in **Table 1.4**.

TABLE 1.4 Effects of drugs during pregnancy

Substance	Effect on mother	Effect on baby	Recommendation
Alcohol (e.g. wine, beer, spirits) 	• increased risk of miscarriage and premature birth • can lead to dehydration, lack of energy and poor absorption of nutrients	• drinking moderately and regularly increases the risk of foetal alcohol spectrum disorders (changes to baby's face, organs and brain development; learning difficulties) • binge drinking can delay foetal growth, thus baby will be small at birth • an alcohol-dependent mother will probably give birth to an alcohol-dependent baby • after birth, alcohol can be passed to baby through breastmilk	The NHMRC's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2009) recommend: • for women who are pregnant or planning a pregnancy, not drinking is the safest option • for women who are breastfeeding, not drinking is the safest option
Tobacco (e.g. cigarettes, e-cigarettes, cigars; includes passive smoking) 	• smoking can lead to lung cancer, respiratory disease and heart disease • increased risk of complications during birth • increased risk of miscarriage, premature birth, stillbirth and sudden infant death syndrome (SIDS) in babies after birth	• nicotine speeds up foetal heart rate • carbon monoxide reduces oxygen in the blood, thus affecting brain cells • increased risk of low birth weight, thus babies are weaker after birth • after birth, babies exposed to smoke are more likely to suffer bronchial problems such as asthma	• women should not smoke while pregnant • nicotine replacement therapy can help those who find it difficult to quit • seek help from Quitline and doctor

Substance	Effect on mother	Effect on baby	Recommendation
Caffeine (e.g. coffee, tea, cola drinks, energy drinks, chocolate) 	• excessive amounts increase the risk of miscarriage • may interfere with iron absorption • difficulty sleeping and possible headaches	• excessive caffeine may cause increased foetal heart rate • increased risk of low birth weight • after birth, it can make breastfed babies unsettled and irritable	• maximum of 200 g per day, which is equal to one of: - 1 regular espresso-style coffee - 3 cups instant coffee - 4 cups hot chocolate - 4 cups tea - 4 cans cola • energy drinks should be avoided
Over-the-counter and prescription medication (e.g. aspirin, ibuprofen, antibiotics, lithium) 	• several drugs (e.g. ibuprofen) may cause miscarriage or problems during labour	• aspirin may produce blood-clotting problems for the newborn • pseudoephedrine may cause stomach defects • some other drugs (e.g. valproic acid, warfarin) are teratogenic drugs, which can cause serious birth defects	• there must be a balance between the benefits for the mother from medication and any possible risk to the baby; decisions should be under consultation of a doctor following the Therapeutic Guidelines
Prohibited drugs (e.g. cannabis, cocaine, heroin, ecstasy, ice) 	• amphetamines (e.g. speed, ice), cocaine and heroin increase the risk of miscarriage, premature birth, stillbirth and infant death	• drug-dependent mothers give birth to drug-dependent babies (e.g. babies born to cocaine-dependent mothers often have uncontrollable jerking motions, paralysis, mental and physical damage) • cannabis use during pregnancy creates short-term irritability and sleep problems in the newborn, and poor growth and behavioural problems • amphetamines have been linked to nerve damage in newborns • heroin can slow foetal growth, affect brain development and cause breathing problems for the newborn baby	• women should not use illegal drugs during pregnancy • pharmacotherapy (using certain prescription drugs to treat heroin and other dependencies) greatly reduces the risk to the foetus • seek help from Alcohol Drug Information Service and other counselling services

Apply your knowledge

1 Define the following terms (and then be sure to add them to your glossary):
a embryo **b** foetus.

2 When should the mother be able to feel her baby moving in the uterus?

3 Why does a baby have a good chance of survival if born at 32 weeks?

4 Find out about groups that help couples who have experienced miscarriage and stillbirth. What support do these groups offer?

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5 Recommend a safe and suitable medication for each of the following situations:
- **a** Sharni is three months pregnant and is suffering terrible morning sickness with constant nausea and vomiting.
- **b** Five months into her pregnancy, Ellie has started to have occasional headaches that she finds quite painful.
- **c** Merlina is in her third trimester and is experiencing very bad indigestion as the baby continues to grow.

6 Thalidomide is now known to be very dangerous for pregnant women. What was it originally prescribed for? What effects does it have on the foetus?

7 Choose one prohibited drug and examine its effects if taken during pregnancy. Report your findings to the class in an oral report.

Preparing for baby

There are many psychological and physical preparations that parents can make as the birth of their baby approaches. Having a positive outlook, understanding how the new baby will affect their lives, using the support available to them and looking after each other's needs can all go a long way towards smoothing out problems in pregnancy, labour and beyond.

Keeping a positive attitude

At birth education classes parents-to-be are often encouraged to discuss what they perceive to be the positives and negatives of parenthood. Some of the positive aspects that are identified include:

- deciding to have a baby is a sign of faith in the future
- it can produce happiness, through the sense of continuity that a child brings
- having a baby is an expression of love and trust
- a child allows parents to share love with a new person and form new relationships
- parenthood brings emotional wellbeing for family members
- a new baby brings great joy and love.

The negatives may include:

- fear of the unknown
- tiredness, with greater demands on energy and patience
- possible loss of sexual drive
- greater financial responsibilities
- loss of the parents' social freedom
- loss of identity and sense of loneliness, especially for women.

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The positives clearly show why some people choose parenthood. Whether the positives play a dominant role depends on the parents' attitude to the negatives. If parents come across negative attitudes in others it is important not to pay too much attention to them. Every pregnancy, labour and child is unique, and people need to find their own way of managing the changes brought about by parenthood. Listening to others who have shared similar experiences or who can offer professional advice can be useful, but ultimately the parents must make the decisions about what is best for them and their child.

Turning the negatives into positives is a good way to prepare mentally for parenthood. For example, for parents worried about their finances there are many positive strategies they can undertake. Parents can save carefully while earning, buy baby items second-hand or when on special, or borrow items from friends and family. They may even be able to make some items themselves, and this can provide a sense of achievement and personal satisfaction as well as saving money.

Support for parents-to-be

Whether the mother consults a family doctor, midwife or obstetrician, the progress of the pregnancy will be carefully monitored. Another professional who can provide support is a paediatrician, a doctor who specialises in caring for children. The paediatrician will help if there is something wrong with the baby at birth, and may be consulted at other stages of the child's growth and development.

In addition to medical professionals, parents-to-be can seek help from others as they prepare for the birth of their child, or in the newborn days. There are many associations that help parents prepare emotionally and physically for a new child. For example, the Australian Breastfeeding Association can provide information and advice about breastfeeding, and family centres such as Tresillian and Ngala can help parents who are experiencing problems settling a new baby. Baby health centres and hospital prenatal classes are also sources of support for new families. The Raising Children Network, Kidsafe and various social media forums can advise on a range of issues related to babies and children.

Many parents do some reading as part of their preparation. There is a variety of books, magazines and websites on many aspects of pregnancy, labour and parenting, written by both health professionals and parents. Reading about others' experiences, or reading the suggestions of professionals, can help calm fears and make parents-to-be more aware of what happens during pregnancy and birth.

The support offered by family and friends is often important too. This support may be practical, such as passing on cots, prams, clothes and other items, or it may be more intangible. A friend who calls around for a chat or a neighbour who comes over to hang out the washing in the last few days of the pregnancy may all be very welcome. Family and friends also play a special role once the baby arrives. They can share in the joy of the parents and offer support in many ways: the friend who has had a baby with colic may have some useful hints, or family members and colleagues may cook a few meals for the freezer in the first few weeks after the baby arrives home.



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FIGURE 1.7 Family members can offer support and advice for new parents

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Put it into practice

Write a *critical review* of a website designed to support new parents. Your teacher will help you select an appropriate one. Structure your review as outlined below and be sure to cover all the ideas mentioned.

Introduction

- Outline what you will be reviewing and your main theme.
- Identify the author(s) and background of the website.
- Catch the reader's attention – make it interesting.

Body

- Examine each aspect or feature of the website you are reviewing, including quotes and examples from it. (This will give readers a sense of the style of the website.)
- Write one paragraph for each point you want to make, using PEEL (Point, Evidence, Explanation, Link).
- Remember to be critical – discuss strengths, weaknesses and notable features of the website.

Your paragraph should include:

P	E	E	L
Point	Evidence	Explanation	Link
Make your point	Back it up: support your point with evidence and examples	Explain how the evidence supports your point	Link the point to the next point in the following paragraph

FIGURE 1.8 Explaining PEEL

Conclusion

- Restate your main ideas, and make a judgement and a recommendation.
- Explain what you like or dislike about the website (for example, writing style, content, layout) and how you feel about the site (for example, express your opinion and persuade the reader to use it or not).

Pregnancy's effect on the family

Pregnancy and the arrival of a new baby have an effect on all family members: the mother, the father, brothers and sisters, grandparents and so on. Often it is the mother-to-be who receives lots of attention – and certainly she deserves special treatment – but it is important that all members are nurtured and their needs met as they prepare to share their lives with someone new.

Pregnancy should be a shared experience. If the mother-to-be has a partner, they can prepare together and include each other in all decisions that need to be made, from what kind of pram to buy to what type of health care is needed. A father-to-be can attend birth education classes with his partner, massage her and be open about how he is feeling. Together they can deal with mood changes, discomforts and emotional outbursts.

For some children, the idea of becoming an older brother or sister is not as exciting as the adults around them seem to think it should be. Parents need to include their children in the pregnancy so that the birth of the new baby is something everyone is looking forward to.

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Young children may feel jealous and insecure when they think about sharing their parents with someone else. They need to be reassured that they are important and still loved. Having some special days together before the baby arrives and lots of discussions about how things will and won't change can be positive ways to help a child adjust.

In most cases, pregnancy has a positive effect on other family members such as grandparents, aunts and uncles. These family members are often in a position to offer support and advice for the parents-to-be. When everyone is involved and looking forward to the new life, the arrival of the baby is a wonderful family event, providing lots of joy for all members.

Diet and exercise

A healthy diet and active lifestyle is important when pregnant, and planning to become pregnant, because it keeps both the mother and her baby healthy. Early in pregnancy, the mother's diet can influence how the baby's organs develop; later it influences baby's growth and brain development.

Specific dietary requirements

Folate, a B-group vitamin, helps protect against neural tube defects in the growing foetus. It is recommended that a woman planning to become pregnant takes a folate supplement of 400 mcg and that she continues with this during the first trimester of her pregnancy. Eating a diet rich in folate is also a good idea, and in Australia many foods are fortified with folic acid, including breakfast cereals, fruit juices and wheat flour used in bread-making. Other excellent sources include bran flakes, dried beans, chickpeas, lentils, spinach, asparagus, broccoli and brussels sprouts.

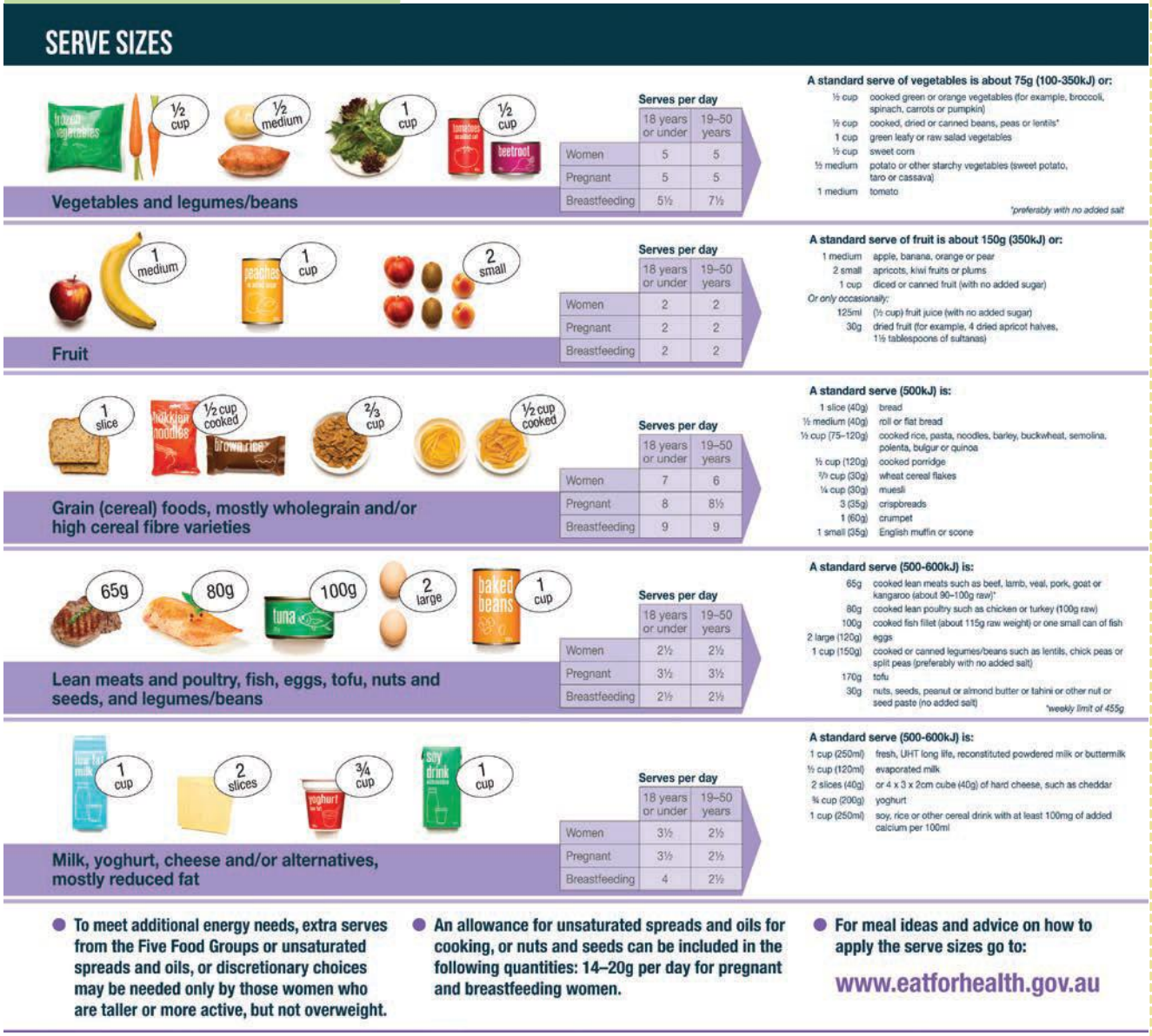
A woman's need for iron increases when she is pregnant as the amount of blood in her body increases due to the growing placenta and baby. To avoid an iron deficiency (anaemia) her diet should include good sources of iron such as red meat, chicken, pork, seafood, dried beans, lentils and green leafy vegetables. Iron is absorbed better when eaten with foods high in vitamin C, such as tomatoes and oranges.

Iodine is important for the proper development of the baby's brain and nervous system. The recommendation for women is 150 mcg of iodine a day, but requirements increase by 45 per cent for pregnant women and 80 per cent for breastfeeding women. The best sources of iodine are seafood and seaweed, eggs, meat, fortified breads and dairy products. Many pregnant women are advised to take a supplement to ensure their intake is consistent.

Calcium is needed for bones and teeth, especially in the third trimester. The woman needs to look after her own bones as well as providing for her growing baby. Amazingly, the body absorbs calcium more efficiently during pregnancy and breastfeeding, so no extra is needed during pregnancy. The best sources of calcium are milk, yoghurt, cheese and non-dairy alternatives such as soy products, almond milk and fish with bones.

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FIGURE 1.9 Healthy eating during pregnancy



Source: National Health and Medical Research Council

THINK ABOUT THIS

There are eight B-group vitamins. They can't be stored in the body so we need to take them in regularly through food or supplements. They are:

- vitamin B_1 (thiamin)
- vitamin B_2 (riboflavin)
- vitamin B_3 (niacin)
- vitamin B_5 (pantothenic acid)
- vitamin B_6 (pyridoxine)
- vitamin B_7 (biotin)
- vitamin B_9 (folate or folic acid)
- vitamin B_{12} (cyanocobalamin).

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Foods to avoid

Pregnant women are considered at a higher risk of food poisoning, so they should prepare and store foods carefully. They should also avoid:

- foods that may contain the bacteria *Listeria*, which can cause serious illness and possibly miscarriage. Risky foods include soft cheeses (for example, brie, camembert, ricotta, fetta, blue cheese), processed cheeses (for example, cream cheese, cottage cheese, cheese spreads), soft serve ice-cream, sandwich meats (for example, cured ham, salami, pastrami, corned beef, devon), raw seafood (for example, oysters, sashimi, sushi, smoked salmon), pâté, unpasteurised dairy products and pre-prepared salads and fruit salads
- raw eggs and undercooked meat and poultry, because they may contain salmonella, which can cause miscarriage
- fish that may have high mercury levels, which may lead to slowed development in the unborn baby. The recommendation is for one serve only per week or fortnight of shark/flake, ling, marlin, swordfish, barramundi, orange roughy, deep sea perch, bluefish tuna or catfish.

Other food-related issues

Morning sickness, or nausea, is fairly common between Week 6 and Week 12 of pregnancy, although it can continue for longer in some women. Hints for reducing nausea include eating smaller meals more often, drinking plenty of fluids between meals, avoiding fatty and spicy foods, trying foods and drinks with ginger in them and resting in the afternoon.

Heartburn is common during pregnancy, especially in the last trimester as the baby grows and puts pressure on the intestine. To prevent the associated indigestion and abdominal discomfort, pregnant women should avoid acidic, spicy and fatty foods, as well as eating late at night. Reducing caffeine intake and eating slowly can also help, and milk may help to relieve the burning feeling.

Constipation can be a problem late in pregnancy, so eating lots of high-fibre foods and drinking plenty of water is a good idea – about 1.5 litres of water a day. Exercise can also help.

Regular exercise

As well as eating properly, pregnant women should undertake regular and sensible exercise. This will improve their physical and mental wellbeing and be good preparation for labour and delivery. Maintaining a healthy weight during pregnancy reduces the risk of complications, such as gestational diabetes, later in the pregnancy and also helps women return to their normal weight faster after the birth.

Pregnant women should aim to meet the Australian Physical Activity and Sedentary Behaviour Guidelines (2014), which suggest 2½–5 hours of moderate activity or 1¼–2½ hours of vigorous exercise each week for adults. Pregnant women should avoid contact and high-impact sports, high altitude exercises, and activities with a risk of falling, but there are many other exercises that are appropriate for them. These exercises include yoga, walking, low-impact aerobic classes and swimming.

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Some general guidelines for safe exercise during pregnancy are:

- Exercise two or three times a week.
- Start slowly and gradually build up the intensity of exercises.
- Do not exercise in very hot or humid conditions.
- Drink plenty of fluids to prevent dehydration and overheating.
- Exercise should not raise the heart rate too high.
- If difficulties arise, stop the exercise and seek advice from a health professional.



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FIGURE 1.10 Low-impact exercise is important for maintaining health during pregnancy

It is especially important that pregnant women strengthen their pelvic floor muscles and ligaments that support the bladder, uterus and bowel. During birth these muscles and ligaments are stretched, and exercise is needed to make them strong again. Weakness can lead to incontinence, or in more severe cases prolapse of the bladder, uterus or bowel. Exercise helps to keep the pelvic floor strong, and it is easier to exercise after the birth if the exercises have been done often during pregnancy. The usual exercise recommended is tightening as if to stop emptying the bladder, holding for a count of four, and releasing, and then repeating this 10 times. This should be done around three times a day, when sitting, standing or lying down.

Preparing for the birth

Prenatal classes

Prenatal or birth education classes are available to mothers-to-be and their partners or support persons through most hospitals and some community midwife services. These classes are especially useful for first pregnancies, and are usually made up of five or six 2-hour sessions over several weeks.

Topics typically covered in these classes include:

- changes and care during pregnancy, including diet and exercise
- different stages of labour and what to expect, including information about both vaginal births and caesarean deliveries
- benefits and side effects of medications used in labour
- strategies for birthing and managing pain during labour
- the role of the partner or support person
- postnatal care, including feeding and behaviour.

Visiting the hospital

Most parents-to-be take a tour of the hospital, including the delivery suite or room, at around Week 32, often as part of a prenatal class. The tour can take about an hour and covers all the processes from admission to discharge. Everyone can see how things are set up and become a little more familiar with hospital procedures.

Important questions that may be asked include:

- What should we bring to the hospital?
- What birthing aids do you have available (for example, birth ball, tub)?
- Who can be in the room during delivery?
- What are your induction and caesarean rates?
- Can we take photos or video during the delivery?
- What are the hospital's neonatal emergency care facilities?
- Are partners allowed to stay overnight?
- What are the visiting hours?
- Will the baby stay in the room with the mother or in the nursery?
- What facilities are there for bathing the baby?

Apply your knowledge

1. Look back at the list of perceived negatives for parents-to-be on page 15. For each negative, suggest a positive strategy that will help parents-to-be have a positive mental attitude as they prepare for parenthood.
2. Outline ways in which parents-to-be can involve their children and the grandparents-to-be in the preparation for a new baby.
3. Give reasons why pregnant women need to increase their intake of:
   a folate **b** iron **c** iodine.
4. Discuss the positive and negative impacts that pregnancy and a new baby can have on:
   a siblings of the new child **b** grandparents of the new child.
5. Design a sensible weekly menu and exercise program for a pregnant woman.
6. Visit the BabyCenter Australia website (you can find a link to the website at **http://eec2e.nelsonnet.com.au**). Navigate to the Planning Your Baby's Birth page, in the Labour and Birth section. Watch the video clip about Calmbirth prenatal classes.
   a Identify four important points raised in the video.
   b Justify the significance of each point.

Labour and birth

The final weeks of pregnancy are usually filled with great anticipation as the family waits for the birth of the baby. Every birth is special and parents-to-be should consider the many alternatives available for giving birth and how accessible each may be to them. Actively choosing where, how and with whom to give birth can make the birthing experience even more rewarding.

Birthing options

The Australian Institute of Health and Welfare reported that in 2013, 97 per cent of births occurred in hospitals, 2 per cent in birthing centres and 1 per cent at home or elsewhere. Most women choose a hospital because specialist help is immediately available for both mother

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and baby if the need arises. Women who see an obstetrician during pregnancy will be admitted to the maternity section of the hospital that the doctor attends. In hospital there is always a midwife on hand to help with feeding and looking after the baby, there are set visiting hours and rest periods for new mothers, and there are classes available on breastfeeding and other areas of caring for baby.



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FIGURE 1.11 Hospital birthing suites provide a friendly and safe environment for the baby's arrival

Birth centres are attached to maternity hospitals and a midwife is the main caregiver. They are set up for normal, uncomplicated and low-risk births; if problems develop during labour, the woman is transferred to a hospital labour ward. Women who are having second or subsequent children, and others who want to be surrounded by their family and friends in a safe but homelike environment, often choose a birthing centre.

The small number of Australian women who give birth at home choose to do so for many different reasons. It may be that the mother prefers to be in familiar surroundings, the birth can be family-centred, there is greater privacy, the mother can keep to her own routine, there is greater choice about the position for birth and the mother can look after the baby in her own way. Some doctors do not support homebirths, but some obstetricians and midwives attend and supervise homebirths, sometimes through public homebirth programs.

Birthing partners

The woman's support person during birth is usually the other parent-to-be. This support person provides emotional and physical support during labour. The person may massage her, help hold her if she chooses to give birth squatting, prompt her with her breathing, and comfort and encourage her. This support enables the woman to manage the pain of labour better and feel more positive about the experience.

In a hospital setting only one birthing partner is usually allowed (in some cases two), but in birth centres or at homebirths the woman can have a team of support people if she chooses.

Stages of labour and delivery

Each birth follows its own pattern, but usually takes between four and 20 hours. There are three stages of labour. Labour begins in different ways, and it may be recognised as imminent by one or more of:

- backache or period-like cramps that gradually become worse
- a trickle or gush of amniotic fluid as the membranes break (the 'waters breaking')
- a pinkish blood-stained vaginal discharge as the cervix thins and the mucous plug falls out (a 'show')
- irregular contractions (muscular pulling sensations that come in waves), which become more regular as the muscles of the uterus push the baby downwards to dilate the cervix.

Stage 1: Dilation of the cervix

This first stage of labour is usually the longest, and can last between three and 18 hours. It begins when contractions become regular and finishes when the cervix is fully dilated, ready for the baby to be born. Each contraction of the muscles in the wall of the uterus gradually softens, thins and then opens out the cervix.

A contraction begins with discomfort, gets stronger and reaches a peak before fading away; then there is a rest before the next contraction. Some women feel contractions as backache, but more often they are felt low down, just behind the pubic hair, where the cervix is. As the contractions speed up, to around 3 minutes apart, the woman will feel greater pain and become quite restless, and it is at this stage that pain relief is important.

Women often try different positions to ease their pain; some find sitting propped up is comfortable, while others like to squat, lie on their side or kneel with their shoulders raised. Walking around and drinking lots of fluids can also provide some relief, as can having a shower or a bath. Many hospitals and birth centres will also allow mothers to actually give birth in the bath if there are no complications during the labour.

The final part of this stage is known as transition, when the cervix becomes fully dilated, from 8 to 10 cm. Transition can last 45 minutes and the mother often experiences nausea and feels emotional during this time. The contractions are very intense and it may feel like there is no break between them.

Stage 2: Birth of the baby

This is the period between the cervix being fully dilated and the actual delivery of the baby, usually taking one or two hours. The woman's contractions, now only a minute or so apart, push the baby down the birth canal (vagina). She may feel increased pressure in her bottom, the urge to push and even cramps and nausea.

In most births the baby's head emerges first from the vagina, known as crowning. The mother continues to push with each contraction and the baby's head is followed by the shoulders and the rest of the body. The doctor or midwife guides the mother when to push, and slowly eases the baby out. Normally the baby is born with her face down (anterior position), but sometimes the baby is born with her face up (posterior position). Other babies may be bottom first (breech) or sideways (transverse lie), both of which can potentially lead to complications during birth.

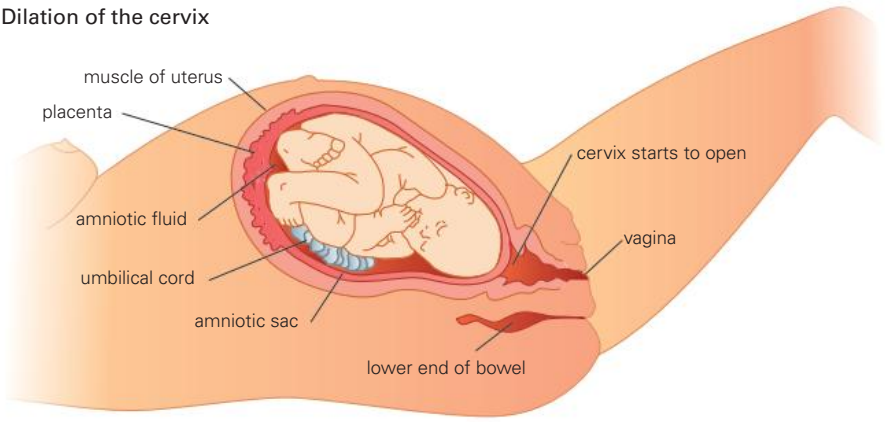
Sometimes during delivery, the perineum (the area between the vagina and the anus) will tear if it can't stretch enough as the baby's head crowns. These tears can be difficult to stitch and may not heal very well, so the doctor may perform an episiotomy instead. This clean cut is much easier to control and repair, and tends to heal better than a tear.

Stage 3: Delivery of the placenta

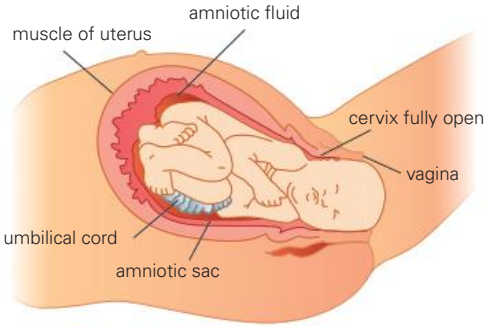
Once the baby has been delivered, the umbilical cord is clamped near the baby's navel and cut. The muscles of the uterus continue to contract to help loosen and push out the placenta. This happens anywhere between five and 60 minutes after the baby is born. In most hospitals during delivery the mother is given an injection of oxytocin to speed up the delivery of the placenta and to reduce blood loss.

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Stage 1: Dilation of the cervix



Stage 2: Birth of the baby



Stage 3: Delivery of the placenta

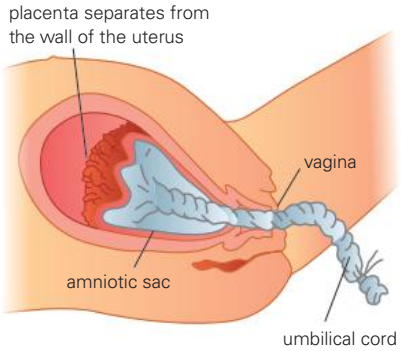


FIGURE 1.12 The three stages of labour

Put it into practice

Earlier we read about the positions that a baby may be in for delivery. The preferred position is anterior, but sometimes this is not the case. Present a *research project* on one of the following:

- breech position
- transverse lie position.

For your chosen topic:

1 Describe the position and any variations to it.

2 Outline the risks associated with this position.

3 Account for the possible causes of the baby being in this position.

4 Discuss the techniques that health professionals and the mother can use to try to correct the position.

5 Examine the options for delivery if the baby stays in this position.

6 Recommend sources for mothers to get reliable and current information about this issue.

RESEARCH CLUES

- Include relevant diagrams, photos and other graphics to illustrate your answers clearly.
- Use the table below to help structure your response to each question.

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Key word	Meaning	Relevant linking words or phrases to use
Describe	Provide characteristics and features; retell the essential features.	An outstanding feature is … Another aspect is … An example of this is … … can be described as … A major characteristic of … … is characterised by … One reason for this is …
Outline	Sketch in general terms; indicate the main features; give the main points.	One main point is … In general terms … Most importantly … An important feature … A major characteristic … Mainly … Briefly … … is one factor that influences … In short …
Account (for)	Narrate a series of events or transactions; state reasons for; report on.	Because … The basic issue is … Then … This led to … … happens because … This resulted in … To begin with … Subsequently … This was due to… Next … Firstly/secondly/thirdly/finally … The reasons for this include …
Discuss	Identify issues and provide points for and/or against; offer insights; provide an opinion.	Regarding … With regard to … One side of the issue … In relation to … Equally important … Even though … At the same time … On the other hand … Nevertheless … Although … In addition … It can also be seen/argued … Furthermore … This differs from … Another reason is … Associated with this … Accordingly …

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Examine	Inquire into; report in detail on.	Besides … What is more … In spite of … It is important to consider … What needs to be noted is that … … is relevant because … Research shows … It has been found that … Evidence shows … It can be stated that … An observation is …
Recommend	Provide reasons in favour.	This is recommended because … … would be effective because … … should be considered because … It is advisable … A suggestion is … There are several reasons, including …

Pain relief during labour

The pain of labour varies considerably from woman to woman and from birth to birth. There are a number of ways in which the pain can be relieved, using drugs or other methods.

Nitrous oxide and oxygen

'Gas and air' (nitrous oxide and oxygen) may be offered to the mother towards the end of the first and during the second stages of labour. It is breathed in through a mouthpiece at the very start of a contraction and is quite effective in making the contraction less intense. Some women find the gas makes them feel nauseated, but it does not have any harmful effects on the baby.

Pethidine

Pethidine is a more powerful painkiller than nitrous oxide and oxygen. It is given as an injection and is effective in allowing for rest during a long and uncomfortable labour. Some women become very nauseated from pethidine. If this happens they are usually given another drug to counteract that effect.

Pethidine helps the woman to relax, sometimes even to doze off, and can cause light-headedness and slurred speech. If it is given late in labour it can make the baby slow to breathe on her own, and some babies need to be given an antidote injection immediately after birth. The baby is often quite sleepy for the first few days if the mother has had pethidine.

Epidural block

This is a very effective form of pain relief. It usually removes all pain, while leaving the woman clear-headed and better able to manage her labour. An anaesthetic is injected into a space between vertebrae in the lower part of the spinal cord. The woman must lie very still while the epidural is being set up, and it is usually given fairly early in labour, when contractions are less

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intense. A small tube is left in the back and taped up on the shoulder, so that the drug can be topped up when needed. The lower half of the body is completely numbed, so the woman is not able to move around. Some women suffer backache after the birth, occasionally on a long-term basis, but there is no side effect for the baby.

Spinal block

A spinal block is similar to an epidural block, but a smaller needle is used and the drugs are injected into the fluid that bathes the spinal cord. Only a small dose of local anaesthetic is needed, compared to the epidural, because it spreads easily in the spinal fluid. A spinal block involves a single injection and so there is only one opportunity to deliver the medication.

Pudendal block

A pudendal block is a local anaesthetic given just before delivery. The injection is given through each side wall of the vagina and affects only the perineum. It does not reduce the pain of contractions but allows for an episiotomy and forceps delivery (where a doctor uses a pair of surgical instruments to manoeuvre and help deliver the baby) to be done almost painlessly.

Other methods of pain relief

There are several non-drug pain relief options that can be used in labour:



Alamy Stock Photo/Bubbles Photolibrary

FIGURE 1.13 A TENS device allows the mother to control her own pain relief

- Relaxation and breathing techniques can help to make labour easier, especially in the early stages.
- Hot or cold packs, massage, a warm shower, sitting in a warm bath, and moving around can be helpful.
- Hypnosis and acupuncture can provide enough relief for drugs not to be needed.
- Transcutaneous electrical nerve stimulation (TENS) is a device through which the woman controls the delivery of small pulses of electrical current to her lower back in order to relieve pain during contractions.

Caesarean delivery

In Australia, one in three deliveries is by caesarean section. This is a major surgical procedure done under epidural block or general anaesthetic where the baby is born through an incision made in the mother's abdomen and uterus walls. When an epidural block is used the woman remains awake and her partner or support person can be present. Women usually need a longer stay in hospital and must limit their activities while they recover.

A caesarean section may be *planned* (elective) if there is risk associated with a vaginal birth or by the choice of the parents, or *unplanned* (emergency) if problems occur during labour. With a planned caesarean section, the woman is admitted usually a week before the due date to avoid

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her going into labour. The decision to have a planned caesarean may be because of one or more of the following factors:

- the cervix is blocked by the placenta (placenta praevia)
- the woman's pelvis is too small or awkwardly shaped
- the baby is in a breech or transverse position and can't be turned
- a health problem, such as high blood pressure, may make labour risky
- the woman has had previous caesarean deliveries
- it is a multiple birth.

An unplanned caesarean birth may occur because:

- during labour the baby's head doesn't move down or 'fit' through the pelvis
- the labour does not progress and the baby becomes distressed
- after the waters break the umbilical cord falls down (prolapses) into the vagina.

CASE STUDY

Louise



Louise talks about the different experiences she had delivering her two children, both by caesarean birth.

'My first baby was due on 22 October, but with no sign of labour a few days later, my obstetrician decided to induce the birth, especially as my blood pressure was quite unstable. So, we set off for the hospital and I was hooked up to a monitor to record the contractions and to monitor the foetal heartbeat. The midwife applied the gel to help start the labour. The monitor showed that contractions had started, but they were just like mild cramps at this stage. About an hour later the contractions really started, and really hurt! They came on fairly quickly and were not regular, but pretty intense.

About an hour into the labour I got into the spa bath and that helped ease the pain, so we continued for another hour or so; then the midwife suggested that I have an epidural block and it gave instant relief. All I could feel were little twinges for the contractions.

I continued to labour for another couple of hours until the obstetrician arrived. He was a little concerned because the baby was in the posterior (face-up) position but he thought that he would be able to rotate the baby into the correct forwards-facing position for delivery. Another couple of hours showed that the baby's head was wedged so far down that it was actually stopping the progress of dilation.

The midwife consulted with the obstetrician and explained to us that an operating theatre had been booked for a caesarean delivery. Within half an hour I had given a blood sample, my abdomen had been shaved where the incision would be, I had signed all the forms needed for surgery and we were on the way to theatre. Just before they took me into theatre for 'prepping' David had to go off and be fully gowned for the surgery. It all happened a bit fast from this point. I was taken into theatre and the anaesthetist topped up the epidural for the procedure.

The incision was made with a laser. David held my hand and watched carefully what the obstetrician was doing. The obstetrician had to pull the baby back from the birth canal and

within a few minutes there was a popping sound after the nurse had been pressing down on my abdomen, and the obstetrician pulled the baby out. David saw the baby first and called out, 'It's a boy!', before starting to cry.

The nurses gave the baby a quick wipe and check and then I saw this squirmy body coming towards me. David took our precious Andrew in his arms (we had chosen names for a girl or boy long in advance) and put him down beside me, and I remember thinking how beautiful he was! I couldn't wait to hold him, but it wasn't possible then – I was flat on my back, numb from the effects of the epidural, and the placenta still had to be delivered. After a few minutes Andrew was taken to the nursery to be thoroughly checked, and dressed and wrapped, and David went with him.

I lost consciousness soon after, probably an effect of the drugs I had been given, and woke up in the recovery room in immense pain. I was quickly hooked up to the self-administering pethidine drip to help manage the pain. Once in my room, the midwife brought Andrew in. He was all snuggly and wrapped. I cuddled him and he attached to the breast straightaway for his first feed, and our relationship began!

Three years later I was preparing to give birth again. Because of the problems I had with Andrew's birth, and as I was an older mother (35 years old) and we had experienced two miscarriages, David and I decided with my obstetrician to have a planned caesarean birth. So, a week before my due date I checked into the hospital and was taken to my room. A nurse shaved me, and I showered and put on a hospital gown. Soon after I was given a medicine to stop me getting nausea from the anaesthetic (something that happened last time) and we headed to theatre.

The anaesthetist gave me a spinal block, which was very uncomfortable and hurt, and then he also put in an epidural in case it was needed. My abdomen was painted with antiseptic and the screens put up so that I could not see. My legs began to numb and David came in. I put on an oxygen mask and felt quite nauseous but I focused on David and refused to pass out this time.



FIGURE 1.14 Andrew welcomes Grace

The obstetrician began the incision with a scalpel and I could feel a lot of pulling and pressure, but no pain. Again, the popping sound and the obstetrician said, 'Well, you have a beautiful daughter.' I remember us all laughing and saying thank goodness because Andrew had specifically asked for a baby sister!

Soon a gorgeous bundle was brought over before being taken to the nursery by David. The placenta was delivered and I chatted with the obstetrician before going to recovery and being set up with the self-administered pethidine. I was relaxed by now and soon taken back to the maternity ward to be given my sweet bundle of a girl, Grace, who, after some coaxing and settling, attached for a breastfeed.'

?

1. Why was Louise's first labour induced?
2. What forms of pain relief were used for each of her labours?
3. Describe the role played by each of the health professionals during the labours.
4. Compare and contrast Louise's two experiences of caesarean birth.
5. Research the history of caesarean section. As part of your research, discover where the name came from, the rate of caesarean births in Australia and how the procedure has changed over time.

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First contact between baby and parents

In most cases, whether the birth was a vaginal delivery or a caesarean delivery, and if the baby does not need immediate medical treatment, the parent or parents will be handed the baby immediately after delivery so that they can hold her closely. It is comforting for the baby to be cuddled and loved, and it may be a good opportunity for the mother to breastfeed. This first parent–child contact is a special time that most parents remember fondly.

Skin-to-skin contact (SSC) between mother and the newborn – sometimes referred to as Kangaroo Care – has many benefits, with no negative effects reported. SSC involves placing the naked (except for a cap) newborn on the mother's bare chest, and covering her with a warm blanket, immediately after birth or soon afterwards. In 2013, a World Health Organization (WHO) study found the following benefits for babies:

- more likely to breastfeed and for longer
- improved heart rate and breathing, and stable glucose levels
- better interaction with mother
- improved brain development
- reduced crying and better sleeping.



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FIGURE 1.15 Skin-to-skin contact is significant in helping to build the early relationship between parent and child

It was also found that mothers had greatly reduced stress levels and were less likely to suffer depression, and they were more responsive to their baby's cues. SSC with fathers is also encouraged, and it can be especially important for preterm babies or those delivered by caesarean, where the mother may not be able to be with the child immediately. Fathers who had this early contact also reported being much calmer, sleeping better and being more aware of their baby's needs.

Mothers are also encouraged to 'room in' with their babies as part of this early contact. Rooming in means the baby stays in the room with the mother, rather than being kept in the nursery. It has been found that babies who room in are more content, as they interact with their primary caregiver, cry less, develop a better sleep routine and breastfeed better. The mother also benefits and is less likely to become depressed, as the hospital staff can focus more attention on her and baby and she may be able to sleep better with baby near her.

Testing the baby

Almost as soon as the baby is born, she will be thoroughly checked by the midwife. A series of measurements and observations are made; they are often done so quickly that the parents barely notice. The baby will also be weighed, which can be done at the bedside to allow for minimal separation from the parents.

Apgar score

At 1 minute and then again at 5 minutes and 10 minutes after birth, the baby is evaluated on her skin colour, heart rate, reflexes, muscle tone and breathing. Each factor is given a score between 0 and 2, and the scores are recorded on the baby's notes and then added up as a total score.

Table 1.5 outlines the Apgar scale. An Apgar score of 8 to 10 is good. Babies who score below this may be helped by the midwife or seen by a paediatrician; they may require special care until their Apgar score improves.

TABLE 1.5 The Apgar scale

Factor	Score of 0	Score of 1	Score of 2	Component of acronym
Skin colour	blue–grey all over	normal colour, but hands and feet bluish	pink all over	Appearance
Heart rate	absent	less than 100 beats per minute	greater than 100 beats per minute	Pulse
Reflex response or irritability	no response on stimulation	grimacing when stimulated	crying and coughing; pulls away	Grimace
Muscle tone	limp	some bending or stretching of limbs	active movement	Activity
Breathing	absent	slow or irregular; weak cry	normal rate and effort; strong cry	Respiration



THINK ABOUT THIS

The Apgar scale has been a routine test for newborns since anaesthesiologist Virginia Apgar developed it in 1952, using her own name as the acronym for the factors it tests.

Reflexes

Reflexes are involuntary movements that occur as part of a baby's normal activity or are responses to specific actions. A baby's reflexes are checked to help identify if her brain and nerve activity are normal. The normal reflexes seen in newborn babies that the doctor or midwife will check include:

- Moro or startle
- root
- suck
- Babinski
- walk or step
- tonic neck
- grasp.



WORK IT OUT

Visit the What to Expect website (a link to the website is provided at **http://eec2e.nelsonnet.com.au**). Navigate to the Newborn Reflexes section, under Baby Behaviour. Use the information to create a table titled Newborn Reflexes. Be sure to include the following information for each reflex: name, trigger, response, reason and how long it lasts.

Newborn screening

Every baby in Australia is offered a newborn screening test to identify those at risk for rare genetic and/or metabolic disorders, such as cystic fibrosis, phenylketonuria (PKU), hypothyroidism and fatty acid metabolism disorders. If these conditions are identified early, they can be treated early and their effects reduced.

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The screening is done between 48 and 72 hours after birth. A small blood sample is taken by pricking the baby's heel. Most babies will have a normal screening test result. If the baby's results aren't normal, the parents will be contacted to arrange treatment for their baby.

Appearance and characteristics of the baby

The birth weight of babies born at full term (after 37 weeks) varies, ranging from 2.7 kg to 6.5 kg, with the average birth weight in Australia being 3.7 kg. Length also varies, but the average is 51 cm. The head circumference is also measured; the healthy range is 33 cm to 37 cm.

Some babies are born with a lot of thick, dark hair while others have very little. Often the hair the baby is born with falls out in the first few weeks and the new hair that grows to replace it is quite different. Babies who are born a little early often have fine hair on their backs and shoulders, which also disappears quite quickly.

Most babies have blue–grey eyes at birth, although babies with brown skin may have brown eyes. The baby will be several weeks old before the permanent eye colour can be seen.

To fit through the birth canal the baby's head has to mould to the shape of the vagina, so at birth it can look quite pointed and misshapen. This corrects itself in a few weeks. There is also a soft spot, called the fontanelle, on the top of the newborn's head where four bone pieces of the skull are yet to fuse. It is sometimes possible to see the fontanelle pulsating with the beat of the heart. Although care should be taken not to damage this soft spot, it is fine to wash the area. The fontanelle closes gradually, but it can take more than a year before the bones underneath completely fuse.

Many babies develop tiny white lumps on their skin, especially around the nose and cheeks. They disappear quite quickly, and no treatment is necessary. Some babies are born with birthmarks, which usually disappear with time. Bright-red raised areas, commonly called strawberry marks, may appear a few days after birth and may get slightly bigger before fading by the time the child is between five and 10 years old. Sometimes another type of birthmark, known as stork bite, appears as red blotches on the eyelids, forehead or back of the neck. These blotches fade within a year. In cases where birthmarks persist, parents should seek medical help.

About 60 per cent of newborn babies develop jaundice on the second or third day of life. The skin and eyes develop a yellow tinge that remains for a few days until the baby's liver is functioning fully. Usually only close monitoring of the baby is needed, as the jaundice is harmless. Some babies may be treated with phototherapy, where the baby is placed under ultraviolet (UV) light for a couple of days.

Newborn babies have fuzzy vision, but can focus for a distance of up to about 25 cm. They respond to sounds by blinking, jerking their limbs or drawing in breath. An unpleasant smell will make a baby's head turn, and when near the mother's breast the baby can smell the milk and may try to get her mouth to it. New babies are sensitive to touch and pain. They may cry if bathwater is too cold or too hot, and they are comforted when held close and cuddled.

Most newborn babies spend a lot of time asleep, waking at intervals for feeding. The amount of sleep will vary, but it is usually around 18 hours a day in the first few weeks. Gradually babies have more 'wake time' during the day as they grow and become more aware of their environment.

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Preterm and special care babies

While most babies are born fit and well, some need extra care. A 2012 Australian Institute of Health and Welfare (AIHW) report sets out that close to 8 per cent of babies are born preterm (before 37 weeks of pregnancy). Approximately 15 per cent of these babies need special care.



iStock.com/metinkiyak

FIGURE 1.16 Any time spent with her baby is cherished by a new mother, especially in the special care nursery

Preterm babies are likely to be small. They need to be kept warm in an incubator, may need help with breathing if the lungs are not fully developed and often need tube-feeding. Survival rates are increasing all the time, and those born as early as 24 weeks now have a good chance of surviving; but they usually need to remain in hospital for many weeks.

Twins are often preterm, on average being born at 35 weeks. Because the combined weight of twins tends to be greater than that of a single baby, a women carrying twins is likely to go into labour early. Sometimes one twin grows at the expense of the other. In this case delivery is brought forward so that the second twin is not seriously disadvantaged. Nowadays most twins are born a reasonable size and are quite healthy.

Some babies are born with medical problems. These problems may be known before birth, from prenatal tests or ultrasounds, or they may be identified through the Apgar score or newborn screening after the baby is born. Some conditions, such as breathing problems and cleft lip, can be treated. Others, such as Down syndrome and cystic fibrosis, have long-term implications for the entire family. A full diagnosis may take some time, and most parents will have professional counselling and be put in contact with support groups. Sharing with people who have had similar experiences can make managing a baby with special needs much easier and greatly increase parents' confidence.

Apply your knowledge

1. When is a baby preterm? Why are twins often preterm?
2. Dymphna is 38 weeks pregnant. She has noticed that her underpants have been getting wetter all day and she has had cramps in her back and nausea for the past two hours. What advice would you give Dymphna?
3. Outline the three stages of labour using a flow chart.
4. Differentiate between a planned and an unplanned caesarean birth.
5. Compare the various options for pain relief during labour.
6. Survey the class to find out:
   - **a** where students were born
   - **b** who was present at their birth
   - **c** what pain relief their mothers used
   - **d** the type of delivery that occurred.
7. Explain the benefits of early contact between baby and parents.
8. Examine the availability and accessibility of a range of birthing alternatives to families in your local area.

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Postnatal issues

Once the baby is born there are new issues for parents to manage. It is both an exciting and nervous time bringing baby home, but parents can prepare by knowing what behaviours to expect, such as crying and sleeping, and how to manage these. This will help both the parents and baby.

Exercise and recovery for mother

Doing a few gentle exercises for the pelvic floor and abdominal muscles in the first couple of days after delivery will help a mother heal and tone the muscles. New mothers may visit a physiotherapist in hospital to be shown suitable exercises. It is wise for women to wait until after the six-week postnatal check-up before resuming any normal exercise program; for women who have a caesarean the wait time may be longer.

Good postnatal exercises include walking, swimming, aqua aerobics, yoga, pilates and low-weight training. It is important to take care of the lower back, joints and ligaments, as they will remain vulnerable to strain for some months following the softening effects of the pregnancy. Also, breastfeeding mothers should avoid exercises that cause the breasts to feel tender. They should always breastfeed before exercising or playing sport.

For women who have stitches in the vagina or the perineum, or who are swollen and bruised, carrying out the pelvic floor exercises learnt in prenatal classes will help to improve circulation and avoid incontinence. A set of 10 exercises repeated five or six times during the day is recommended until the perineum is fully healed.

Afterpains are quite common and are a sign that the uterus is contracting to its normal size. They can be uncomfortable, and are most likely to be felt during breastfeeding. Breathing and relaxation techniques can help ease afterpains, which usually fade after a week.

For women who have had a caesarean birth, their stay in hospital is usually a little longer (around five days). A caesarean is considered major surgery, so women are advised to give the body time to recover by avoiding lifting, stretching and bending – including driving the car – for about six weeks. Gentle exercise, such as walking, combined with rest and focusing on caring for the baby is recommended.

Bonding with baby

Each relationship between parent and child is unique. Many new parents expect that bonding will be instantaneous, but it can take a little time to get to know a baby and for love to develop. Bonding tends to happen more quickly when parents have contact with and get to know their babies immediately after the birth.

Bonding is essential for a baby and they are innately ready to bond straight away. Ways that the attachment between parents – both mother and father – and the baby can be encouraged include:

- touching – SSC, bathing baby, massaging baby, letting baby touch parts of the face
- listening – reading or singing to baby, mimicking baby's cooing and noises
- watching – making close eye-to-eye contact, mirroring baby's movements, putting baby in a parent-facing carrier or pram
- feeding – cuddling baby close when breastfeeding or bottle-feeding.

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Some factors can slow down the bonding process. If the birth was difficult, the parents may associate the baby with the pain they experienced, or perhaps the baby does not look quite as the parents had expected. Poor health, stress at home, financial difficulties, work problems and the overwhelming sense of responsibility associated with being a parent can also inhibit the bonding process.

Parents should not feel guilty if they do not bond with their baby immediately. They need to take time to relax and open themselves to love. The unconditional love for that tiny new person will grow each day as the parents and the child share experiences together.



THINK ABOUT THIS

Studies have been undertaken of children adopted from Romanian orphanages in the 1980s and early 1990s. While in the orphanages the children received little individual attention because there were not many adults around and the children were separated by age. The children were adopted into Canadian homes. The children who had been in the orphanage longer had more long-term developmental delays; however, once in a family environment and bonding had occurred, all of the children made remarkable developmental gains in all areas.



WORK IT OUT

A link to a sample New South Wales birth certificate is provided at **http://eec2e.nelsonnet.com.au.** Identify the eight pieces of information on the birth certificate.

Registering baby

Registering a baby's birth is important because it officially recognises the child in their State or Territory and gives them the same rights as others. Registering a baby means it is possible to access services such as Medicare and Centrelink on their behalf also.

While in hospital the mother will receive a Birth Registration Statement to fill in and post or lodge within 60 days of the birth. The health professional attending the birth must sign the form; a witness to the birth should sign if it was a homebirth with no midwife or doctor. A permanent record is then kept at the Registry of Births, Deaths and Marriages, and parents or children can obtain a birth certificate whenever they choose.

Postnatal check-up

Before the baby leaves the hospital, a paediatrician or midwife will check her progress one more time. The umbilical cord stub will be assessed (it usually falls off in the first weeks at home). The midwives will also make sure that the mother is feeling confident if she is breastfeeding and that the baby has put on weight. It is normal for the baby to lose a little weight initially after birth but she should start gaining again after three or four days.

About six weeks after the birth, the mother and the baby should both have a postnatal check-up. The obstetrician or family doctor will check the mother's blood pressure, urine and weight. The uterus is checked to see whether it is returning to normal size and whether the uterine muscles are recovering their strength. The cervix, vagina and breasts will be checked for any abnormalities, and scars from a caesarean or episiotomy will also be carefully assessed.

The doctor may discuss birth control with the mother. A contraceptive pill with lower dosage hormones is recommended for women who are breastfeeding. It is also an opportunity for the mother, and the other parent if they attend, to ask questions.

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The paediatrician or family doctor will assess the baby at this stage. The baby's joints are checked for correct movement and development, her senses are assessed, her heart rate and breathing is checked with a stethoscope, her reflexes are tested and any physical signs, such as birthmarks, are observed. Again parents can ask questions; to guard against forgetting something, it is a good idea to take a list.

If everything is normal, the obstetrician and the paediatrician will not need to see the mother or the baby again. Their health will be checked by the family doctor and the Child and Family Health Nurse from now on.

Taking baby home

Before the mother and baby are discharged and leave the hospital, the parents will be given information about the nearest Early Childhood Health Centre (see also Chapter 7) and should make an appointment to visit the nurse at the centre within the first two weeks of going home. The nurse can monitor the child's growth and development and discuss issues with the parents. The mother usually attends classes run by the nurse on breastfeeding, child safety, postnatal feelings and other relevant topics. At these sessions women can meet other mothers, and mothers' groups often form. These groups meet regularly for a chat and to allow the babies to play together, and they can be a vital support for many women.

For the trip home the baby will be secured in the car. NSW child restraint laws specify that children younger than six months must be secured in a rearward facing restraint, in the back seat of the car. The restraint will need to be purchased and properly fitted beforehand. Child restraint standards in Australia are among the toughest in the world and the restraints offer very good protection.

Coping with baby

The first few weeks, even months, can be stressful for new parents. They have embarked on a new career but may not feel confident about what they are doing. They may receive lots of advice and be overwhelmed and confused by the amount of information they are offered. There are four main points to remember. The baby needs to:

- be fed adequately, either with breast milk or infant formula
- be loved and nurtured
- sleep when she is tired
- be kept clean, using basic hygienic practices.

For the first week or so, newborn babies mostly feed and sleep. They may have some unsettled times but their routine is fairly simple. They wake, cry, eat and sleep, with nappy changes and cuddles in between. It is not unusual for her to be awake longer, feed more frequently and be more unsettled now she is home. This is probably because she is adjusting to her new environment.

It can be difficult to cope if the baby is crying, especially if it happens when physically tired and emotionally drained new parents are longing for some rest. It is important to recognise that, for the baby, some time spent being awake and crying is normal behaviour. Babies don't cry to annoy their parents; they cry because they need something or because the world is a new and confusing place.



FIGURE 1.17 Look for the Australian Standard mark on the child restraint to be sure that it is approved


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FIGURE 1.18 A new dad prepares to take his baby home

Sometimes babies seem to cry and cry for no reason, which can be very draining on tired and inexperienced parents and other caregivers. Sometimes out of frustration or anger, a person may shake the baby. This is very dangerous and can cause a traumatic brain injury called shaken baby syndrome (SBS). When someone vigorously shakes a baby, her head rotates uncontrollably because the neck muscles can't support it. Blood vessels and nerves in her brain may rupture and brain tissue may tear. Bruising and bleeding to the brain may occur if the brain hits the inside of the skull. The result is long-term brain injury that affects behaviour and development later in life; in about one in four cases, the baby dies.

These injuries are not caused by normal interactions, like tickling baby, playing aeroplanes or gently tossing her in the air. But a baby must never be shaken.

Parents or caregivers may need help to manage the stress of a crying baby and reduce any risk to the child. If a baby won't stop crying, the following strategies can help:

- Make sure the baby's needs are met (Is she hungry? Does she need to be changed?).
- Look for symptoms of an illness (for example, fever, swollen gums).
- Walk with the baby in your arms, singing or talking to her.
- Go for a walk with the baby in the pram or the sling, or try a drive in the car with her strapped into a child safety seat.
- Hold the baby close to your body and breathe calmly and slowly.
- Soothe the baby with a warm bath or gentle pats or rubs to the back.
- Call a friend or relative to help care for the baby.

After trying these ideas, if the baby is still crying, put her on her back in the cot and go back to her in 10 minutes. If the baby still won't settle, visit your doctor.

Putting baby to sleep

Sleep is important for the wellbeing of both baby and parents, so it is important to establish good sleeping habits early. Consistent patterns at sleep times are important in avoiding the problem of the baby falling asleep and waking again soon afterwards. Babies who fall asleep on the breast or in someone's arms usually wake soon after being put in the cot. It is better for them to be put to bed awake so they learn to separate feeding from sleeping.

The method outlined below is simple, gentle and helps the baby to learn to go to sleep:

- Look for tired signs, such as grizzling, jerky movements, facial grimaces and fist-clenching.
- Change the baby's nappy if necessary, and check that she is not heavily dressed.
- Wrap her lightly, with her arms in a natural position on the chest, towards the shoulders (as shown in **Figure 1.19**).
- Talk quietly and cuddle the baby to calm her.
- Put her in the cot on her back and leave the room if she settles.

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- If she is unsettled or crying, stay and gently stroke or pat her until she calms. It is important to stay with young babies if they are distressed.
- Note the time and watch the baby's eyes. If they are almost closed she will probably settle very soon.
- If crying persists, after 5 minutes pick her up to reassure both of you.
- The crying will probably stop, so put the baby back into her cot and stay with her until she is asleep.

The process may be repeated, but if the baby hasn't settled after about 20 minutes she should be picked up for a while.



FIGURE 1.19 Wrapping a baby helps her feel secure and ready for sleep

The sudden unexpected death of a baby through no apparent cause is called sudden unexpected death in infancy (SUDI). SUDI may be the result of a serious illness or a problem that the baby may have been born with. In Australia in 2014, 113 baby deaths were considered SUDI, including deaths classed as sudden infant death syndrome (SIDS). SIDS is rare and the risk of a baby dying from it is low. Most deaths happen during the first three months of a baby's life. Infants born prematurely or with a low birth weight are at greater risk, and SIDS is also more common in baby boys. Most unexpected deaths occur while the child is asleep in their cot at night. It is important to note that there is no known cause or causes for SIDS. The only way to reduce the risk is to follow Red Nose Safe Sleeping Guidelines.

Red Nose, an organisation dedicated to saving the lives of babies and children during pregnancy, birth, infancy and childhood, has guidelines on how to sleep a baby safely.

1. Sleep **baby on the back** from birth, not on the tummy or side
2. Sleep baby with **head and face uncovered**
3. Keep baby **smoke free** before birth and after
4. Provide a **safe sleeping environment** night and day
5. Sleep baby in their own safe sleeping place in the **same room as an adult caregiver** for the first six to 12 months
6. **Breastfeed** baby



FIGURE 1.20 Place baby on her back to sleep and make sure her head and face are uncovered

Red Nose (www.rednose.com.au)

Source: Red Nose (www.rednose.com.au)



WORK IT OUT

The Red Nose *Sleep Safe, My Baby* campaign began in the early 1990s. It has reduced the incidence of SUDI by 80 per cent, saving 8959 babies' lives. Visit the Red Nose website to watch the Safe Sleeping Song by Red Nose ambassadors The Wiggles. Also look at the site's Fast Facts for this year. A link to the website is provided at **http://eec2e.nelsonnet.com.au**.

In most cases the baby and parents will settle into a routine within a few weeks, with parents accepting that they will have disturbed sleep because the baby needs to be fed and changed during the night, as well as during the day. Getting the baby used to the difference between night and day is important for her routine and for parental survival. Here are some hints for night-time that parents might follow from the beginning:

- Establish a going-to-bed time as part of the routine, even if sometimes the baby is restless and may need to be picked up again.
- If the baby is wearing 'daytime' clothing, gently change her into night wear at the bedtime nappy change.
- When the baby wakes for night feeds, keep the lights dim.
- Choose a quiet spot for feeding. Don't talk to the baby except to reassure her, and keep your voice low.
- Unwrap the baby as little as possible during night-time feeding and nappy changes. If she is in disposable nappies, you may not have to change her.
- Put the baby back to bed as soon as the feed and nappy change are finished.

For parents who experience continuing difficulties in settling their baby, the Child and Family Health Nurse can provide further help and refer them to specialist services in the local community.

Mother's rest

As we have just heard, new mothers can expect disturbed sleep as their babies have different time clocks than adults. It is important, however, that the mother gets good rest so not to be overwhelmed by exhaustion and be unable to care for her baby. Women need time to recover and adjust both physically and emotionally, and to focus on bonding with their new baby. The following suggestions may be helpful in helping women to get more rest:

- The mother should sleep when the baby sleeps. Even a few minutes of rest at different times through the day can make a difference.
- Having the baby's cot in the mother's room for feeds at night can save some time.
- Go outside and exercise each day. Taking baby for a walk is a great idea for both mother and baby.
- New fathers can take on many roles to relieve the mother and give her some time to rest, such as bathing baby, preparing dinner and doing the washing.
- Have a relative or friend come to stay for a couple of weeks. They can look after the house and the mother, while she concentrates on the baby and resting in between. The mother should not be worried about asking for help.
- Adjust expectations about what can be done. Sometimes women may need to accept that the house may not be as tidy as it was before baby came along, or that going out to lunch with friends each day is not going to work, at least for the first few months, and maybe longer.

When mothers are well cared for and supported they are less likely to develop postpartum depression or have complications related to heavy bleeding or breast infections.

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Some midwives recommend that women stay in their bedrooms with the baby for a full week after they give birth, and that other people look after older children and do the household tasks.

Apply your knowledge

1. What is bonding? Why might it be difficult for a parent to bond with their child? Suggest ways of helping the bonding process.
2. Develop a low-impact exercise program for a new mother.
3. Investigate fully all the checks made on a baby at the six-week postnatal check-up, and develop a checklist for a doctor to use at the visit.
4. Invite a Child and Family Health Nurse to speak to the class about the support Early Childhood Health Centres offer new parents.

Contemporary issues

With social changes and improved technology, the choices relating to pregnancy and childbirth are growing. Some of the issues raised by these choices are set out in **Figure 1.21**. Two of these issues are explored in the following pages.

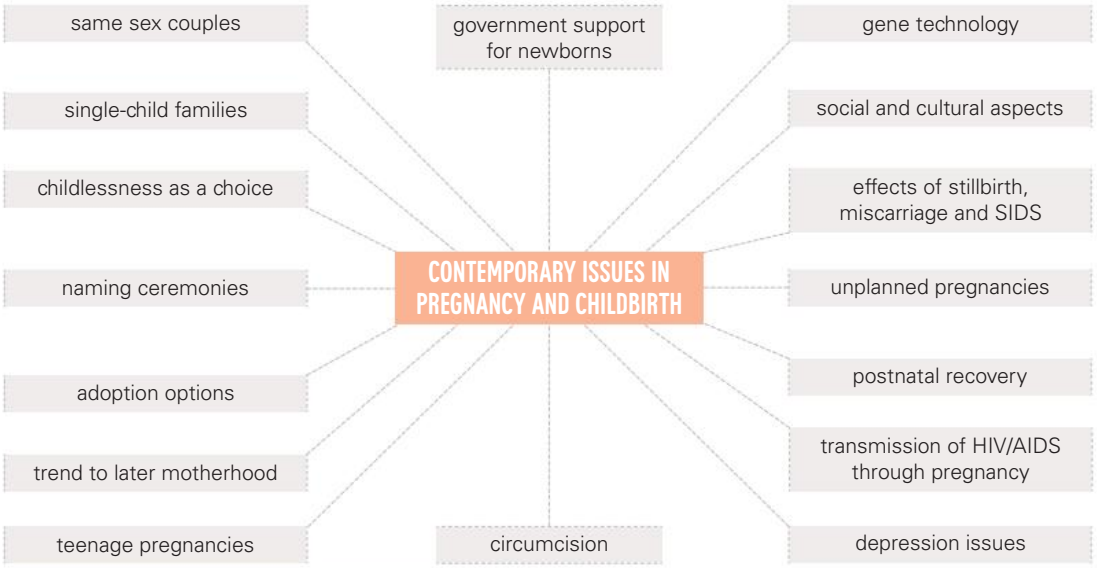


FIGURE 1.21 Contemporary issues in pregnancy and childbirth

Childlessness as a choice

The Australian Bureau of Statistics (ABS) estimates that 24 per cent of Australian women currently of child-bearing age will not have children. Some childlessness is involuntary. A woman or her partner may be infertile, with approximately one in six couples unable to have children. In some cases, couples may adopt or use ART techniques to conceive.

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However, a growing number of Australians are electing to be non-parents and are voluntarily choosing to remain childless. In fact, many women and couples who do not wish to have children prefer to call themselves 'child free' rather than 'childless'. They feel that the term 'childless' suggests that they are missing something that they want, and this is not the case.

Who will look after you when you're old? Living a child-free life

Ashleigh Mills, 6 April 2016

With almost one in four Australian women never having children, we need to be more respectful of choice and circumstance.

I've never thought of baby names, or imagined what I would look like pregnant. But don't feel sad for me. I don't feel anything is missing.

Soon after we married, the questions started. Friends, relatives (and sometimes strangers) asked when we were going to procreate. We'd hardly had a chance to contemplate the question. Voicing my indecision was often followed up with statements like, 'who will look after you when you're old?' or, 'don't you like children?', implying that something was wrong. For a while, I agreed. On I went, ticking all the boxes that I believed would 'ready' me for motherhood. I obtained a job that paid maternity leave, told my sister to keep her baby clothes and waited for the feeling to arrive.

It never did. With my mid-thirties looming like a time bomb, conversations with my partner about 'when we should start trying' brought anxiety rather than excitement. I dreamed instead, as I always have, of a life of creativity, flexibility and travel. So we decided to drop the conversation, until one of us has the 'urge'. If never, then that's okay.

People don't have children for numbers of reasons. Some make a choice. Some can't fall pregnant. Some don't have a partner, and won't embark on the journey alone. Some have partners, who don't want children. Our reasons are far, varied and equally valid. Assumptions can't be made about the child free as a whole.

Dr Bronwyn Harman, a senior lecturer at Edith Cowan University, studies contemporary issues affecting families, parenthood, and more recently, the child free. 'People were not able to say in the past that they didn't want children, it wasn't socially accepted. I think women in particular are working out that they can have it all, but they don't have to choose it all,' she says.

Harman found in her initial survey that people are voluntarily childless for a number of reasons. Of the voluntarily childless participants the most common reasons were: they might have children later (29.6 per cent); they were not maternal/paternal (27.6 per cent); and they thought children would ruin their lifestyle (16 per cent). Harman noted in her discussion that, 'womanhood and motherhood are so inextricably entwined that childless women in particular are viewed negatively by society. Those who are voluntarily childless report open denouncement and constant defence of their choice.'

Stories of more than 500 people without children have been collected to date, by Harman, who is now onto the second phase of her study, which looks at the wellbeing of the child free, people who don't have children as a choice, and those who are childless by circumstance

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or biology. In answer to that age-old question 'will I regret the decision not to have children when I'm older?', the statistics are murky, with little academic literature available in Australia. Harman's findings indicate that some groups of women, particularly those over 50, without a partner, report higher experiences of regret.

The largest study in answer to this question was undertaken in Norway by Thomas Hansen, Britt Slagsvold and Torbjørn Moum in 2012. The team from the Norwegian Social Research Institute examined data from over 5,000 participants aged between 40 and 80, examining wellbeing in older age across a range of factors, including childlessness. They concluded that there was no difference in wellbeing between parents and the childless. The discussion concluded, 'the results reviewed and those presented do not support the old myth that children make people substantially happier or that not having children jeopardises wellbeing in later life. Although infertile persons may go through a phase of finding life empty and unfulfilling there is little to suggest that involuntary childlessness may cause a continuing sense of loss.'

For us, the possibility of impending regret does not alone make a good enough case to have children.

In getting old? There are no guarantees. I have no reason to think that my family and network of friends will abandon me. 'We need to consider that offspring do not always look after us. The responsibility is for us all to make sure we have each other to rely on, child free or not', Harman says.

Something tells me I will be just fine.

Source: Ashleigh Mills © SBS 2016



Highlight the reasons why people choose to be child free.

1. Visit the Child Free Zone website (a link to the website is provided at **http://eec2e.nelsonnet.com.au**).
   - **a** Read and summarise two articles from the Articles section.
   - **b** Using information from the Stories section, outline the reasons why those who have told their stories have made the decision to remain child free.
2. As a class debate the topic 'Electing to remain child free is a selfish choice that couples will ultimately regret'.

Depression issues

Although having a baby is exciting, it can also be a challenge that some parents find difficult due to anxiety and depression. Perinatal mental health issues – those occurring during pregnancy and in the year after birth – can affect both women and men. Recognising the symptoms and seeking help and treatment early can make for a faster recovery and a better relationship between partners and with their new baby.

Prenatal depression starts during pregnancy. Up to one in 10 pregnant women, and one in 20 men, experience episodes of anxiety or depression that last for more than two weeks at a time and make it difficult to function normally. The depression may be a response to the pregnancy itself, related to ongoing health issues of the mother or due to a major life stress, like a serious relationship problem. Sometimes the depression is a relapse of a pre-pregnancy condition, especially if the woman stopped her medication before becoming pregnant. Around 40 per cent of women who experience prenatal depression will go on to experience postnatal depression if they do not receive treatment.

Some of the signs of prenatal anxiety and depression include:

- panic attacks, with a racing heart, shortness of breath and shaking
- persistent worry and often irrational fears about the baby's health
- development of obsessive or compulsive behaviours
- constant feelings of sadness, with crying for no real reason
- little interest in things that are normally enjoyed, such as spending time with friends
- difficulty focusing or concentrating on tasks, and memory loss
- always feeling tired, sleeping too much or not sleeping well
- withdrawal from family and friends
- being very irritable or angry
- high-risk behaviour, such as alcohol or drug use
- thoughts of self-harm, harming the baby, death or suicide.

Between 60 per cent and 80 per cent of women experience a brief episode of irritability, teariness, anxiety and difficulty in sleeping in the first few days after the baby is born. This is known as the *baby blues* and is related to the stresses of late pregnancy, labour and delivery, along with hormonal changes. These symptoms generally settle during the first week after birth and require no special treatment other than rest and support.

Postnatal depression is more severe or prolonged symptoms of depression that don't resolve and make daily functioning and caring for baby almost impossible. It begins in the year after the birth of a baby and affects more than one in seven new mothers – almost 16 per cent – in Australia, and one in 10 fathers.

Postnatal disorders can interfere with the bonding between a parent and the baby as well as put great strain on the relationship between the parents. The symptoms are the same as those for prenatal depression, as well as:

- feeling inadequate, unmotivated and unable to cope with the normal routine
- fear of being alone with the baby or frightened about not being able to settle the baby
- changes in appetite, either undereating or overeating
- low self-esteem and loss of confidence.

Perinatal mental health issues require treatment and it is very important that the mother or father confide in their partner, or a friend or relative, to support them in seeking professional help. Talking to the family doctor about the symptoms is essential. The doctor can suggest strategies to help with recovery, refer the parent to counselling or other health

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professionals, or prescribe suitable medication if it is needed. There are some excellent support services that can provide advice and support, including Perinatal Anxiety and Depression Australia (PANDA), beyondblue and the Black Dog Institute.



1 Differentiate between prenatal depression, baby blues and postnatal depression.

2 Visit the PANDA website (a link to the website is provided at **http://eec2e.nelsonnet.com.au**) and complete the following using information from the Practical Info section.

a Describe the role of three of the Support Services recommended for women and men with perinatal anxiety and depression.

b Read and summarise two of the personal Stories of Recovery.

3 Construct an infographic on an area of perinatal mental health that interests you. Create a class collage display by printing and combining all the infographics.



CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 The process that involves one sperm penetrating an ovum to form a new life is called 1 MARK

A dilation. **B** fertilisation. **C** implantation. **D** ovulation.

2 The ART that involves a male donor's sperm being used in the in-vitro process is 1 MARK

A AID. **B** FET. **C** GIFT. **D** ZIFT.

3 Which of the following is a guideline for sleeping baby safely to reduce the risk of SIDS? 1 MARK

A Establish a going-to-bed time as part of the routine
B Go outside and exercise each day by taking baby for a walk
C Sleep baby on the back from birth, not on the tummy or side
D Call a friend for advice or to take care of the baby for a while

4 Which of the following groups of nutrients is needed in increased amounts during pregnancy? 1 MARK

A Calcium, iron and protein
B Calcium, folate and iron
C Folate, iodine and iron
D Iodine, fibre and folate

5 Amniocentesis and chorionic villi sampling (CVS) are diagnostic tests recommended for pregnant women with a high risk of having a baby with a serious condition. The main advantage of CVS over amniocentesis is that 1 MARK

A it can be carried out about a month earlier.
B it can determine if gestational diabetes is present.
C some women have vaginal bleeding and cramping afterwards.
D it is painless and non-invasive with the results known immediately.

PART B: 20 marks

6 Outline the benefits of skin-to-skin contact (SSC) for both the mother and the newborn. 4 MARKS

7 Differentiate between fraternal and identical twins. 2 MARKS

8 For each of the following drugs, describe one effect it has on the pregnant woman and one effect it has on her unborn baby. 4 MARKS

a Caffeine **b** Tobacco

9 Explain why a baby may need special care. 4 MARKS

10 Assess the role of the midwife throughout pregnancy and childbirth. 6 MARKS

PART C: 30 marks

11 **a** Identify the birthing options available to pregnant women. 3 MARKS

b Describe each of the stages of labour. 6 MARKS

c Evaluate the safety and effectiveness of different drugs used for pain relief during labour. 6 MARKS

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12 a Explain the importance of bonding. 3 MARKS

b Analyse strategies to encourage bonding between new parents and their baby. 5 MARKS

c Evaluate the impact of delayed bonding. 7 MARKS



WORK IT OUT

Use this scaffold to help you with Question 12.

Explain = give reasons; make the relationship between things evident

- What is bonding?
- Why is it important to mother, father and baby?

Analyse = draw out and relate implications

- What are some practical ways of encouraging bonding?
- How does bonding occur through these ways?

Evaluate = make a judgement based on criteria

- What might stop or delay bonding?
- How will this affect the relationship between the baby and parents?
- Use examples in your answer.

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2 CHILD GROWTH AND DEVELOPMENT

Overview

Children grow at their own pace, yet pass through the same stages of physical, social–emotional, cognitive and language development. This chapter examines these areas of development and highlights the role the family plays in encouraging development. An investigation into contemporary issues regarding child development concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- analyse the factors that impact on the growth and development of young children
- discuss the relationships children develop in various settings
- explain the factors that affect the cognitive development of children
- investigate the differences in children's and adults' language use
- explain the factors that impact on child growth and development in families
- critically examine a contemporary issue relating to child growth and development.



WORK IT OUT

Add the key terms from this chapter to the glossary you have begun. Be sure to include them in the correct alphabetical order.

KEY TERMS

adolescence
the time around 10 to 18 years old, after puberty and before a child becomes an adult

attachment
affectionate long-lasting bond that a baby forms with his caregivers

development
orderly and predictable pattern of change in a person's function and behaviour

fine motor development
movement and control of the small muscles of the body (for example, in the hands and fingers) to allow for precise movements

gross motor development
movement and control of the large muscles of the body (for example, in the legs and body trunk)

growth
measurable increase in size and structure

linguistic
describes communication using the rules and words of a language

pre-linguistic
describes communication before the rules and words of a language are used

reinforcement
reaction that occurs after a response that increases (positive reinforcement) or decreases (negative reinforcement) the likelihood that the response will occur again

resilience
the ability to cope with change and challenge, and bounce back during difficult times

socialisation
process of learning the skills and attitudes needed to function effectively as a member of society

stress
the body's reaction to a physical or emotional situation that causes imbalance in a person's life

Physical growth and motor development

All children follow the same general pattern of growth and development, and the stages at which they learn to do things follow the same order. This is because they must master one stage before they can go on to learn the next. For example, legs must become strong enough to stand, babies learn to stand before walking, and so on. Although the same general pattern is followed, each child develops at his own pace, and individual difference is completely normal.

Sensory capabilities

In Chapter 1 we looked briefly at the sensory capabilities that babies are born with. Let's now trace the development of the senses – sight, hearing, smell, taste and touch. To enable all the baby's senses to develop, stimulus from the environment is important.

Sight

Newborns are aware of vague shapes or outlines, and dark and light shades. As newborns focus at about 25 cm and are hence short-sighted, objects beyond this distance are blurred. Babies are particularly interested in faces. When a parent holds a baby close he can focus, and within a few days he will recognise the parent's face.

At three months, although still short-sighted, the baby can focus at a wider range and see further. He will be interested in looking at things around him and will be able to follow the movements of people or objects nearby. The baby will spend a lot of time lying on his back watching his own hands.

By six months the eyes have learnt to work together and the baby will move his head to look at objects or people that attract his attention. At 12 months the baby can focus over a greater distance and easily recognise people. His eyes can follow a rapidly moving object.

At just two years of age a toddler can see everything that an adult sees. A sense of colour develops around this time and from then on there is a gradual improvement in the ability to distinguish different colours. Sharp and acute vision, equal to that of an adult, is reached at about five, but the eyeball does not reach adult size until about 12 years of age.

Hearing

Like vision, hearing develops rapidly. The newborn will respond to human voices, but can't determine the location of the sound. The baby will begin babbling at about three months as he learns to respond to sounds and enjoys listening to himself. By four months of age, the baby is aware of the sound of familiar voices and will turn her head in the direction of the voice.

At six months, the baby responds to an increasingly wider range of sounds and can correctly judge the location of these sounds. At this stage the baby also chuckles, laughs, squeals, and vocalises using one-syllable sounds. A 12-month-old baby will turn his head at the sound of his own name. He can also begin to distinguish pitch in sounds, although full development of pitch discrimination develops at a slower rate than other auditory development. By four years old the child can understand adult conversation and, by five, hearing has developed to adult level.

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THINK ABOUT THIS

A baby can recognise the smell and voice of his mother at birth. It takes a few weeks before he can see the difference between his mother and other adults.

Smell

Although the newborn's sense of smell is relatively weak immediately after birth, he is soon able to respond to a strong smell. The olfactory system responsible for detecting and distinguishing smells develops to quite an advanced state during the neonatal period. Within a few weeks the baby can distinguish between several different aromas and their intensity. By two years of age the toddler can detect the same pleasant and unpleasant aromas that an adult can.

Taste

Like smell, the sense of taste is also remarkably well developed at birth. Within weeks the newborn is quite sensitive to different tastes. Between the ages of two and five a child's attitudes towards eating and mealtimes are established. By this time, children have usually developed distinct likes and dislikes with regard to food and make them known. Preschoolers often experience a change in these tastes from one day to the next, so maintaining mealtimes as a pleasant experience can be a challenge for parents. A child's food experiences are different from an adult's because children have a lot more taste buds; they are on the throat and inside the cheeks, as well as on the tongue.



iStock.com/phakimata

FIGURE 2.1 Babies explore objects with their mouths as well as their fingers

Touch

Babies rely heavily on touch and use this sense considerably during the first year. Skin contact and warmth, especially from the mother's body, provides important stimulation for the newborn and young infant. By three months of age, babies are quite good at exploring objects with their fingers and by four months they also use their tongue and lips to feel objects.

Motor development

Motor development refers to the continuous change in physical movement by gaining control over the joints and muscles. It involves skills such as walking, climbing and playing ball games. Motor development occurs with the development of bones, muscles and body proportions. It follows a predictable pattern and there are expected stages in each aspect of motor development. It first occurs in the head region, followed by the trunk, arms and hands, and finally the legs and feet.

Motor development includes gross motor development and fine motor development. By early childhood gross motor skills have developed, for example throwing a ball, jumping over an object and climbing stairs. At the same stage, the child is showing some fine motor skills (which take longer to develop), for example, threading beads, drawing with a pencil or doing up a button.

Table 2.1 summarises the stages of motor development of children up to five years old, based on the Australian Government's *Early Years Learning Framework*. It is a useful guide, but it is important to remember that each child is a unique individual and will grow and develop at his own pace, and there can be a lot of normal variation between individuals.

TABLE 2.1 Motor development in young children

Stage	Gross motor skills	Fine motor skills
0–4 months	• moves whole body and squirms • moves head from side to side • lifts head and chest when lying on stomach • starts to roll from side to side	• begins reaching for objects hanging in front of him • can grasp objects placed into hands • reaches up when touched or cuddled
4–8 months	• sits up, with support • begins to show crawling movements • rolls from back to stomach • can hold own weight on feet when standing • turns head and can raise it	• plays with own feet and toes • reaches for and grasps objects with one hand
8–12 months	• sits without support • crawls quickly and fluently • pulls self to standing position with help and can stand momentarily • rolls ball and crawls to retrieve it	• moves objects from hand to hand • picks up and touches objects with thumb and finger • holds bottle or biscuit • grasps spoon, but has poor aim in getting food to mouth • uses hand to feed self
1–2 years	• gradually walks, with some falls and tottering • walks, runs and climbs • dances in one spot to music • rolls and throws a ball using hands and arms • tries to kick a ball • squats to pick up an object	• scribbles with pencil held in fist • turns book pages, two or three at a time • finger-feeds efficiently • starts to feed self with a spoon or fork • can drink from a cup
2–3 years	• walks, runs, climbs and jumps easily • uses one step at a time • avoids obstacles in his path • moves about to music • catches a ball thrown to him • walks to and kicks a ball	• holds pencil with finger and can draw or scribble circles and lines • turns book pages one at a time • feeds self using cutlery and a cup • turns door handles • gets dressed with help
3–5 years	• walks, hops, jumps and runs with ease • climbs steps with alternating feet • efficient on playground equipment • runs and kicks a ball • skips with a leading foot	• holds pencil between thumb and first two fingers • copies different shapes and figures when drawing • feeds self with few spills • dresses and undresses with minimal help • can cut with scissors • shows hand preference • washes and dries hands with help

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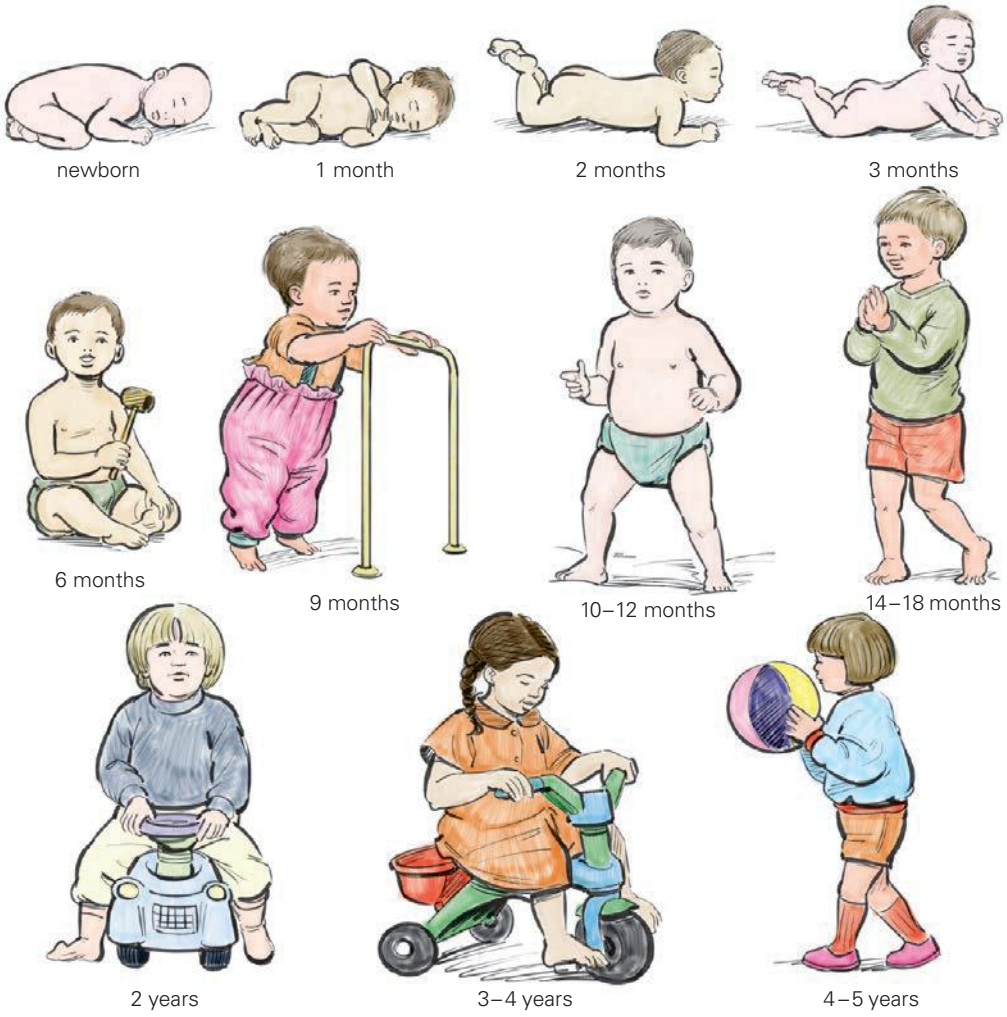


FIGURE 2.2 Gaining control of muscles in motor development

Brain growth and physical development

The human brain begins forming very soon after conception and its development never ends. The processes by which the brain develops also allow it to store information, such as skills and memories, throughout life. A child's brain is very plastic, or flexible. From birth to three years old a child's brain undergoes a rapid period of development, producing 700 new neural connections every second, and by three years old the brain contains up to twice as many synapses as it will have in adulthood. These excess connections are gradually pruned during childhood and adolescence.

Like all development, brain development follows a sequence. At birth, the brain can direct reflexes and regulate basic biological functions, such as breathing. As the nervous system matures, the brain is able to perform more complex tasks, such as muscle control and movement. During the first three years of life the nervous system becomes more complex and faster as it matures.

Two trends of physical development, working together, determine that growth and development proceed from the head to the trunk and then to the limbs. The *cephalocaudal trend* refers to growth and development starting at the head and working down. This trend is seen in prenatal growth, from conception until the foetus is 22 weeks old, when the head grows more than the body. It is also the trend for infants, who learn to use their upper limbs before their lower limbs.

The *proximodistal trend* refers to growth and development starting at the centre and working outwards to the limbs. This is the trend for prenatal growth from 22 weeks to birth, as the foetus grows from the inside of his body outwards. In terms of motor development, the proximodistal trend explains why children develop fine motor skills later than gross motor skills.

Factors influencing physical growth and motor development

As you have already learnt, each child will grow and develop at his own pace. There are a variety of factors that influence physical development and contribute to this individuality.

Nutrition

Good nutrition is essential to healthy physical development. Children who have well balanced diets will develop normally, while children with inadequate diets may suffer problems. Parents need to promote healthy eating habits and teach their child how to make good food choices. Eating junk food too often can lead to obesity, diabetes and tooth decay, which can inhibit normal physical development.

The food that children eat depends on factors such as the parents' knowledge; family income, culture and lifestyle; and the child's likes and dislikes. Nutrition for young children is discussed in detail in Chapter 10.



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FIGURE 2.3 A child develops walking skills through practice

Practice

Those children who are provided with more stimulus and opportunities to practise their skills tend to develop faster. Consider the skill of walking. A child whose parents help him to stand, and walk along with him holding his hands, is more likely to walk independently earlier. Similarly, the child who is not carried everywhere but gently encouraged to follow adults is likely to become mobile more quickly.

Children learn many physical skills – both gross motor and fine motor – as a result of practice. Repetition of activities is important in learning and mastering skills. This can be provided with games, toys and other stimulating experiences.

Genetics

The specific genetic information children inherit from their parents has a great influence on their growth and development. No two people, except identical twins, have the same genetic material. Sometimes, babies inherit certain genes and physical traits from their parents that can cause delays in physical development, such as cystic fibrosis.

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Environment

A positive and healthy environment is important in contributing to a child's growth and development. Some environmental factors that can harm children and impede their development include pollution, isolation from friends, unclean housing and hazards such as chemicals. On the other hand, children who grow up in safe, loving homes, with opportunities to interact and form relationships in the family and beyond, will grow and develop more normally.

Exercise

Exercise promotes healthy physical development. A child who is encouraged to be active will have better fitness and improved development. Family members can model good exercise like playing ball and riding a bike.

Health

Minor childhood illnesses such as colds and earaches are not likely to cause long-term problems with development, but not all children enjoy good general health. Serious, chronic illness and multiple surgeries that require long periods of recovery can have negative effects on a child's physical development. For example, a long-term study of 30 children with homozygous sickle cell disease reported that the children were significantly shorter and had lower weights than healthy children.

Culture

Culture has an influence on the rate of motor development, as what is considered normal varies greatly from one culture to the next. Typically, Australian children sit at six months and walk at around 12 months. However, in other cultures of the world, the time frame for development can differ; for example, African children usually walk well before 12 months old. The differences between cultures can be due to climate, housing, diet and varied child-rearing practices.



THINK ABOUT THIS

Here's a bit of cultural change. Many people in the Victorian era (1837–1901) were reminded of their ape-like origins when they saw babies crawling, so they forced their children to learn to walk early, using walkers and other aids.

Apply your knowledge

1 Copy the following table and complete it for each of the senses.

Sense	Capabilities at					
	Birth	3 months	6 months	12 months	2 years	5 years

2 Classify each of the following as a gross motor skill or a fine motor skill, and suggest the age at which a child will master the skill:

a kicking a ball
b turning the page of a book
c tying shoelaces
d hopping on one foot
e bouncing a ball
f walking
g squatting down
h using a spoon for eating.

3 Explain why identical twins may grow and develop at different rates from each other even though they have the same genetic material.

4 Libby and Chris are concerned about their baby, Sam. He is 16 months old and not walking. The family has a Caucasian background, and they live in a one-bedroom unit. Libby walked when she was 10 months old but Chris first walked at 15 months. What factors might be influencing Sam's development? What advice could you give to reassure Libby and Chris?

Social and emotional development

Attachment

Attachment is the strengthening of the bonding that first takes place between the baby and his caregivers. The baby starts showing behaviours of closeness and contact, such as clinging, calling, smiling and crying. Attachment allows babies to develop feelings of security, show that people are important to them, develop self-confidence and self-discovery, and cope with stress. Forming attachments is the beginning of social–emotional development, and attachments develop as a response to the love and care a baby receives from those around him.

In the first few months most babies are happy to be handled by just about any caring person. The baby feels attached to all people in his environment who provide stimulation or interaction. If a baby protests, it is not directed at a person, but happens because an activity has stopped or he has been left alone.

At about six months there is a dramatic change. The baby forms an attachment to the primary caregiver, usually the mother. He begins to actively seek the mother's presence and attention and often shows signs of distress when he is put down or separated from his mother. Babies who have strong attachments to their primary caregivers at the end of their first year are more comfortable when they socialise with others.

Gradually the baby will form attachments to other people he is familiar with; fathers and other close caregivers become important. By about 18 months the baby will have formed attachments to several people other than the mother or primary caregiver.



WORK IT OUT

John Bowlby first wrote about attachment theory after his experiences with homeless and orphaned children from the First World War. Mary Ainsworth expanded on his work in the 1970s. They combined their understandings and in 1991 published their joint work on attachment theory. Search online to find a video clip that demonstrates Ainsworth's assessment technique, called the Strange Situation Classification, for looking at how attachments might vary between children. A link to a summary of Ainsworth's research is provided at **http://eec2e.nelsonnet.com.au**.

When the care a baby receives is unresponsive, erratic or threatening, he is likely to develop attachment problems, which may cause his social–emotional development to slow. The child

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may be insecure, lack confidence and feel lonely and isolated. There are various reasons why this happens. For example, the mother may be suffering postnatal depression, the baby may be premature or either may be ill. The mother may be under emotional strain because her partner has left or because she lacks support. In most cases health professionals – midwives, family medical practitioners and Child and Family Health Nurses – can recognise problems and offer support (including follow-up and home visits) to families who are having difficulty caring for and loving their children.

Relationships with others

The close interaction that develops between a baby and his mother is the first relationship that the baby forms. In the same way as the baby widens his circle of attachments, he will gradually build social relationships with others, for example father, siblings, grandparents and friends. Parents and carers can support positive social development by modelling respect and concern for others and thus encourage children to be similarly respectful in their relationships.

Relationships shape the way children see the world and affect their development. It's through their daily contact with parents, carers, siblings, grandparents and others that children learn about the social world – how to think, understand, communicate, behave, show emotions, develop social skills and move around. Through active participation in these relationships children can express themselves and affect the ways that others relate to them.

In the first year of life babies learn some important skills of socialisation. They learn that making eye contact, smiling and laughing can keep their caregiver's attention. By 12 months, they enjoy interacting with others in games such as 'peekaboo' and 'pat-a-cake'. Toddlers start to play alongside other children and begin to imitate adult actions and express their feelings. The three-year-old is happy to leave caregivers for short periods and begins to play with children and show concern for them. From three to four years old, children become more settled and their first real relationships begin to develop with other children, and by the time they start school many children will have stable friendships.

Learning to build relationships with others is an important skill that children develop over time. It is a gradual process, but by about eight years of age most children socialise well.

Learning positive friendship skills

The foundations of friendship begin at birth

The foundations of empathy (being able to feel 'for' others) and friendship (being able to relate well with others) begin at birth through a child's first relationship with their primary parent or carer.

> "Responding to the emotional needs of children lies at the very heart of parenting. This is the foundation of children's future wellbeing."
>
> Rolfe, S. & Linke, P. (2011). *Everyday learning about responding to the emotional needs of children.* Deakin: Early Childhood Australia.

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Newborn babies love to look at faces and into their carers' eyes and feel good when they are lovingly held. It is in these early months that babies start to learn how to be a friend and relate to other people. They learn social skills by watching how the adults in their lives relate to and interact with others.

Babies have lots of learning to do because everything is new to them, and they are trying to make sense of it all.

Give and take builds friendship skills and empathy

You can see the first signs of bonding in a very young baby as they gaze into your eyes, and relax when you hold or rock them gently. From a young age a baby will also recognise you by seeing you and hearing your voice. They may show this by greeting you with delight, huge social smiles or by laughing out loud.

They will soon recognise their own name and love to play little turn-taking games with you. This is the start of the give and take of relationships. Babies will enjoy these and from these interactions with you throughout the day, they will learn other people are fun and they can have the ability to interact with others.

Developing the ability to relate well with others comes from learning that:

- other people will not let you down
- you are loved
- people will respond to you in a positive way
- misunderstandings can be mended
- there are culturally appropriate ways to relate to others.

What kinds of friendship skills and qualities are children developing in early childhood?

Babies (around birth to 18 months)

Through their relationships with their primary carers, babies build feelings of safety which enable them to gradually move further away themselves and develop more relationships with others. Although babies do not recognise other babies as playmates, they often like to be around them and show interest in looking at them. When a baby is at playgroup or child care, they need adults to play with and respond to them as well as support them in their interactions with other babies. Parents and carers can support the development of babies' social skills when they:

- understand young babies have their own feelings and needs
- understand babies' behaviour and respond quickly to meet their needs (e.g. understand a baby may cry because they are tired and put them to sleep)
- are warm and loving in the way they look at, talk to and hold their baby
- do things with their baby (e.g. look at or play with a toy, both look out of the window, sing songs and dance together)
- follow their baby's lead (e.g. watch for their cues about when they want to play, when to stop, when to be quiet and when to hold and comfort them).

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Toddlers (around 18 months to three years)

Toddlers are on the move and are beginning to use words and express a range of feelings.

- Through those around them toddlers are learning about the world and how to relate to other people (e.g. how to be friendly, how to invite others to join in, talking together).
- Toddlers show their love for their parents or carers and other close people very affectionately and most will be interested in getting to know other friendly adults, especially if they play with them. They will copy what parents and carers do in their play (e.g. start making a cup of tea for their imaginary friends).
- Toddlers enjoy being near and watching others. At this stage they tend to play alongside others rather than with them. They benefit from group play such as dancing or singing games where they can play on their own or in the company of other children with the support of an adult. Playing together can be stressful for toddlers so they benefit from a lot of close adult support or having someone they can turn to when things are getting a bit too much.

Older toddlers (three-year-olds)

Three-year-olds are very interested in playing with other children.

At this age they:

- Have started to learn about feeling safe and loved, being friendly and coping with hard feelings.
- Begin to share their toys and understand the reasons for taking turns.
- Look forward to playing with other children; friendships are usually based more on what they want to play or what toys there are than on seeing the other child as a friend.

Preschool children (around three to five years)

Four-year-olds want to play with other children a lot of the time. This is a good time for lots of playdates and sometimes having more than one child over to play. Preschoolers are able to think about other children's feelings and are learning the qualities and skills of being a good friend, including:

- taking turns
- including other children's ideas in play
- doing what other children want to
- sharing their toys
- understanding how other children may be feeling
- using words to describe their feelings and thoughts
- playing group games, acting out family or superheroes with friends and copying the behaviour of the adults they know
- spending time making up rules for their play as they start to learn about the social rules in their society. When someone gets tired of the rules and breaks them the friendship may temporarily end.

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Imaginary friends

Some three- and four-year-olds have imaginary friends. This is a creative way for children to practise being with others. You might see a child who has been in trouble scold their imaginary friend, or tell their imaginary friend about what has happened. With the imaginary friend they can try out different ways of relating to others. Imaginary friends will gradually disappear as the child gets older.

Friendship skills children are learning

To develop good friendships, now and later, it is important children begin developing the following skills:

- Self-control: being able to wait for what they want, using words to express their feelings rather than acting disruptively or misbehaving, giving others a turn with toys.
- Welcoming: being able to approach and respond to others positively (e.g. with a smile and greeting such as 'hello').
- Assertiveness: being able to say what they would like.
- Consideration: being able to say 'please' and 'thank you', taking turns, being able to lead and follow what others want to do, being able to cooperate and share.
- Play skills: being willing to take part in games and make suggestions for play.
- Communicating: talking and listening to others in a friendly way, saying something to start a conversation.
- Helping: being willing to help others.
- Prediction: being able to understand how others might be feeling based on their behaviour, being able to predict how their behaviour might affect others.
- Thinking: such as about alternatives when things go wrong (e.g. if other children want to play something different, thinking of whether to join them or find someone else to play with).
- Coping: being able to respond to rejection, disappointment or disapproval without experiencing too much distress or winning without gloating.
- Empathy: being able to respond to others' feelings with understanding.
- Flexibility: being open to hearing or learning about other points of view or ways of doing things.

It takes a long time to learn these skills and we continue to develop them well into adulthood. We can help children develop these skills by being aware of what friendship and empathy skills they are developing, playing with them and giving some gentle coaching when children are really struggling with something.

Children develop these skills through daily experiences; however, if you are aware of them you can give a hand at moments when some help is needed. You can do this by playing puppet games with children to help them practise these skills (e.g. 'What will the puppet do if we push him? If we smile at him? If we say we like what he is doing?').

Source: KidsMatter. Learning positive friendship skills © Commonwealth of Australia, Department of Health, reproduced with permission.

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Apply your knowledge

1 What do children need to learn in order to relate well to others?

2 Classify the friendship skills and qualities children develop in each of the stages of early childhood by copying and completing the table.

Age	Friendship skills and qualities

3 Construct a mind map to illustrate the friendship skills children learn in early childhood.

Factors influencing social–emotional development

The factors that influence attachment and social–emotional development are largely cultural and social. The child's development in other areas is also important.

Cultural factors

Cultural norms about parenting influence how children develop. Cultural differences in caregiving affect attachment and the forming of relationships. These differences are the result of expectations of parents, values and beliefs, work habits, traditions and social norms that are part of particular cultures. For example, in Japan it is rare for mothers to leave small babies alone or in another's care. Mothers become very sensitive to their baby's signals and secure attachments develop between them. On the other hand, German parents value independence and help to develop this in their children. The children form strong relationships with their parents and grow in resilience. Many cultures rely on kinship or family support networks in raising children. The baby forms attachments with several people quite early and develops many family-centred relationships.

Despite some differences among cultures, studies show there are common expectations that parents share. Parents feel that their children should show respect for others, be polite and have good manners. They expect their children to share, be honest and do well in school. However, it is how this is shown that varies across cultures. For some, good manners might mean greeting people warmly, while for others it may be sitting quietly in adult company.

Teaching children to understand these differences between cultures, and respect them, is very important for their development. For children to reach their full potential they need to be confident about their cultural identity. This identity is nurtured when they learn about their own cultural traditions and when those around them show respect for their cultural values.

Social factors

Children's lives are shaped by social factors that impact on their families and communities, such as access to social and health services, parents' work and income, and parents' ability to balance work and family time. Community attitudes and values portrayed in the media, school, church or other community groups will influence social–emotional development too. For example, the availability of work within a community can have a positive affect on a child's development. If parents can work locally it means less travel time and less stress, which means more time to be with the family and better quality in parent–child relationships.

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Children who live in violent communities or have been affected by violence may be withdrawn, be insecure and have few caring relationships. Research shows that children growing up under these high social risks have less stable attachments.

One study reported that parents who had long-term financial stress had difficulty disciplining their children and being affectionate towards them. These children had problems in their social behaviour. Other stressors in the family, such as anxiety, instability related to housing or income, job loss, a failing marriage or grief, can also interfere with social–emotional development.

Development in other areas

Children who have problems with their physical development may find it more difficult to join in with other children. For example, if they cannot play ball games they may feel inferior and withdraw. Similarly, children whose language development is delayed cannot express themselves and may therefore find it more difficult to develop relationships with others.

Children with delayed cognitive development or learning difficulties may not be able to play well with other children, or they may not understand other children's feelings and needs. These children have difficulty playing games that require them to follow rules; hence they don't develop the same social skills as their peers.

Children's ability to control behaviour

As children develop they discover that they can control their behaviour, and they become aware that their behaviour affects others. This ability to both control and reflect on their behaviour forms their self-concept, which is their understanding of who they are, what they can do and where they fit in. Although the development of self-concept is a lifelong process, how a child feels about himself as a toddler and preschooler, either positive or negative, can influence his behaviour for life.

It is important for young children to have love and consistent relationships to develop a positive self-concept and to be motivated to repeat positive behaviours and form healthy relationships. **Table 2.2** outlines the development of self-concept in children at different stages.

TABLE 2.2 Stages in self-concept development for young children

Stage	How the child controls and reflects on his behaviour	Examples
Stage 1: 0–2 years	• can point at objects and responds to his name • touches his hands and feet, and explores his own body • sees himself as a separate and unique individual • begins to explore his surroundings and initiates his own activities • becomes self-conscious and aware of 'right' and 'wrong' • expresses his sense of self through language • asserts himself and tests limits	• Two-month-old Caitie smiles and Mum smiles back. • Three-month-old Tom touches a mobile and sees it move. • Nine-month-old Seth giggles as he reaches for grandma to pick him up. • Ten-month-old Abbey starts a game of peekaboo with her older sister. • When Mum goes to pour the milk, 18-month-old Beth says 'Me do' and pushes Mum's hand away. • Twenty-month-old Ting reaches to touch the TV and glances over her shoulder to look for Dad.

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Stage 2: 2–4 years	• defines himself in descriptive terms (e.g. physical appearance, name, age, gender, possessions, abilities) • excited by new things he can do and proud to show others • absorbs information about how others respond to him and may behave differently • communicates his own needs, preferences and feelings • shows independence and an ability to get on with others	• A new girl at a childcare centre introduces herself to the teacher, saying, 'I am Hannah. I am three. I have a baby brother. And look, I have a baby doll, too.' • Three-year-old Bella smiles when Mum praises her for copying circles with coloured pencils. • Three-year-old Tighe feels good about himself when he helps Dad by 'folding' his T-shirt and putting it in the drawer. • Four-year-old Fia says, 'I love to play soccer. I can kick the ball really far. Watch me!'
Stage 3: 4–6 years	• is more aware of his real abilities and starts to compare himself with others • becomes aware of the needs and interests of the group, transitioning from 'me' to 'us' in his thinking • uses 'no' within the group to help define who he is • develops private thoughts and feelings that he may choose to share	• 'Alicia has the same hair colour as me, but Bianca's is more yellow,' says five-year-old Annie. • Six-year-old Luke explains, 'I am pretty good at English because I get good marks. But I'm not so good at Maths – not like Zoe.' • Six-year-old Olivia, frustrated that her friends want to play handball when she wants to play chasings, suggests, 'If we play chasing I will even be in first.'

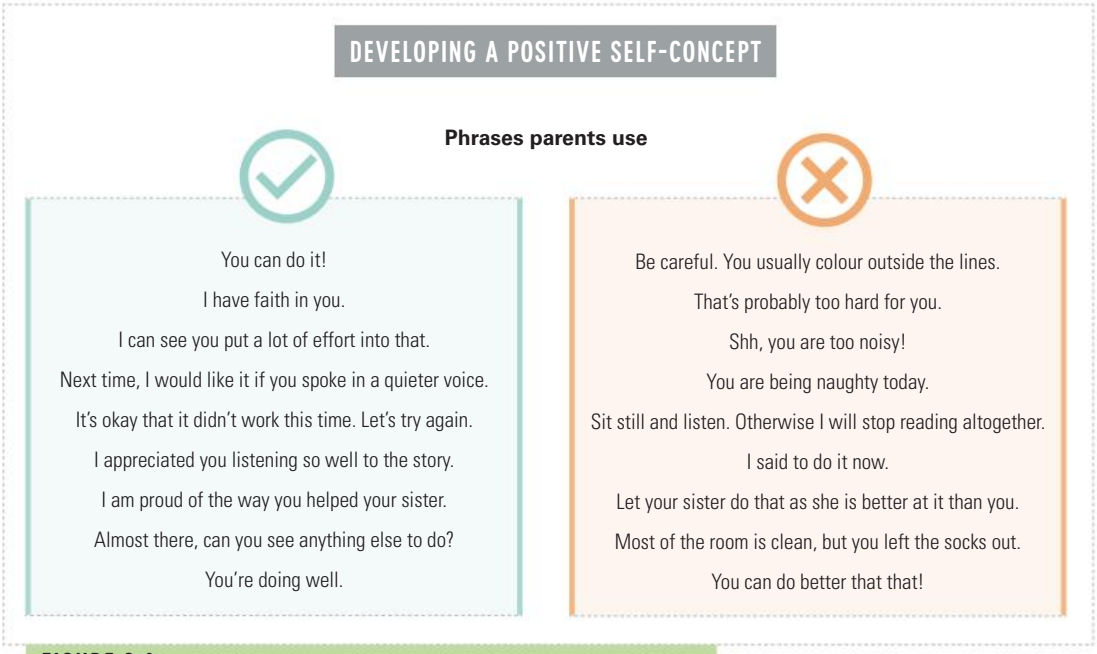


FIGURE 2.4 Words to encourage or discourage a positive self-concept

Apply your knowledge

1. What baby behaviours indicate attachment? Why is attachment important for a baby's social–emotional development?
2. State at what age a child might be expected to display the following behaviours:
   - **a** copying what others do
   - **b** playing beside other children
   - **c** giving his crying friend a hug
   - **d** taking his turn in a game.
3. Outline the ways in which the following factors can influence social–emotional development:
   - **a** culture factors
   - **b** social factors.
4. Using Figure 2.4 as a guide, work with a partner to create a poster titled 'Five tips to build a positive self-concept in your five-year-old'.

CASE STUDY

Georgia

Georgia's family lives in a three-bedroom house with a small backyard and pool. Her father works full-time as an accountant, and her mother works part-time for an employment placement agency. Georgia turned two last month, celebrating with her parents, brother and sister who are twins, both sets of grandparents and an array of aunts, uncles and cousins. Georgia loves to cuddle her mother and father and is happy to spend time with her grandmothers, aunts Mary and Monica, and especially her grandpa, always having big smiles for them all.

Georgia likes to do things for herself and sometimes pushes her mother away if she tries to help Georgia. She is used to watching her siblings, William and Sophie, play together and has several playmates at child care, where she goes two days a week. One of Georgia's favourite games is dress-up, and she is very good at copying her mother when she cooks dinner or gives instructions.

In recent weeks Georgia's speech has been developing fast. She can let her mother know what she wants for lunch and what she wants to play with. Sometimes though, other adults don't understand her as easily as her mother does, and then Georgia gets frustrated. This often results in tears and 'time outs'.

Georgia speaks well for her age but her motor development is less advanced. She is not a confident walker and cannot yet throw or kick a ball. This frustrates her and makes her angry. She tends to withdraw and watch from the sidelines while the other children play and have fun together, and she can't be persuaded to join the game again.

Although sometimes Georgia does not want to share her toys with her friends, she does play well with Sophie if her mother or father is there to remind her about waiting her turn and sharing. Having a brother and sister has helped Georgia learn that she cannot always have her way and that everyone in her family is important. She is learning to say 'Please' and nearly always remembers to thank her parents when she is given something.

1. With whom has Georgia formed attachments? What evidence is there to show this?
2. What social skills has Georgia developed? Are these skills typical of a child her age?
3. At what stage of development is Georgia's self-concept, as indicated by the behaviours she displays?
4. Explain the factors that have influenced Georgia's social–emotional development.

Cognitive development

Cognitive development refers to the way thought processes develop. It depends on brain development and on stimulation from the environment. Children need to learn many concepts. These concepts are learnt through imitation and interaction with people, and by observing and exploring the environment around them.

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Imitation and interaction

Children learn a lot of cognitive skills by imitating the behaviour of others, usually adults with whom they have a close relationship. Children learn to speak by copying sounds, and to write by copying letters and words. They often learn about adult roles and how to carry out tasks by imitating adults. For example, a child will copy a parent watering the plants, sweeping the floor or preparing dinner. Children can learn to be generous, caring and considerate of others by copying adults who behave in these ways. Similarly, the difference between right and wrong can be learnt by copying adult behaviour.



iStock.com/FatCamera

FIGURE 2.5 Children learn by observing others and imitating the behaviours they see

Obviously, adults have a key role to play in a child's cognitive development. They must act responsibly and model good behaviour for the children with whom they are involved.

We have already learnt that interaction with others is significant in a child's social–emotional development. Just as children form relationships through interaction, they also develop cognitive skills in the same manner. Interaction with adults and other children is important in the learning of concepts. For example, by playing a children's version of dominoes with others, a child will learn about shapes and perhaps numbers. Logic and reasoning can be developed by playing card games or by interacting with others who use these skills when communicating.

Many concepts and skills are learnt directly through interaction, usually from adults or perhaps from older children. Parents are the first to teach their children, and then others become involved, such as childcare workers and teachers. They may demonstrate a skill or explain a concept to a child and then give the child opportunities to practise the skill or repeat the concept in order to master it. Skills that children learn in this way include tying shoelaces, using an electronic tablet and telling the time.

Observing and exploring

Throughout life we learn by observing what happens around us. This is particularly true of infants who are not physically or socially mature and who are therefore limited in their interactions with others and their exploration of the environment. In the learning process, children may observe children, adults and animals. For example, a child may begin to learn how to use a knife and fork by observing his parents. Usually a child then has the opportunity to imitate the actions he has observed, and in this way further consolidate his learning.

Observational learning may occur from looking at illustrations and photographs in books and by watching television and tablets. Educational programs such as Play School are carefully designed to teach children about words, and time and number concepts, but children may develop cognitive skills from other entertainment media as well.

Babies and children learn from what they see, hear, taste, smell and touch in their environment. Research suggests that brain development, and subsequently cognitive development, is strongly influenced by a baby's experiences and that the first three years of life are particularly important.

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From just a few months old babies begin to explore their environment and learn cognitive skills. They touch objects with their hands and mouths and so come to recognise the object by its shape, texture, sound and what it does. Each new object interests the infant and in this way he acquires more information. When the child becomes mobile he is able to explore a wider range of objects and places in his environment. Furniture, rooms and other household or garden areas allow more learning and stimulation.

As a child learns to talk he will ask questions to help make sense of his world. If questions are answered honestly and carefully, the child gains a lot of information and begins to understand more about people and places in his environment.



FIGURE 2.6 Children learn about their environment by asking questions



THINK ABOUT THIS

At around six months old, a baby learns that each object is unique. Before this time, whenever he sees a bird in a tree, he always assumes it was the same bird.

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Stages of cognitive development

A lot of the current understanding of childhood cognitive development is based on the theory of Jean Piaget, a Swiss psychologist. Piaget considered cognition to be a biological process that proceeds in an orderly sequence with four specific stages. He suggested that these allow the child to develop the concepts needed to mature intellectually. Piaget's stages are outlined in **Table 2.3**.

An important part of Piaget's work is the idea that children are active in their own development and that they use their experiences to develop their understanding of the world. This view is widely supported by other behavioural psychologists, although in more recent times it has been found that children do not always reach the different stages at the age levels Piaget specified, and that their entry into some of the stages is more gradual than was first thought.

TABLE 2.3 Piaget's stages of cognitive development


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Sensorimotor stage	Pre-operational stage	Concrete operations stage	Formal operations stage
0–2 years	**2–7 years**	**7–11 years**	**11+ years**
Babies begin to interact with their environment, and find out about objects and people around them and discover what they can do. By the end of this stage, object permanence is established (i.e. the baby understands that an object or person still exists even when not present).	Children can identify words and symbols with the objects they represent. They are egocentric (self-centred). They have active imaginations, giving life to inanimate objects (e.g. a stone is a pet turtle, a chair is a person), which is called animism. Children can group objects because they are similar (e.g. an orange, an apple and a ball are all round). They don't understand the law of conservation (i.e. that a quantity of something keeps the same weight or volume when put into a container of different size).	Children can visualise and think more logically. They can visualise actions in steps and reverse them too. They can consider others' viewpoints. They can classify objects and order them according to size or shape (e.g. place a series of sticks in line from shortest to longest) and according to relational concepts (e.g. a tennis ball is bigger than a golf ball). Children can follow the rules of games. They can use and understand symbols (e.g. letters, numbers). They understand that non-living objects do not have feelings.	Children are able to think in the abstract (e.g. solve sums in their heads) and can solve problems methodically and effectively. They can distinguish between reality and fantasy, and hypothesise about what is possible. Some children, and even adults, have difficulty achieving this level of development.

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Factors influencing cognitive development

As a child's mind or brain develops, he becomes more intelligent. How intelligent the child becomes, or how far his cognitive skills develop, will depend on various factors, including cultural, social and genetic factors. All these factors continuously interact to affect cognitive development in individuals. As a result, children vary in their ability to remember, draw, read, study and work with their hands.

Cultural factors

Cultural experiences shape how individuals see themselves and what they consider important. As a member of a cultural group, a child learns the accepted beliefs and behaviours of that culture. There can be great variance across cultures in how and what children learn because of the different values and practices of these cultures. For example, in cultures where children are segregated from adults, such as in Turkey, children tend to learn through direct instruction and some imitation. In those cultures where children are more integrated, however, like in Indian villages, children's cognitive development is more affected by observation, explorations and active interaction with adults.

Often what is taught depends on what roles the child will have as an adult in that society. Tribal cultures tend to include children in the daily activities of life more than Western cultures. In both situations the children will develop intellectual skills to handle the tasks and challenges important to their surroundings, but these skills will be different.

Social factors

The way a child uses his intelligence is greatly influenced by the environment in which he grows up. This environment includes his family, friends, playgroups, preschool and other community groups. A child who is given plenty of opportunities to interact, explore his environment, observe and imitate will develop cognitive skills effectively and use his intellectual abilities to their full potential. Talking and playing, undertaking interesting activities and practising new skills all help cognitive development. Children learn about people and things and gain experience that their memories will enable them to use later. For example, a young girl who is given a jigsaw will most likely have lots of difficulty at first trying to complete it alone. If her father sits with her and shows her some basic strategies, like finding all the edge pieces, and they complete some pieces together, the girl will become more capable, and eventually be able to work on it independently.

Research shows that babies and young children from low socioeconomic households have a lower cognitive performance compared to other children. Families with a low income tend to have poor housing, poor nutrition and lower education levels. Parents have been found to be less affectionate and less responsive to their children, often because they are stressed and the household is quite chaotic. They spend less time with their young children; they are less likely to read, talk to and engage with their children; and there is much less intellectual stimulation or toys for the children. This can affect cognitive development negatively and contribute to behavioural problems in these children.

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Similarly, children living in dysfunctional households, irrespective of socioeconomic status, have reduced cognitive development. They are given fewer social and economic opportunities, such as going to playgroups or preschool, and lack stability at home. Many of these children lack motivation to learn and are more likely to engage in risk-taking behaviours. The effects can be long-term if no positive intervention occurs.

Genetic factors

Genes influence intelligence in complex ways. Genetic factors affect the potential intelligence of a child. In addition, specific genetic developmental disabilities and health problems may hinder cognitive development by causing difficulties in learning. For example, a child with dyslexia or autism has a limited ability to develop some intellectual skills, while visual impairment or cystic fibrosis may limit a child's access to stimulating environments, and thus delay their cognitive development. Early intervention programs and positive environments may be able to reduce some of these delays.



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FIGURE 2.7 Socioeconomic status has been shown to have an effect on learning ability and cognitive development

Apply your knowledge

1. Describe the ways children learn. For each way of learning, give an example of a cognitive skill that is learnt.
2. Watch a children's educational television program. Identify the concepts children can learn by watching the program.
3. Define the following terms from Piaget's understanding of cognitive development:
   - **a** object permanence
   - **b** egocentricity
   - **c** animism
   - **d** the law of conservation.
4. Identify the age at which children should be able to do the following, according to Piaget:
   - **a** play a board game with others
   - **b** imagine a tree is a giraffe
   - **c** recognise that a pear is bigger than a strawberry
   - **d** subtract numbers in their heads
   - **e** understand that Mum is still around even when they can't see her.
5. Explain the positive and negative impacts of social and cultural factors on children's cognitive development.

Put it into practice

Piaget is considered a leader in the area of cognitive development, but there are others who have formed theories regarding cognitive development and learning too. Work with two or three classmates to prepare a *group report*, using Powerpoint or similar, on one of the following theorists' work on cognitive development:

- Bandura
- Bruner
- Ellis
- Vygotsky.

For your chosen theorist:

1. Provide a short biography. (1–2 slides)
   - Include where he was born or grew up, his education, and important details and dates.
   - Include a photo, if possible.
2. Explain his work on cognitive development (3–4 slides)
   - Explain what he believed about learning and intellectual development, his theory and teachings, and acceptance of his work.
   - Include photos, videos and/or diagrams, if possible.
3. Summarise the theorist's main ideas (1–2 slides) and how these compare to other theorists' ideas.
4. Provide a full bibliography (1 slide).

RESEARCH CLUE

The Simply Psychology website is a good place to start your research. You can find a link to this website at **http://eec2e.nelsonnet.com.au**.

Language development

Language development involves more than being able to talk. It is about being able to communicate, and therefore also involves reading, writing, drawing and signing. Language is shared between people, and all language has these common features:

- It is a means of communicating.
- It has rules that are understood by those using it.
- It consists of sounds, gestures and symbols that have meaning for those using it.
- It allows the user to be creative and expressive.

Milestones in language development

Children progress from cries, responsive noises and smiles, through to conversation and storytelling. Language development is one of the most powerful tools for communication and for relationships. **Table 2.4** outlines the milestones in language development for a young child, based on the Australian Government's *Early Years Learning Framework*.

TABLE 2.4 Milestones in language development for young children

Stage	Milestones to be observed
0–4 months	• cries to show hunger, tiredness and distress • makes responsive noises when happy (e.g. coos and gurgles) • soothed by carer's voice and low rhythmic sounds • imitates adult tongue movements when being spoken to • begins to copy sounds

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4–8 months	• cries to show distress and anger, but is more easily soothed • enjoys and understands games such as peekaboo • babbles and repeats short sounds (e.g. 'da da', 'ba ba ba') • responds to others with talking sounds • smiles at own image and responds to own name
8–12 months	• recognises shared names (e.g. names of close family, names of familiar objects) • babbling is more tuneful and inventive • deliberately uses words to communicate (e.g. 'Mama', 'Dog') • understands limited words (e.g. 'Bye bye') and waves goodbye • imitates sounds and actions (e.g. hand clapping) • shouts to attract attention • vocalises loudly when spoken to, sounding like conversation
1–2 years	• understands and follows simple instructions (e.g. 'Pick up the book') • says own name and other naming words, but may be understood only by carers • starts to use phrases (e.g. 'Bye bye Dad', 'Dog come') • imitates other toddler's sounds and actions to amuse himself and others • enjoys rhymes and songs
2–3 years	• uses a few words together to talk about or ask for things (e.g. 'I go with Mummy', 'No dogs here?') • vocabulary expanding rapidly; understands many more words than he uses • asks simple questions (e.g. 'Where dog?') • uses plurals (e.g. dogs), pronouns (e.g. you, me, her) and simple sentences • directly copies words and actions of others • makes music, sings and dances • enjoys listening to stories and following along in books
3–5 years	• talks in sentences using lots of different words, with strangers being able to understand them • enjoys asking lots of questions (e.g. 'How did it happen?', 'What does it do?') and will answer simple questions • talks constantly and tells stories • experiments with new words for enjoyment • imitates adult speech and grammar (e.g. 'We liked that, didn't we?') • understands and enjoys jokes, rhymes and songs

Learning to communicate

Communication is a process whereby messages are exchanged between a sender and a receiver. Effective communication occurs when the receiver and sender share a common understanding of the codes used for the messages. This process is represented in **Figure 2.8**.

There are two types of language used in communicating. A person's *receptive language* is made up of the phrases and vocabulary that they understand, while *expressive language* is what they actually use. When children are learning language it first becomes part of their receptive language, and once they

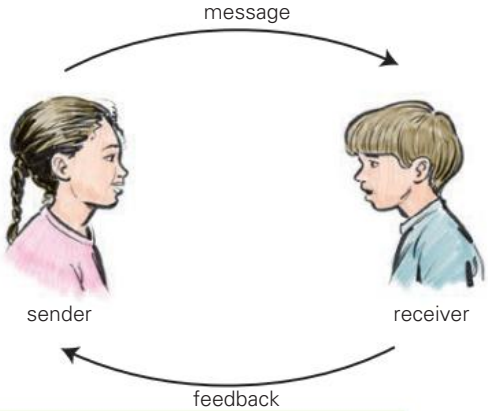


FIGURE 2.8 The communication process

know how and when to use it, it becomes part of their expressive language. For many people, especially children, their receptive language is much larger than their expressive language. This means they understand more language than they use.

The pre-linguistic stage is important because babies are learning about how to communicate and are also building their receptive language. This stage is common to all languages, with the early babble of babies all over the world being similar. This suggests that humans are born with an instinct to communicate with others. In the first 12 months, babies learn quickly how to communicate with their primary caregivers. By the time he turns one, a baby will understand what is being said to him and will start to communicate his needs by pointing to objects.

From about 12 months, children start to use words or their expressive language and thus enter the linguistic stage, but often only the caregivers understand what a child says. Children gradually begin to put two words together to form a phrase or sentence and they become more expressive and better able to communicate their needs. In order for children to learn language, they need to learn the rules of the language and the meanings of words. Naturally, this is a gradual process that follows a sequence and has distinct stages.

Put it into practice

Work with a partner on this *practical demonstration* of how to make communication effective.

1. One of the pair (Person A) should draw four geometric shapes on a sheet of paper. The other person (Person B) should not see the drawing.
2. Person A must now describe, in as much detail as possible, what has been drawn. From the description, Person B must reproduce the shapes on another sheet but cannot ask any questions. Person B should put this drawing aside.
3. Person A now describes the drawing again. This time Person B can ask questions. Person B makes another attempt to reproduce the original drawing, on a new sheet.
4. Compare the three drawings. With your partner, discuss the differences in the drawings based on the communication used.
5. Compare your ideas with other pairs in the class.

Alternative modes of communication

Communication may use language and take verbal forms, such as speaking, the written word or sign language; or it may be non-verbal, including drawing, writing, gestures, facial expressions and body movement. We have concentrated on speaking so far, as this is the first way that babies and young children begin to communicate. Let's now look at the other modes of communication.

Reading and writing

Literacy – being able to read and write – is considered an essential skill in Australian society. Most children learn to read and write after they have mastered the spoken word, and those who speak comparatively well usually learn to read and write faster. In order to read and write, a child needs to understand that symbols can have meanings, and hence must have reached this stage in their cognitive development, which happens at approximately five to seven years of age.

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For children with visual impairment, braille is an essential communication tool. It is a tactile form by which visually impaired children learn to read and write, and it is learnt in a similar way to how we learn to write letters and numerals. Again, children must be able to understand that a symbol has a particular meaning before they can learn using braille. Children who are visually impaired can also use computers and other devices that use smart technology or assistive technology. For example, a voice-activated program can help a visually impaired child write stories and letters.

Sign language

Sign language is used by and with children who have difficulty using the spoken word. The difficulty may be because of a hearing impairment, an inability to vocalise or an intellectual problem. Compared with other languages, signing is not very flexible as it has a limited vocabulary. This means that other forms of communication, including facial expressions and gestures, are an important part of the communication process.



FIGURE 2.9 Fingerspelling is a code for representing letters of the English alphabet

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In Australia, Auslan (Australian Sign Language) is used by the Deaf community. Auslan uses signs (hand shapes), body movement, facial expressions, mime and gesture. It has its own vocabulary of hand shapes or gestures for different words and concepts. Fingerspelling is used to add word endings (for example, '-ing', '-ed', '-s') and for those words that don't have signs, such as surnames and place names.



WORK IT OUT

Go to the Auslan Signbank online to watch videos and practise signing, or download the Auslan app (you can find a link to the website at **http://eec2e.nelsonnet.com.au**). Then communicate to a classmate:

- your name
- where you were born
- how old you are
- your favourite colour.

Drawings

Drawing and painting have been used as a means of communication for thousands of years. Children often use drawing as a way of expressing and communicating their feelings, their likes and dislikes, and how they see the world around them. As they do for language development, children pass through stages with their drawing. Usually children start with scribbles and progress to drawing themselves or their carers. Gradually they begin to draw other people and objects in their environment.



Scribble stage



Circular shapes emerge within the scribbling



Circular shapes become more regular and lines are added that eventually represent features and limbs



Trunk and more features are added



Children drawing themselves

Eryn Freya Almeida; Oscar Gillon; Leo Bonomi-Bowen; Gemma Mclean; Isabella Fahey

FIGURE 2.10 Stages of drawing for young children

Gestures, facial expressions and body movement

These modes of communication may be used with or without language. They send messages and children learn to read others' facial expressions, gestures and body movements in order to communicate effectively. A frown tends to indicate that a friend is unhappy, hands on the hips may mean that Dad is impatient, a wave from Grandma means that she is leaving and the stamping of a foot shows frustration and anger. Most children learn fast. For example, babies soon learn to smile in response to seeing an adult smile. Similarly, young children soon learn to read Mum's 'angry' face or recognise when a friend is sad.

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Some children, such as those with autism, may have difficulty reading facial expressions correctly, hence experience communication difficulties. Visually impaired children are also not able to use these forms of communication effectively, while hearing-impaired children may rely more heavily on these in their interpretation of messages.

Factors influencing language development

Cultural factors

Children of all cultures are born with the ability to learn language in the same ways – by imitating adults and learning from them. Different cultural practices and communication patterns can influence the rate at which children develop language. For example, in cultures where adults do not speak often to children, the children may acquire language at a later age than those in cultures where there is a lot of shared talk between adults and children.

Children who are exposed to more than one culture need to learn the language and communication forms that are acceptable to each individual culture. For example, in some cultures, eye contact when talking to an adult is considered to show a lack of respect, but in other cultures the opposite is true. Children growing up in more than one culture need to learn the appropriate use of facial expressions and gestures in different cultural settings.

Social factors

The type of family setting – particularly the socioeconomic level that the child experiences– has considerable influence on language development. Children from socioeconomically disadvantaged families tend to have smaller vocabularies, like their parents. Social and economic pressure on parents may mean they talk to their children less, or spend less time correcting grammar and word usage. Studies show that there is likely to be more discussion between parents and children in families at higher socioeconomic levels; this discussion has a positive effect on language development.

While children learn language skills largely through imitation, this is not the only important influence on language development. A child learns to speak as a result of reinforcement. A child makes noises randomly, but when he makes a noise that resembles a word and parents or other adults say 'Good boy!' they reinforce the 'correct' noise and increase the likelihood that he will 'say' it again. The same applies to learning grammar. Over time, first due to random noise that is accidentally right and is rewarded, and then through increasingly more accurate imitation, the child develops language skills.

Genetic factors

It is widely recognised that the cultural and social environment a child grows up in has a major influence on his language development, but there are also genetic factors that can have an impact. Although the view is controversial, many believe that a child's gender is a factor in language development. On average, girls seem to learn language more quickly than boys. They are more articulate than boys and perform better on grammar and spelling tests.

Intelligence is also influenced by genetic factors to some degree. Children who are considered more intelligent usually begin to talk at an earlier age, learn vocabulary faster, speak fluently and use longer and more complex sentences.

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Language and bilingual children

Many children in Australia grow up in homes where a language other than English is spoken, and hence many children can speak more than one language. They may use one language at home, another at school and even a third as part of their religious observance. Children who are able to use two languages are bilingual; those who are able to use three or more languages are multilingual.



THINK ABOUT THIS

Newborn babies prefer the rhythm of their native language at birth, indicating that the foetus learns some language while in utero. Some research suggests that babies even cry in the tone of their native language.

Some research evidence suggests that bilingual and multilingual children develop cognitively at a faster rate. These children tend to be more creative in their thinking, but only when their home language is valued by those around them.

Children who are learning more than one language tend to be slightly slower in learning to talk and communicate because they have to absorb more than one language system; however, this early delay does not affect their overall language development if they are supported in their language learning. It is widely accepted that in order for most multilingual children to achieve good language skills, their home language must be supported. Unless a child masters one language, he may find it difficult to make progress in others. This is why some English-speaking preschools and schools that have children who speak very little English employ teachers who can continue supporting the child's home language.

Children learn additional languages through absorption and association. They come to associate a language with a person or a situation and are able to respond in the language they hear. In a remarkably short time children who are learning more than one language know which phrases to use with speakers of each language and move with ease between the different languages in the appropriate situations.

Even if a young child can speak more than one language, it is not until he is about eight years old that he begins to understand that he is using more than one language. Most children find it difficult to use their 'home' language in situations where they are used to speaking their 'outside' language. If, for example, a child is asked what the word for bedroom is in his home language, he may not be able to think of that word in an English-speaking setting such as preschool.

It is important – both for language development and so that bilingual and multilingual children don't mix up their languages – for interacting adults to stay in the language spoken in that situation. For example, an English speaker at school should not speak to the children in their home language.

Sometimes bilingual children are unable to find the word or phrase they need to express themselves, as they can think of the word only in the other language. For example, a child might want to tell his parents that he played with fingerpaint at school, but he knows this word only in English. This may mean that he will stop talking about what he has done. To prevent this, many childcare centres, preschools and schools involve parents. Parents are invited to spend time at the school to see what is done, to help with activities and even to share their language with their child's group.

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Put it into practice

Conduct a series of *interviews* with parents who have young children of varying ages. Find out how these children use language to communicate. Your interviews may be face to face or over the phone. You should interview at least 10 parents. From your interview data:

- list different babbling sounds that a four- to eight-month-old baby uses
- name common first words small children say
- identify questions asked by two- and three-year-olds
- classify nursery rhymes and songs that four-year-olds know.

RESEARCH CLUES

1 Preparing for the interview

- Be clear about the objectives of the interview – that is, what you want to find out.
- Write your questions. Make them clear and easy to answer, and check that they will provide the specific data you need.
- It is a good idea to prepare some follow-up questions just in case you need to clarify something. You could also use a probe question, such as 'Can you talk more about…?'
- Pilot or practise your interview with someone to identify any problems with your questions and to help you become familiar with interviewing.

2 Conducting the interview

Before the interview:

- Contact the people you are going to interview and organise a suitable time. Thank them for agreeing to participate and briefly tell them about your research.
- Check the location where the interviews will take place to make sure that it is comfortable and that you won't be disturbed.
- Ensure that you have a mobile phone or another recording device, that you know how to work it properly and that it is charged or has batteries.
- Be sure to tell the interviewees that you will be recording the interview.
- Make sure you arrive on time.

During the interview:

- Be an active listener and encourage the interviewees to talk.
- Avoid suggesting answers.
- Be prepared to wait for answers. Try to count slowly to 10 before deciding to intervene in some way.
- Saying 'Mmmm' or 'Uh huh' lets the interviewees know you are listening.
- Saying 'That's interesting' encourages the interviewees to keep talking or expand on what they are saying.

After the interview:

- Thank the interviewees for participating and explain how they have helped your research.
- Read over your notes, check your recording and file the materials, ready to be used in preparing your report.

3 Presenting the interview data

- Describe what you found out in a logical, thorough and objective way.
- Tabulate your data by adding up like responses, tallying answers and checking them.
- Use an appropriate, accurate and labelled table or graph to show the data for each question. Be sure to include the correct title and labels for these. (For example, Figure 1: Babbling sounds made by 4–8-month-old babies.)
- Interpret the table or graph by including a paragraph that explains the data (for example, 'In response to the question "What was your child's first word?", six out of 10 (or 60 per cent) of parents said "Mamma", as shown in Figure 2.')

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Apply your knowledge

1 List the features common to all languages.
2 Besides language, what other modes of communication do children use?
3 Differentiate between receptive and expressive language.
4 Describe four different pieces of assistive technology available to help visually impaired children learn to read and write. Vision Australia is a good place to investigate this kind of technology (you can find a link to this website at **http://eec2e.nelsonnet.com.au**).
5 Compare and contrast on a Venn diagram how children and adults use language.
6 Extended response: Explain the different influences on language development.



WORK IT OUT

When asked to 'explain', you're being asked to relate cause and effect – to make the relationship between things evident. Use PEEL in structuring your response (see page 17).

The importance of families for growth and development

Families have a very important influence on all aspects of a child's growth and development. The family is the first group to which a baby belongs, and there is close continuous contact between parents and baby. Families are usually where the closest relationships and bonds form. Because of this, the child's wellbeing is largely dependent on the family's ability to provide a safe and supportive environment that can adapt to changes and function effectively.

Positive family environments

A positive family environment is critical in a child's development. If a child has parental support and guidance; has his physical, social, emotional, intellectual and moral–spiritual needs met; and is provided with stimulation, he tends to follow predictable and consistent patterns of growth and development.

Positive family environments are characterised by:

- consistency and security of relationships
- shared activities between parents and children
- gentleness, warmth and nurturing by parents
- established routines and clear guidelines for children
- caring for self, others, things and places
- good parental role models for behaviour
- attentiveness and open communication
- parental involvement in children's learning at school, home and elsewhere
- parents encouraging and helping children in many ways.

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Negative family environments

In families where there are frequent, sustained and overwhelming negative relationships and experiences, the child's developing brain is damaged, with long-term effects on the child's growth and development. Negative influences may include repeated abuse, ongoing neglect, extreme poverty, exposure to family violence or prolonged traumatic family living, such as with fleeing refugees.

Research indicates that children who grow up in a negative family environment are more likely to be underweight and have delayed growth; suffer around two injuries a year; be emotionally unstable and aggressive; have poor social skills; suffer from anxiety or depression; and be disengaged at preschool or school. Many of these effects can also carry over into adolescence and adulthood, resulting in mental health problems, substance abuse, chronic disease and criminal behaviour. If, however, children have the support of even one caring adult, they may be able to learn and build resilience. This support may come from an adult within the family or a friend, neighbour, teacher or other responsible adult.



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FIGURE 2.11 A persistent negative environment has long-term effects on a child's growth and development

Structure and role of families

In Australia today there are many different family structures. Because of this diversity, 'family' can mean different things to different people. The Australian Bureau of Statistics defines the family as:

> 'Two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering; and who are usually resident in the same household. The basis of a family is formed by identifying the presence of a couple relationship, lone parent-child relationship or other blood relationship. Some households will, therefore, contain more than one family.'
>
> **Source:** Australian Bureau of Statistics, 2015, Family Characteristics and Transitions, Australia, 2012–13, cat. no. 4442.0, viewed 29 November 2016

However it is defined, the family remains the basic unit of our society, where a lot of communication, caring and sharing occurs – and where most children are raised. The family plays a fundamental role in the wellbeing of all its members.

Table 2.5 describes a variety of family structures. There can also be great differences within each of these structures and the way that each family unit operates. For example, an extended family that consists of a mother, a father, their teenage sons, the father's sister, her baby son and the mother's father has different relationships from an extended family where there is a father, his five-year-old daughter and his toddler son, and a grandmother and a step grandfather.

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TABLE 2.5 Family structures

Structure	Characteristics
Adoptive	• a single person or a married, de facto or same-sex couple with children entrusted to their care who are not their biological offspring • permanent, and the parent(s) has all legal rights
Blended	• combination of biological children and stepchildren living with parents • formed when two sole-parent families or a sole-parent family and a partner unite
Childless	• two adult partners with no children • formed by choice, or due to infertility or the death of a child or children • may be a transition stage, or permanent
Communal	• clusters of families share resources and living space • may be partly or fully self-sufficient communities
De facto	• may be a same-sex or opposite-sex couple, and a childless, blended, adoptive or foster family • two adult partners are not legally married but are recognised by law as having family status after 12 months together
Extended	• several generations living in the same household • family can still be referred to as extended when members live in separate households, often near each other
Foster	• a married, de facto or same-sex couple or single person with children entrusted to their care who are not their biological offspring • temporary, lasting from days to years until children can return to their biological parent(s)
Kinship	• system of relationship structures, including obligations and behaviours, among people within a group • often associated with Indigenous Australian communities
Nuclear	• husband and wife with their biological children, living in the same household
Same-sex couple	• two adult partners of the same sex, with or without children • children in the family may be from past relationships, from IVF, surrogacy, adoption or another conception arrangement
Sole parent	• one adult parenting her or his child or children • formed as a result of separation; divorce; death of a spouse; employment (e.g. defence forces) where one spouse is apart from family for long periods; spouse not with family for medical or psychological reasons; spouse in gaol; or because a person chooses to have a child without a partner

The roles taken on by members of a family also affect a child's development. The family may use community resources and support systems to meet its needs and help perform some of these roles. The various roles are represented in **Figure 2.12**.

The family's ability to perform its various roles has an impact on the growth and development of children within it. Whatever the family structure, where the roles are effectively performed a positive family environment is created and the child can grow and develop as he should.

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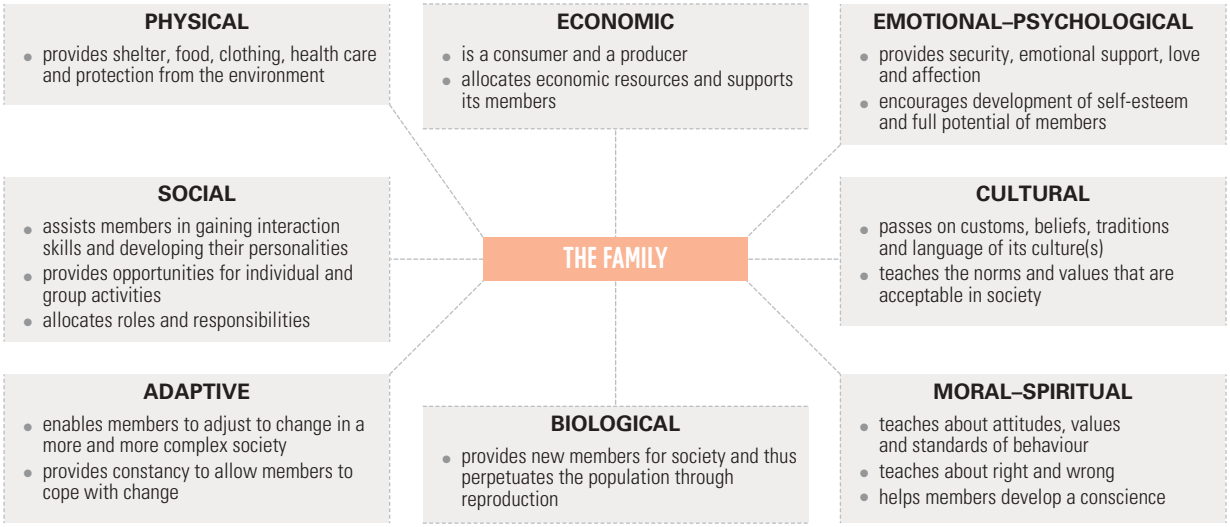


FIGURE 2.12 Roles of the family

A diverse range of families

Just as Australian society is diverse in its make-up, so are Australian families. Families are characterised by differences in structure, culture, gender, ability and disability, sexual orientation, values and beliefs, socioeconomic status, education, location and more. This diversity in family life means that children develop in many different ways.

Let's first consider diversity in family structures. There is very little evidence that 'traditional' family structures provide a better environment for children to grow up in. Children can develop well in any family structure, provided their needs are met and they have healthy relationships. Studies have shown that children growing up in sole-parent families are likely to have more health problems, and associated growth and developmental delays, compared to children from two-parent families. This is due to factors such as lower socioeconomic status, fewer opportunities for play and less stimulation. In contrast, research to date has shown that children in same-sex couple families are no more likely to experience developmental delays than children growing up in other family structures. Many sole parents, de facto couples, stepparents and same-sex parents raise their children successfully, and most children growing up in these non-traditional families become capable and healthy individuals.

Cultural diversity is also significant among the Australian population and Australian families, as shown in **Figure 2.13**. Families need to teach children to respect, appreciate and positively interact with people who are different from them. This involves showing them how to reject bias and stand up for themselves and others who experience discrimination as a result of their culture, race or religious beliefs.

Besides diversity in structure and culture, children and families can be different in many other ways. Location can be different – one family might live in inner-city Sydney, another in hilly Springwood and another in seaside Scarborough. Disability can be a difference for some children and families; for example, a child who has cerebral palsy and is dependent on

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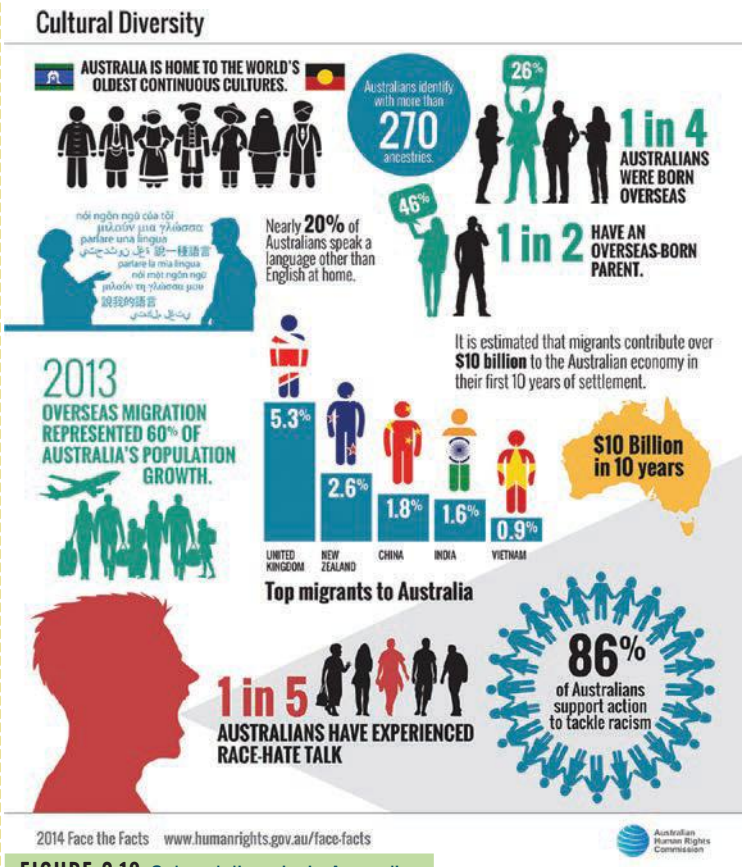


FIGURE 2.13 Cultural diversity in Australia

a wheelchair will have a different experience growing up to a child who is fully mobile. Parents need to reassure children that difference is normal when they compare their family situation with others. When children are able to interact with families not like their own, tolerance and acceptance is more likely to develop because they see that everyone's family is unique.

Creating a positive family environment that promotes and supports acceptance of diversity is vital. Parents can assist their children in developing respect for difference by:

- talking about stereotypes with children and challenging those from media and others
- being a positive role model in their everyday lives
- exposing their children to diversity and wide-ranging experiences through literature, music, art and celebrations
- encouraging diverse friendships and focusing on the similarities children share, not their differences
- raising children to be proud of their own family background
- teaching children to cope with any discrimination they may face in an assertive way.

Managing change and stress for young children

All families will experience change, which can cause stress for its members. As we have seen, long-term negative experiences in families can cause ongoing stress and delay the growth and development of young children. Short-term periods of stress, however, can help children to develop a range of coping strategies and build resilience. In these situations, children need to be supported by attentive and sensitive adult relationships in order to manage the change.

Change in a family that can result in negative stress may be due to serious illness, injury or death of a close family member; parents separating or divorcing; a parent remarrying or repartnering; unemployment and financial instability; or a natural disaster. Sometimes positive events can cause stress for children, such as birthday parties, new pets and the birth of new siblings. Where babies and young children have strong attachments and consistent relationships they learn better and are better able to manage stressful events.

Stress is usually displayed in changes to a child's normal behaviour. When a child is stressed they are likely to show a range of unusual ongoing behaviours, not just one-off behaviours. These behaviours are outlined in **Figure 2.14**.

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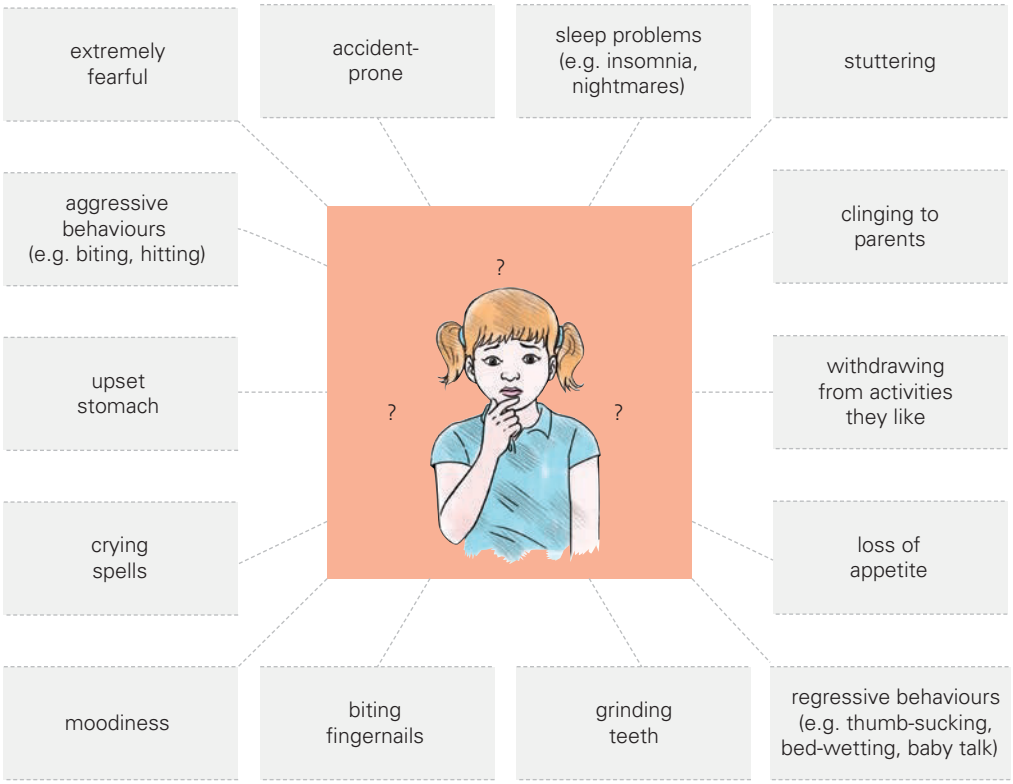


FIGURE 2.14 Is my child showing signs of stress?

Parents who have good management strategies, including good decision-making, problem-solving and conflict resolution skills, are able to help the family deal with stress. They are in control and confident and hence able to adjust to change. Strategies that parents can use to help manage stress for their children include:

- helping the child understand what he is feeling – let him know that having 'butterflies in the stomach' or a fast-beating heart is okay; it is all right to feel lonely, scared or angry
- providing a secure and positive environment – praise the child for the good things he does to help build his confidence; allow him to express his feelings without judgement
- reassuring the child – give him lots of cuddles, keep familiar routines, give him a special toy for comfort and teach him ways to calm himself (for example, deep breaths, thinking of a happy place)
- being a good role model – the child will imitate what he sees, so if the whole family has a healthy lifestyle and good stress management techniques so will he
- using stories to help – tell a story about a little boy who worries like him and has the same problems to cope with; the boy in your story should find ways of dealing with his worries. A story is a safe way for the child to listen and to learn without getting uncomfortable about talking about himself
- cutting down on activities when the child shows signs of stress – allow him to have free time to play and to go at his own pace.

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Apply your knowledge

1 Develop a class definition for 'the family'.

2 Draw diagrams or find pictures to represent each of the family structures studied.

3 Complete this quick summary of your family and share your responses to find out about diversity among the families in your class.
- There are … members in my family.
- One thing my family likes to do together is …
- One thing my family argues about is …
- We live in … (type of dwelling, location).
- One family tradition we have is …

4 Copy the following table and complete it to explain the impact of family environment on growth and development.

Developmental area	Positive influences	Negative influences
Physical		
Social–emotional		
Cognitive		
Language		

5 **a** Describe a change in the family that might cause stress for young children.
b Propose strategies that could be used by the family to help manage this change effectively.

Contemporary issues

New studies on growth and development are released each year. These reports usually offer new ideas; some of these ideas seem practical, while others appear to be impossible, or suggest that old-fashioned practices may be best. Some of the contemporary issues relating to childhood growth and development are set out in **Figure 2.15**. Two of these issues are explored in the following pages.



FIGURE 2.15 Contemporary issues in child growth and development

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Baby massage

Scientists have suggested that touch is our first language, as touch is the first of the baby's senses to mature. Babies who receive regular gentle and loving touch grow at faster rates than babies who lack this contact. They spend less time in hospital after birth and are less likely to have medical problems in the first 12 months.

Touch lowers stress hormones in infants, reducing anxiety and leading to better sleep. During touch the hormone oxytocin is released in the body of both the parent and the baby, improving bonding and attachment. Also, being held close helps newborns regulate their body temperature. Infants who are touched display more eye contact, smiles and vocalisations.

Physical contact can be especially important for premature infants or infants who have a low birth weight. When a baby is in special care a lot of the touching he receives can be stressful and upsetting for him, such as having a heel prick or being intubated. When the parents touch him, though, they help him feel calm, cared for and loved. Healthy, effective touch with a baby includes cuddling, gentle massage, stroking and breastfeeding.

Massage stimulates the senses, relaxes the muscles, helps babies feel secure, helps with attachment and is a form of communication. It can help a child settle and sleep better, and reduces crying and helps relieve problems such as wind, colic, constipation, reflux and eczema. It even helps reduce postnatal depression. Baby massage is a therapeutic and loving activity that should bring pleasure and be accompanied by lots of kisses and hugs.

There are many ways parents can learn about how to massage their baby. There are books on the subject and websites with instructional videos, and parents can even be trained by professionals. The Infant Massage Information Service is one group that offers personal training or special packs with DVDs, an instructional manual and massage oil to get parents started. Baby massage is taught in small groups or individual sessions, usually over about four weeks, allowing parents to learn the strokes gradually and giving babies time to get used to being massaged.

Once parents know what to do, they can massage their baby regularly at home, in a safe, warm place. Planning the massage is important. Babies have short attention spans, so only a few repetitions of each stroke are needed. It is best to massage the baby when he is receptive, not hungry, cranky or tired – and parents should never persist if the massage itself appears to distress the baby. Massage is meant to give mutual pleasure, so it is also important that the person doing the massage is relaxed.

Before starting, a few preparations are needed:

- Plan 15 minutes to do the massage undisturbed.
- Set the tone with some gentle music.
- Ensure that the room is warm, draught-free and gently lit.
- Have what you need ready: oil, towel, nappy and clothes.
- Take off your jewellery and wash your hands, making sure they are warm before you start.

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Baby massage: in pictures

Getting started with baby massage



Baby massage is soothing and can comfortably last 10–30 minutes. Before starting, make sure the room is warm and your baby is quiet, well rested and alert. Good times to perform massage on your baby include after a nap, when your baby is clothed or in the cot, and after a bath.



To get started, smooth a few drops of a suitable baby massage oil or moisturiser into your warm hands and begin massaging the soles of your baby's feet. Use firm, gentle, slow strokes from the heel towards the toes. Always keep one hand on your baby while massaging. Some babies might be sensitive to some oils. Look for any sign of an allergic reaction, and see your GP immediately if you're worried.



Continue with long smooth strokes up your baby's legs. Massage from the ankle up to the thigh and over the hip. You can try massaging both legs at once or one at time. Avoid massaging the genital area. Hold your baby's leg under the knee and gently press it towards the tummy to help baby expel gas.

Massaging baby's upper body



Start the upper body massage with your hands on your baby's shoulders. Make gentle strokes in towards the chest.



Massage baby's arms by stroking from the shoulders down towards the wrists. Try not to get oil on your baby's hands. If this happens, wipe his fingers clean before he sucks them.



If your baby's tummy feels soft (not hard or full), massage his belly using circular, clockwise strokes. Babies' tummies are sensitive, so if he gets unsettled, move on to the next step. Avoid massaging the belly button area if the cord hasn't completely healed.

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Massaging baby's face and back



Use your fingertips to massage your baby's face. Stroke from the middle of her forehead, down the outside of her face and in towards her cheeks. With your fingertips, massage the scalp in small circles as if you're shampooing her hair.



If your baby is still relaxed once you've finished massaging the front of her body, you can turn her onto her tummy and use long, smooth strokes from head to toe.



Use respectful touch and stop the massage if your baby isn't enjoying herself or seems uncomfortable. It's also best to avoid a massage if you're very tense, or if your baby is upset.

FIGURE 2.16 Baby massage

Source: © Raising Children Network (Australia) Limited. All rights reserved.

Apply your knowledge

1. Watch videos on touch and baby massage to see how baby massage is done and the benefits for both parents and baby. (You can find links to baby massage videos at **http://eec2e.nelsonnet.com.au**.)
2. Massage is one good way to soothe a baby. List other methods and suggest why each method works.
3. From about nine months old, when babies become more active and begin to crawl, experts believe that massage is not needed as much. Why might this be the case?
4. Explain how massage might contribute to the physical, social–emotional, cognitive and language development of babies.

Early childhood enrichment programs

There are many benefits for young children in participating in enrichment programs. Enrichment experiences in the early years help to promote healthy physical, social–emotional, cognitive and language development at a time when the brain is developing rapidly.

Good preschool and early childhood enrichment programs are age appropriate and interesting for children. They provide a new environment and let children become explorers and discoverers within their own world. These programs should be stimulating and fun for

children, to support their natural learning. Children will grow in confidence and independence through engaging in developmentally appropriate activities.

There can be advantages for parents too. An enrichment program may allow a parent time for themselves, or it may be an opportunity to meet with other parents and share parenting experiences. Parents may be able to participate in the program and talk with their children about what they learnt and how they learnt it. The learning can continue at home with activities that reinforce what the child has done and what the child has been doing in the program.

It is clear that learning in the early years has a significant impact on future health, development and wellbeing of individuals. It is important to be sure that early childhood enrichment programs are age appropriate in order to provide benefits. If the experiences provided are beyond a child's level they can be stressful and detrimental. It is important for parents to choose when activities should be introduced and know how much is too much.

HIPPY Australia

Currently, the Australian Government's commitment to early childhood enrichment is at its highest ever. It is investing a wide range of resources to support young children, which will achieve long-term benefits for the children and the community as a whole. An example of this is the HIPPY Australia program, funded by the Australian Government and operated by the Brotherhood of St Laurence.

HIPPY is the Home Interaction Program for Parents and Youngsters. It is a two-year home-based parenting and early childhood enrichment program for children four to five years old. It is a free service that provides tutors to visit parents in their own home to explain the HIPPY literacy and numeracy activities. These activities are designed to be integrated into the daily life of the family. The parent and child spend about 15 minutes each day, five days a week, doing the activities together, supported by regular visits from the tutor. HIPPY builds parents' confidence and skills to create a positive learning environment to prepare their child for school.

There are around 100 HIPPY locations across Australia, targeting around 500 children each year. The program is flexible so that it can address the different issues faced by a range of communities, including urban, suburban, rural and remote communities.

Hothousing

Hothousing, or fast-tracking, is about attempting to give children a head start on learning. It involves trying to accelerate the development of young children, having them gain knowledge and skills earlier than is usual. The practice usually concentrates on accelerating a child's learning in one specific area through an intense focus. It can be used for any area of development. Kindergyms and baby swimming classes attempt to accelerate physical development. Baby media – such as educational DVDs and apps, flashcards and specialised books and toys – claim to speed up cognitive and language development.

Snapatoonies is one baby media program that aims to fast-track young children's learning and communication. It sells a series of educational DVDs designed to help babies and toddlers learn 'fundamental communication, language, reading, maths and general information

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knowledge and skills faster and easier than ever before.' Snapatoonies – available in Australia and other countries – has won several educational awards and its creators claim it will 'help to make your child smarter'.



WORK IT OUT

Visit the Snapatoonies website to learn more about how the program was developed and what the DVDs are about. Evaluate the value of the program. You can find a link to this website at **http://eec2e.nelsonnet.com.au**.

The pressure for young children to achieve comes from several sources. Parents may place pressure on their children because of their own ambition to achieve or because they are anxious about the uncertain, competitive future their children face. Social changes have also contributed to hothousing. Government programs and funding, high pressure advertising for educational products and schools, and media messages centred on perfectionism and high achievers have all created heightened expectations for young children.

Hothousing children is now the new normal but what are the consequences?

Colleen Ricci, 14 June 2015

Tutors, coaches, extra classes – this is the norm for today's students – but experts are concerned about the impact on children who begin these programs as young as three.

What is happening?

The principal of a preparatory school in England recently spoke out publicly against parents who 'hothouse' their children. Richard Foster, headmaster at Windlesham House School, said hothousing children in order to have them accepted into prestigious private schools takes away their childhood and damages their health.

'Hothousing' describes a controversial 'results-driven' form of education intended to accelerate a child's learning, often from a very early age.

Mr Foster joins a growing list of educators urging parents to allow their children to learn and develop at a more natural pace rather than pressuring them to excel in exams. He says over half of all primary-aged children in London currently receive extra academic tuition; a state of affairs that 'can't be healthy'.

Why is it happening?

Experts claim that the hothousing trend has developed partially in response to a growing demand for limited places in elite private schools. Overwhelmed by applications, many of these schools have begun to hold entrance exams to assist in pupil selection; in turn, spawning a whole new private tutoring industry aimed at meeting selection criteria and providing exam preparation. An increasing number of parents now subscribe to these services, which include programs for children as young as three.

While some educators blame parents for harbouring 'unrealistic expectations' and a lost 'sense of perspective' regarding their children's education, others say there are other contributing factors, including: an increasingly competitive culture, exacerbated by league tables, standardised tests and international rankings; 'information overload' for parents, who are persistently advised about all aspects of childrearing; and the exploitation of parental anxieties by some tutoring services in their marketing strategies.

Where is it happening?

Hothousing is a growing trend in many developed countries. It is a booming multi-billion dollar industry in the United States, encompassing private tuition and a plethora of extra-curricular activities from kinder-gyms to music and language classes.

According to reported figures, the average American child participates in around 12 hours of extracurricular activities a week. After-school maths and language 'enrichment' franchise Kumon now has a growing presence in 48 countries around the world including Canada, Germany, Ireland, Mexico and Australia.

In numerous Asian countries, hothousing has long been a cultural expectation and considered a sign of good parenting. Some argue that the consistently strong performance of students from countries like Singapore, South Korea and China on international tests is prompting other nations to mimic their success.

Interestingly, however, as the hothousing trend takes hold elsewhere, several Asian countries have begun the process of educational reform away from traditional systems (and the rote-learning focus) toward '21st century skills' that incorporate imagination, collaboration, creativity and innovation.

Furthermore, they are confronting the less-discussed mental health costs of hothousing culture, including: suicide, high rates of student depression and anxiety and declining physical health.

Does it exist in Australia?

In addition to the plethora of extracurricular activities available to Australian children, private tutoring has become a fast-growing, lucrative industry. The Kumon program, for example, has experienced a steady rise in enrolments over recent years, as well as a decrease in the age of children taking part: many are under the age of five.

According to the Australian Tutoring Association, many parents now engage private tutors to prepare children for NAPLAN testing, and – in echoes of England's experience – to coach children for the entrance exams required by many private and selective public high schools. Government-run selective school places have become highly prized; particularly among Asian students who overwhelmingly dominate enrolments.

While a hothousing ethos is more traditionally associated with the Asian experience, many say its impact is now being felt more keenly here, particularly as competition for school places intensifies.

What do critics say?

Experts say there is no evidence that hothousing from a very young age offers any advantages over the long term. Researchers assert that it can be physically and psychologically harmful for children, and therefore, ultimately counter-productive.

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They argue that attempts to drive early academic achievement are more likely to promote depression, anxiety and low self-esteem; foster resistance to learning; contribute to the increasing incidence of myopia (short-sightedness) in Chinese students, and 'snuff out' a child's independence and resilience.

Overwhelmingly, experts contend that children learn primarily through free play, movement and spontaneous, open engagement with others: that child-centred exploration, rather than an adult-motivated agenda, is a vital component of their growth. According to the United Nations High Commissioner for Human Rights, play is an essential part of childhood development and, indeed, a human right.

What do hothousing advocates say?

Yale law professor Amy Chua famously coined the phrase 'tiger mum' in her controversial book, *The Battle Hymn of the Tiger Mother*. The daughter of Chinese immigrants, Ms Chua's theory is that children need to be consistently pushed to increasingly higher levels of achievement in order to excel and thrive in a hyper competitive world, often to the exclusion of friendships and other activities.

Her book sparked intense debate when it was first published in 2011; garnering support for her methods in some quarters as well as accusations of child abuse in others.

Some agree that the success of Asian countries on international tests provides proof that the 'tiger' approach works. Others acknowledge that success stories are well publicised; querying instead what happens to the failures.

In conclusion

In Australia, private tutoring was once the preserve of small numbers of students in need of remedial assistance, but in more recent times, has been increasingly undertaken by parents to gain a 'competitive edge'.

However, as Asian countries begin the march away from this approach, some experts declare that by simply sending children outside to play, we may ultimately nurture happier, more creative, innovative children who are better equipped to face the unique demands of the 21st century.

Source: Colleen Ricci, 'Hot housing children is now the new normal but what are the consequences?'. *The Sydney Morning Herald*, 14 June 2015. This work has been licensed by Copyright Agency Limited (CAL). Except as permitted by the Copyright Act, you must not re-use this work without the permission of the copyright owner or CAL.

Apply your knowledge

1 Identify the benefits of early childhood enrichment programs for children and parents.

2 **a** Define 'hothousing'.
b Identify reasons for hothousing a child.
c Outline the arguments for and against hothousing.
d Account for the prevalence of hothousing in Australia.

3 Investigate the operation of the HIPPY Australia program in two separate locations. Describe how the program operates in each location and highlight the similarities and differences between the locations. (A link to the HIPPY Australia website is at **http://eec2e.nelsonnet.com.au**.)



CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 At what age does a child develop a sense of colour with their sight? 1 MARK

A six months old
B one year old
C two years old
D three years old

2 The language that is made up of the phrases and vocabulary that someone understands is known as 1 MARK

A expressive. **B** linguistic. **C** pre-linguistic. **D** receptive.

3 At which stage of cognitive development is a child able to group similar objects together? 1 MARK

A sensorimotor **B** pre-operational **C** concrete operations **D** formal operations

4 Which of the following are modes of non-verbal communication? 1 MARK

A drawings, gestures and body movements
B drawings, gestures and sign language
C gestures, facial expressions and speaking
D reading, speaking and sign language

5 Which of the following is one reason a child's cognitive development is likely affected by a family's low socioeconomic status? 1 MARK

A She learns more independently.
B She engages in risk-taking behaviours.
C There is a lot of stress in the household.
D She has lots of opportunities for interaction.

PART B: 20 marks

1 Outline three ways that parents can encourage the acceptance of diversity by their children. 3 MARKS

2 Describe two different family structures. 4 MARKS

3 Draw a line to match the age range with the correct milestone in language development. 6 MARKS

0–4 months	Recognises names of family members
4–8 months	Coos and gurgles when happy
8–12 months	Uses short phrases
1–2 years	Talks a lot and tells stories
2–3 years	Babbles and repeats simple sounds
3–5 years	Copies words and actions from others

4 Outline the friendship skills and qualities of a typical 18-month-old child. 3 MARKS

5 Explain how culture influences a child's language development. 4 MARKS

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PART C: 30 marks

1 Ravi is a healthy two-year-old boy who is showing normal growth and development.

a Outline Ravi's sensory capabilities. 3 MARKS

b Describe the motor skills Ravi has developed. 4 MARKS

c Assess the possible influences on Ravi's physical development. 8 MARKS

2 **a** Identify how parents can recognise that their child is experiencing stress. 4 MARKS

b Outline the changes that might occur to bring about stress for young children. 5 MARKS

c Recommend strategies parents can use to help children manage their stress. 6 MARKS

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3 PROMOTING POSITIVE BEHAVIOUR

Overview

Young children display both positive and negative behaviours at each stage of development. This chapter examines these behaviours and the strategies that promote positive behaviour and positive interaction with young children. Behaviour management and the development of independence are considered, along with legal requirements relating to interaction with children. An investigation into contemporary issues related to promoting positive behaviour concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- discuss the range of behaviours that children show in different settings
- compare the behaviour of children across different age groups
- examine effective strategies for interacting with young children
- identify strategies to manage the behaviour of young children
- outline ways of fostering autonomy and independence in children
- examine the impact of legal regulations relating to children's services
- critically examine a contemporary issue relating to promoting positive behaviour.



WORK IT OUT

Remember to include each of these key terms in your glossary.

KEY TERMS

autonomy
self-control and regulation; personal freedom

egocentric
self-centred; seeing the world from one's own point of view only

independence
not being dependent on others for authority or control

Realistic expectations of young children

Having realistic expectations of children's behaviour is important in promoting positive behaviour. It is widely accepted by researchers that children are likely to behave according to the expectations of the adults around them. This means that if an adult expects a child to be naughty, the child tends to show negative behaviour. On the other hand, if adults expect children to be well behaved, the children are more likely to show positive behaviour.

It is important to be positive with children and to believe in them. Adults interacting with children should smile, be patient and friendly and show that they enjoy being with the children. This also means that the expectations adults have of children's behaviour must be realistic; they should not expect too much (or children will feel that failure is inevitable), but expect enough to challenge them.

The perfect child

Today there is a lot of pressure on parents to be perfect so as to raise the perfect child. There are many books, websites, programs and other media that promise parents that if they follow their advice their child will be the brightest and the best. But we need to remember that neither parents nor children are perfect and that we all fail at some time, make a bad choice or do something we shouldn't. Maybe it is when the parent forgets that she promised her son he could play at a friend's house, or when two-year-old Aleah refuses to kiss Aunty Nora goodbye.

Sometimes parents have unrealistic expectations and may react to negative behaviour with 'You should know better'. But often the child doesn't because they don't have the experience to know what to do in a situation, they have never been taught what to do or they are just too young. Parents need to be sure they show their love for their children for who they are, not for what they can do. There is no perfect child. Children are humans in a process of learning. Parents need to guide and instruct them, but also realise that sometimes they will act their age and show their imperfectness.



FIGURE 3.1 We can't make children the 'best in show'!



THINK ABOUT THIS

Dr Benjamin Spock's book, *Dr. Spock's Baby and Child Care*, was first published over 60 years ago but his message is still relevant. The first sentence reads, 'You know more than you think you do.' Spock goes on to say, 'Don't take too seriously all that the neighbors say. Don't be overawed by what the experts say. Don't be afraid to trust your own common sense. Bringing up your child won't be a complicated job if you take it easy, trust your own instincts.'



WORK IT OUT

Start a class discussion: What is Figure 3.1 telling us about parents' expectations of children?

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Positive and negative behaviour

Positive behaviour

Positive behaviours are learnt over time. Through interacting positively with others, effective behaviour management and the development of independence, children come to meet the expectations of others.

Respect for self and others is a fundamental aspect of desirable behaviour in our society. In order to achieve this, children need to be able to think about others and their feelings and needs. This means that children need to be able to share, take turns, listen to others and be courteous and helpful. Children learn respect from how they are treated by parents and other carers and will imitate what these adults do and say. It is important that parents show their children respect so that they learn to treat others how they wish to be treated themselves.

Honesty and truthfulness make children reliable. They need to learn how to be honest not only with others, but with themselves also. Honest behaviour includes not hiding the truth or deceiving someone, not breaking rules or cheating, not taking something that isn't theirs and other actions that a child might hide because it is against what she knows is right. Parents need to make it safe for children to be honest, remembering that it takes courage to tell the truth. It is important to focus on the honest behaviour of the child, and if discipline is needed it should be given with respect and tenderness to ensure children continue to be honest. Let the child know how much you appreciate their honesty and explain why.

Patience is a virtue – so goes the old saying. By learning how to wait for the right time for things children can develop the ability to think through and resolve problems. It leads to children being less impulsive, more resilient and calm. Parents should teach patient behaviour by example. They should refrain from snapping impatiently when a child asks for something or interrupts them, and instead explain that she may need to wait or it could take some time before what she wants can be done. By listening carefully when a child is talking and giving full attention, even when they are busy, parents provide a good model for their children.



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FIGURE 3.2 Generosity is a positive behaviour that parents can model for their children

Generosity is about giving without expecting anything in return. The first generous behaviour that children usually show is sharing their belongings with their siblings and peers. Being generous may not come naturally for some children, while others are happy to share from a very young age. Many times parents and other adults will need to teach children about the need to give back to the community, provide for others, share what we have and act charitably. By modelling kindness parents can show a child that her actions can have positive consequences. It is important to praise children when they behave generously so they are more likely to be generous again.

There are other positive behaviours that children will gradually take on as they grow and develop, such as gratitude, independence and self-control. As with those behaviours already discussed, parents can encourage children to develop these behaviours by being good role models, praising children appropriately, setting clear and realistic expectations about their behaviour and allowing children time to 'try out' behaviours and master them at their own pace.

Negative behaviour

It is normal for children to behave badly or be difficult at times. There are different types of negative behaviours that young children use, for different reasons.



FIGURE 3.3 Negative behaviour is normal in young children

Attention-seeking behaviour is quite common, especially among children aged one to three years old. They like to be the centre of attention and to feel important. Attention seeking is shown in many ways, including refusing to eat, screaming, having temper tantrums, challenging instructions or answering back. In most cases it is best to ignore the behaviour, unless it is dangerous, and give plenty of praise when the child shows positive behaviour instead.

Aggressive behaviour, including biting, hitting, kicking, throwing objects and head banging, is destructive behaviour that children display towards their environment and other people. Sometimes it appears to be directed against themselves. It can be a sign of frustration, anger or unhappiness and it is important that adults stay calm yet firm when dealing with this behaviour. Once the child is calm, adults should find out what caused the behaviour and make clear that it is unacceptable.

Inappropriate remarks, such as swearing and name-calling, are also negative behaviours. Often a younger child is just repeating what she has overheard and knows that the words got the speaker attention, but doesn't understand what they mean. Selective deafness usually works well in this situation: the adult 'doesn't hear' the inappropriate remark but responds positively to an appropriate one, which is thus reinforced. An older child, however, may make a remark intentionally to hurt others. In this case the adult should ask the child about the remark and explain why it is hurtful and wrong.

Telling lies is negative behaviour that springs from fear, to avoid responsibility or for attention. A small child's fantasies are different from telling lies, however, as they are using their imagination to pretend, and don't understand the difference between what is real and what is fantasy. This creative stage of development should be enjoyed and allowed to flourish. By about four years of age most children show that they can tell the difference between reality and fantasy ('Is that story true?') but they may still 'tell fibs', often of the wishful-thinking variety ('I can swim now!'). This is not deliberate lying and should not be made into an issue; instead, it should be treated sensitively. Truthfulness develops over time, and is encouraged by adults setting a good example.

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Stealing is not usually a problem in young children, but does occur more among school-age children. Young children do, however, have a natural desire to take what they want and must learn that they can't take another's belongings without permission. Parents and other adults should again set a good example in their own lives. This involves being honest in their daily dealings, rejecting such attitudes as 'finders keepers' and respecting each other's possessions and those of their children.

If children do show negative behaviour, the adult should make clear that it is the behaviour that is not pleasing, not the child herself. The adult can still be positive in these situations. For example, reprimanding a child by saying 'You're normally so good at waiting for your turn' is better than 'I wish you would learn to wait for others'. Words like 'naughty' and 'bad' should be avoided, as some children come to believe that they were born that way and that they will never be 'good'.

Each new interaction or situation should be started afresh, with children not being reminded of past failures. For example, greeting a child with 'I hope you'll behave better today' contains a hidden message: 'I'm expecting you to be behave badly again'.



1 Angelica Cabral recalls her experience in an article called 'The "perfect" child'. Read her story and complete the following questions. (You can find a link to this article at **http://eec2e.nelsonnet.com.au**.)
   - **a** Why was Angelica called the 'perfect kid' growing up?
   - **b** Explain Angelica's views on her upbringing and her parents.
   - **c** Why does Angelica think it is important to give children 'a chance'?

2 Make a list of positive behaviours in children. Suggest ways in which adults can encourage these positive behaviours.

3 For each of the situations below, identify the type of behaviour, suggest reasons why the child is acting in this way and propose strategies to deal with this behaviour:
   - Three-year-old Eloise tells her mother that she has lost her teddy when she has actually hidden it.
   - Four-year-old Zhao throws himself on the floor and screams when his grandmother won't buy him a wind-up car at the shop.
   - Three-year-old Alana calls another child at day care 'Fatty'.
   - Two-and-a-half-year-old Shannon bites her twin sister, Jo-Ellen, who won't share the yellow crayon with her.

Age-appropriate behaviour and growth and development

The learning of appropriate behaviour is a gradual process linked to children's overall development. For example, until a child has developed the ability to think of others, social skills such as sharing don't become established. If children are delayed in some aspect of their development they are likely to demonstrate behaviour that would normally be associated with a younger age group. For example, a six-year-old with learning difficulties may be unable to share – behaviour normally associated with a two-year-old.

Children who have developmental delays often become frustrated and tend to show more negative behaviours. They may be aggressive or have tantrums, or withdraw from others. Caregivers and other adults who are close to these children must be patient and understand their needs so that they can encourage positive and appropriate behaviour.

Let's look at children's behaviour in relation to their age and stage of development – that is, behaviour that is appropriate and that adults should encourage. Adults should remember that children cannot easily show appropriate behaviour if their development is not at the right stage. Realistic expectations are vital. If the expectations of behaviour are too high, children will feel they are failing, while if expectations are too low, children may not learn the behaviour appropriate for their age.

Infants

Infants are babies aged up to one year. Infants grow and change at a fast pace, with new developments every month. There are variations, however, as one baby may say her first word at eight months and another may not talk until after her first birthday. **Table 3.1** summarises the progressive behaviours that are appropriate for infants within each of the areas of development.

TABLE 3.1 Appropriately progressive behaviour for infants

Physical	Social–emotional
• moves head and holds it up, rolls from side to side • reaches for objects and grasps them when placed into hands • raises head and sits up, rolls from back to stomach • reaches for and grasps objects with one hand and plays with own feet and hands • crawls and stands up with support • picks up objects with thumb and forefinger, moves them from hand to hand	• develops attachment with close carers • cries in different ways to express mood and needs (e.g. frustration, pain, hunger, attention) • plays next to other children • may have separation anxiety from mother or other carers • is aware of what is and isn't allowed (e.g. touching TV)
Cognitive	**Language**
• explores the close environment, objects and people • anxious around strangers	• makes responsive noises when happy (e.g. coos, gurgles) • babbles and repeats sounds • enjoys games (e.g. This Little Piggy) • responds to own name and recognises names of familiar people and objects • imitates sounds and shouts for attention



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FIGURE 3.4 A toddler's behaviour reflects her physical development

Toddlers

Toddlers are young children aged between one and three years. Although toddlers develop at different rates, their development follows a fairly typical pattern, from toilet training to making friends. **Table 3.2** outlines the progression of behaviours that are appropriate for toddlers.

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TABLE 3.2 Appropriately progressive behaviour for toddlers

Physical	Social–emotional
• walks and then runs and climbs • scribbles, drinks from cup and feeds self • bends down to pick up and look at objects • jumps, moves to music and catches and kicks a ball • turns book pages and door handles, dresses with help • starts to toilet train	• affectionate with carers • imitates adults and older children • plays alongside other children • shares toys or food and takes turns in games, with prompting • starts to form friendships with other children • jealous when adults give others attention
Cognitive	**Language**
• understands object permanence (e.g. Dad still exists even if he can't be seen) • can name people and objects • egocentric and can pretend play, giving life to objects (e.g. teddy is sad because he was left at home)	• follows simple instructions (e.g. 'Bring your doll to me') • uses phrases and short sentences to talk about or ask for things (e.g. 'Where Daddy?', 'I like juice') • enjoys hearing stories • expressive language expands quickly

Preschoolers

Preschoolers are children aged three to five years. Like infants and toddlers, preschool children with all develop a little differently. **Table 3.3** summarises the progressive behaviours that are appropriate for preschoolers within each of the developmental areas.

TABLE 3.3 Appropriately progressive behaviour for preschoolers

Physical	Social–emotional
• walks, jumps, hops and runs easily • holds pencil between thumb and first two fingers, copies shapes • plays on equipment, runs and kicks a ball • able to toilet independently • feeds self, dresses and undresses self, washes and dries hands • shows hand preference and cuts with scissors	• follows rules of a game and likes playing in a group (e.g. Snap, hide-and-seek) • takes turns and shares equipment • comforts playmates who are upset, and happy to do what other children want to • cleans up after activities • enjoys imaginary play (e.g. superheroes, playing house) • says 'Please' and 'Thank you' without being reminded
Cognitive	**Language**
• groups like objects together (e.g. puts all the blue blocks in one pile and yellow blocks in another)	• talks in full sentences • asks lots of questions • tells stories and enjoys jokes, rhymes and songs • imitates adult speech and experiments with new words

Children in the early years of school

In the first years of school, when children are between five and seven years old, the influence the family has on children's behaviour begins to change as other groups – such as the school, friends and community groups – become more prevalent in a child's life. **Table 3.4** outlines the

progressive behaviours that are appropriate for children in the early years of school within each of the areas of development.

TABLE 3.4 Appropriately progressive behaviour for children in the early years of school

Physical	Social–emotional
• skips, works swing alone, balances on one foot • draws recognisable images of people and objects, and colours inside the lines • visual–motor coordinated (e.g. can hit a ball with a bat) • can tie shoelaces • rides a scooter or bike	• compares self to others or set expectations • is more independent and happy to separate from parents (e.g. spend the night at Grandpa's place) • enjoys spending time with friends rather than adults • proud of achievements and seeks out praise
Cognitive	**Language**
• begins to understand conservation (e.g. water in a glass will be the same amount if poured into a jug) • capable of logical thought and understanding mathematical concepts (e.g. grouping objects with more than one similar characteristic)	• holds conversations with others, talks and then listens and responds appropriately • talks about opposites and describes objects, places and people • writes their name and other short words, reads simple books with pictures as aids

Apply your knowledge

1. As a class, discuss each of the following statements about the expectations around young children's behaviour and say why you agree or disagree:
   - Toddlers should ask permission to leave the table after a meal.
   - Three-year-olds should pick up their toys as part of a regular routine.
   - A five-year-old should be able to choose what to wear.
2. Create a fact sheet for parents that details the behaviour appropriate for an infant, a toddler, a preschooler or a child in the early years of school. Use text and graphics to make your work informative and engaging. (You may want to look back at Chapter 2 for some further ideas on age-appropriate behaviour.)

Positive strategies for interacting with young children

When adults interact positively with children, the children will learn appropriate behaviour and be more likely to show it. As we have already learnt, having positive and realistic expectations of children's behaviour is a very important part of creating a positive atmosphere, as is communicating effectively with children by listening and talking with them and using praise effectively.

Listening and talking to young children

When communicating with children it is important to consider both listening and talking. Children need to talk, be listened to and be talked to. This means that parents and caregivers should be prepared to put effort into their communications with children.

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When talking to young children the adult should, ideally, be on the same physical level as the child. If the adult is not at the child's level the adult may not be able to hear what the child is saying, or the child may be intimidated by the adult towering over her.

Children often speak quietly, so it is also helpful to talk in places where it is easy to hear. Crowded rooms, loud music or television, and busy streets can all be distractions that inhibit communication. Car journeys and story time may be good opportunities for conversations. Listening carefully to what children are saying and reacting appropriately helps them to gain experience in becoming effective communicators.



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FIGURE 3.5 Being on the same level as a child encourages effective communication

Adults should use language that children understand. A young child does not have the same vocabulary, grammatical skills and language experience as an adult. Nevertheless, an interacting adult can introduce a new word that is appropriate to the communication – soon that word will be in the child's vocabulary too. An adult can correct a child's language mistakes by echoing back sentences correctly ('See my new albert?' 'Yes, that's a very handsome album') and can encourage her to talk more by asking open questions ('How did you do that?').

Children should be given time to talk about their ideas. They need time to think about what they want to say and to give an answer. If the child is not given enough time she may withdraw from the conversation and communication will break down. Communication also becomes one-sided when adults interrupt or hurry children, or when they try to finish sentences for children who are hesitating. It is important to be patient while the child thinks and perhaps stumbles over words.

Eye contact is important for encouraging children to talk too. Caregivers, however, should be aware of cultural differences in communication; for example, in some cultures children do not make eye contact with adults because it is considered disrespectful or defiant. Adults should be sensitive to the experiences of children and modify their communication patterns accordingly.

There are a number of enjoyable activities that encourage children to talk and listen, and thus communicate effectively. Peekaboo is a good game to help infants develop eye contact. For older children, interactive games such as dominoes, cards or I-spy provide opportunities for them to ask questions and listen.

Chatting with children at mealtimes is a great introduction to conversation, as they are usually relaxed and ready to talk about what has happened during the day or about what is on their minds. Using the telephone can also encourage children to talk. They may begin by saying a few words to grandparents or friends. Gradually they learn the special demands of this form of communication.



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FIGURE 3.6 Using the telephone is a good way of encouraging children to talk and listen

Using praise effectively

Children tend to repeat behaviour when they receive praise for it. Sometimes rewards can also be useful. Praise, encouragement and rewards are all positive reinforcements – they foster positive behaviour in children, and they also boost self-esteem and confidence. Behaviour that is not rewarded or that receives a negative outcome tends to disappear.

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One of the strongest reinforcements for encouraging children to repeat behaviour is praise. Children should be praised often during the day, with the reason for the praise made clear to them. For example, Lee's father tells him he is a great helper because he carried the spade back to the garden shed, or Hamish's mother rings his grandmother to tell her what a good boy Hamish had been at the doctor's that day.

Encouragement involves acknowledging children for the effort they make. Praising children's efforts will encourage them to try hard again. For example, when Mum tells Lucy she has worked hard to make a great Lego house, Lucy is keen to make something else. Some children who are less confident will need more encouragement than others.

A reward is a consequence of good behaviour. It's a way of telling a child they have behaved well or done something good. Rewards can be tangible treats, like Ella being given a sticker because she cleaned her teeth every night for a week or Rolando being allowed to choose an ice-cream at the shop because he cooperated with his brother. They can also be intangible, such as Alfie being taken on a trip to the zoo for keeping his bedroom tidy for a whole month or Mum playing a board game with Nessa because she ate all her lunch.

When rewards are used with praise and encouragement they can be effective in bringing about more positive behaviour, because children learn that such behaviour results in something good for them. It is not necessary or always possible to praise or reward a child every time she shows a positive behaviour. At first, praise may be given every time the child shows the behaviour. When she starts doing the behaviour more often, the parent can praise it less. As long as what is desirable is positively reinforced from time to time the child is likely to respond by repeating that behaviour.

As we have seen earlier, we can often prevent negative behaviour from becoming a habit by ignoring it. If a toddler receives attention for squealing, for example, she is likely to do it again. If it brings no attention, even though it is annoying, the behaviour will usually soon stop. Similarly, praise can be used to change behaviour. If a child shows a positive behaviour, tell them immediately what you liked about the behaviour, for example, 'Using your words to ask for that toy was great. Well done!' A reward, such as a cuddle, will further reinforce the behaviour.

Apply your knowledge

1. Develop a set of guidelines to help adults communicate effectively with children. The Raising Children Network can help you. (You can find a link to this website at **http://eec2e.nelsonnet.com.au**.)
2. Suggest an appropriate positive reinforcement that an adult could make in each of the following situations:
   - Three-year-old Marisa puts her toys away without being asked.
   - Two-year-old Troy collects his juice cup when his mother asks him.
   - Four-year-old Julie offers to share her dolls.
   - Three-year-old Stephen says 'Thank you' to the carer at day care who gives him a sandwich.

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Behaviour management

Children's behaviour can be pleasing, confusing, frustrating, annoying or delightful. When it is challenging, behaviour management can be used to guide children so they learn the appropriate way to behave. A positive approach is best, based on an understanding of the developmental reasons and emotions behind a child's behaviour.



THINK ABOUT THIS

Today, we raise more pets and fewer children. Animal lovers can give parents some tips:

- Treat with respect.
- Be consistent with what you want.
- Reward successes.
- Consistently disapprove of what you don't want.
- Teach only one or two things at a time so the message is clear.

Discipline strategies

Discipline has its origins in the Latin word meaning 'to learn'. Traditionally, a disciple was a person who learnt through love and example. Dictionary definitions also refer to control, order, routines and a system of rules. Putting all of these ideas together, we can say that discipline involves learning through love, good examples, routines and good habits. Disciplining does not mean punishing: the two words are not interchangeable. Instead, discipline is about teaching children how to behave positively.

Firm yet fair and consistent discipline makes children feel secure, teaches them about safe and unsafe behaviour and allows them to develop acceptable behaviour patterns and therefore be included in groups in their environment. Children who are not disciplined are often insecure because they don't know what is expected of them. They may show a variety of negative behaviours; for example, they may be uncooperative, rude, selfish or greedy. Lack of discipline can also be harmful if it means that children are not taught about potential dangers and suffer mishaps as a result; for example, a toddler who is not taught that a heater must not be touched because it is dangerous may burn herself.

On the other hand, excessive discipline can lead to negative behaviour. Over-disciplined children are often unhappy and feel they have failed and are unloved, thus straining the parent–child relationship. In some cases, these children may rebel and show aggressive or destructive behaviour. Others may become withdrawn and suffer poor self-esteem.

In order to encourage good behaviour in their children and to create a positive approach to parenting, parents need to show respect for their children – and then they will be shown respect in return, too. To gain their child's respect, parents should follow these guidelines:

- show respect for their children's privacy
- set a good example for their children to follow
- actively listen to their children, without biases
- remain united and consistent in keeping rules and maintaining discipline strategies

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- apologise to their children when they are short-tempered, unreasonable or wrong
- trust their children and give them responsibilities appropriate to their ages
- spend time with their children
- remain flexible to allow for children's differences
- use praise to reinforce positive behaviour, rather than punishing negative behaviour
- show respect for their children's opinions
- remain realistic in their expectations.



FIGURE 3.7 'No' – with a reason – is a simple yet effective discipline strategy

When children do show negative behaviour – which they will – there are various positive strategies parents can use to discourage them. What strategies are appropriate will vary with the age and development of the child and also with the type of behaviour she shows and where the child is at the time. For example, a strategy used at home may be different from the one a parent would use when visiting a friend or eating out. It is also important to work out, if possible, why the child is behaving badly; for example, is she bored? Frustrated? Tired? Anxious? Ill? Some practical and well-used strategies are outlined in **Table 3.5.**

TABLE 3.5 Discipline strategies to discourage negative behaviour

Strategy	Comments
Distraction	This strategy is particularly effective with younger children. The aim is to take their attention away from the negative behaviour (e.g. if a child wants another child's toy, she could be offered another toy instead). Older children usually need distraction if their negative behaviour is due to boredom (e.g. a group of children waiting to start an activity that is being set up may need to be distracted by singing some rhymes).
Explanation	An explanation of why their behaviour is inappropriate is often effective with older children (e.g. 'If you keep doing that you could hurt someone.'). Explaining the disciplinary consequences if children don't stop their actions is also a useful strategy (e.g. 'I'll have to take the truck away if you keep hitting people with it.').
Facial expressions and body language	Using the face and body is an effective strategy as it shows calm and control. Once children understand they have done something wrong and start to behave positively, they should be praised.
Time out	Some older children respond well to being taken away from the situation where they are misbehaving. 'Time out' should be used as a problem-solver, not as a punishment, because if children feel excluded they may be more likely to misbehave again. The reason for the time out should be explained to the child and the length of the time out should be made clear.
No!	This single word can often stop negative behaviour, especially if eye contact is made with the child. The word should not be overused as it may lose its impact. Once the word is said, it is important that children are not allowed to carry on with the behaviour.
Sanctions	Sometimes older children need to learn that there will be a particular sanction if they carry on with a negative behaviour (e.g. 'If you keep squealing, you will have to go to your room.'). As sanctions are negative, it is best to try more positive approaches first. A threatened sanction should always be followed through, so it is important that they are used carefully.
Removing equipment	This is a useful strategy if children are damaging equipment or are likely to injure themselves or others. It is important to explain to children why the equipment is being removed.

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Put it into practice

Contact a preschool or childcare centre. Explain that you have to complete an *observation report* and arrange a visit. (You will need about half an hour to talk with a member of staff and about an hour to observe some children and staff together.) During your visit, go through the following two steps.

1. Obtain a copy of the venue's discipline policy. With a member of staff, discuss how it is used.
2. Observe the children and staff interacting. Record the positive interactions and discipline strategies used, using a table like the sample below. You should have around 10 interactions recorded after an hour of observation.

Positive interaction/ discipline strategies	Who is involved	Description of what happened
Praise and reward	Damian, aged 4, and teacher Leanne Collins	Damian packed up all the instruments at the end of the music session and Leanne congratulated him and let him choose the story for story time.

3. After your visit write up your report as two parts. Use specific examples from your observation to help support your report.
   - **a** Assess the behaviour management strategies employed at the venue.
   - **b** Evaluate how effectively the venue promotes positive behaviour in children.

RESEARCH CLUES

Observations involve watching and recording what is seen. It is a simple research method but it calls for accuracy, careful attention to detail and patience. You will be conducting a *non-participant observation*, which means you observe without participating in the group. Sometimes people's behaviours may be affected because they know they are being observed, but this is less likely with young children who are less inhibited. A few points to remember:

- Choose a point to observe from that is a bit out of the way but still allows you to see what you need to see.
- Be clear about what you will observe; in this case it is behaviours, but in another case it could be frequency or another feature.
- Think about dividing the site into zones to make recording easier.
- Be sure to thank the participants when you have finished – the staff and children, if appropriate.

Authoritative approach

An authoritative approach to behaviour management involves having clear expectations and consistent consequences, with an affectionate parent–child relationship. Authoritative parents are flexible and collaborate with their child when managing challenging behaviours. The authoritative approach is generally considered the most effective form of parenting.



THINK ABOUT THIS

Be careful not to confuse *authoritative* with *authoritarian*. An authoritarian approach also has clear expectations and consequences, but the parent shows little affection towards the child. This is a less effective form of parenting.

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Children raised by authoritative parents are more likely to show consistent positive behaviour, have a healthy self-concept, become independent and respect others. They are less likely to suffer from depression and anxiety, or engage in destructive behaviours such as crime and drug use. Research also demonstrates that authoritative parenting is effective for all children, regardless of their social or cultural background.



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FIGURE 3.9 An authoritative parent has clear expectations and consequences

Decision making and family rules
- parents are final decision makers, but they listen and consider children's points of view
- parents set rules and enforce them consistently, explaining the reasons for rules
- children learn decision-making skills and accept responsibility for the consequences of decisions they make

Responsibilities and independence
- parents encourage children to develop independence, yet provide caring and loving support
- parents expect children to be mature, cooperative and responsible

AUTHORITATIVE APPROACH

Discipline strategies
- parents praise and reward positive behaviour in children
- parents set realistic and moderate limits
- children are occasionally punished, with reasons given, and an appropriate consequence may be negotiated

Parent–child relationship
- parents and children discuss issues openly
- parents trust children
- parents and children are affectionate and supportive of each other

FIGURE 3.8 Characteristics of the authoritative approach to behaviour management



WORK IT OUT

Besides the authoritative approach, parents could use an authoritarian, permissive or uninvolved style of parenting. Learn about all four parenting styles at VeryWell (a link to this website is provided at **http://eec2e.nelsonnet.com.au**) and create a summary for each, like the summary in Figure 3.8.

CASE STUDY

The Knight family

James and Josephine Knight have two children – Adrian, aged eight, and Stuart, who is almost six. James's grandmother and father raised him and his four brothers, as his mother died when he was very young. His grandmother loved James and his brothers. She had set routines for them each day, which she trusted the boys to follow, and she often had freshly baked treats for them to share when they got home from school. James's father worked

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hard, but always had time at the end of the day to help his sons with their homework and listen to stories about their day. On Sundays, the whole family would go to church together and usually visit relatives for a big family meal. Josephine grew up in the same neighbourhood as James and her parents were friendly with James's grandmother. She has always had a very close bond with her parents and her sister, despite not having a lot of money growing up.

James and Josephine try to do the best for their children, reading lots of books about children's behaviour and asking their own relatives for advice. They expect Adrian and Stuart to behave themselves at home and in public, and praise the boys often when they behave positively. Stuart really likes it when Josephine gives him a cuddle and tells him how proud she is of him, while Adrian feels really good about himself when his parents compliment him for being a great role model for his little brother.

Both Adrian and Stuart have special jobs that they are responsible for each week, and they are rewarded for completing these jobs with their regular pocket money.

If the boys argue about the jobs or don't do them properly they may find there is no PlayStation for the week, but this rarely happens.

Adrian often plays with the twins next door once his homework is done, and he tells Josephine where he will be. Stuart is allowed to play at other children's houses or have friends over to play if he has been a good boy during the week.

Adrian has been invited to a tenpin bowling party with school friends but there is also a family lunch on that day for his aunt's birthday. He has spoken with his parents about it and they have told him that he can make the decision about what to do. They explained that it would be okay to miss the family lunch this time if he would prefer to go bowling with his friends, as long as he rings his aunt to wish her a happy birthday.

Adrian and Stuart love their parents, and James and Josephine love their children. They want to protect them, keep them safe and help them become responsible people.



1. What factors have influenced James and Josephine in their parenting?
2. Outline the evidence that demonstrates that the parents have an authoritative approach.
3. Evaluate the effectiveness of this approach to parenting.

Resolving group conflict

Conflict is normal. It occurs in all groups, including families. Usually we think of conflict as being negative or destructive, but if it is managed well it can be a positive or constructive force in our lives. In a group it can provide an opportunity for members to express their opinions and feelings and behave positively.

In young children conflict is usually signalled by an emotional outburst from the child and the cause is something obvious; for example, her speedy removal from the power socket she is exploring or the sudden snatching of a toy by another child.

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Children may feel that something is unfair, something they value has been broken or taken, someone is being mean or they're not getting a fair share.

Successful conflict resolution can be a growth experience. It is important for children to learn the skills for resolving conflict so that they can become aware of others' needs, feelings and behaviour; participate democratically; and go on to learn problem-solving and decision-making skills.

Approaches to conflict resolution

The way that children communicate when approaching conflict resolution is important. Let's consider three approaches: passive, aggressive and assertive.

A *passive* approach means that children don't express their own feelings, needs and ideas, but give in to others' suggestions. Typical passive messages are 'I suppose that would be okay' or 'If you think that's best'. With this approach, children may end up being disappointed, frustrated, anxious or angry. Although they avoid being disagreeable, the child is usually dissatisfied with the outcome because her needs are not met and she doesn't feel valued.

An *aggressive* approach is also not recommended. Aggressive communication usually offends and upsets others. In these situations, children express their feelings but don't consider others at all. They may say 'That's my seat, get off!' or 'No, I don't want that.' Although this approach may allow conflict to be resolved in the short term, because someone gets what they want, usually everyone is left feeling stressed, unhappy and frustrated.

An *assertive* approach involves children speaking up for themselves in a calm and respectful way. Statements like 'That's not what I meant, but we can try' or 'I am on the swing now, but you can have the next turn' are assertive. The child makes others aware of her opinions and feelings, but also listens to others. The outcome is more likely to be acceptable and, even if some children don't get their way, they feel better because they have had a chance to say what they think.

Children need to learn to be assertive to become effective in resolving conflict. It is not an easy behaviour to learn, as children have natural tendencies to be shy and withdrawn (passive) or want their own way (aggressive). It is a developmental process that children can learn, like other skills.

Steps to conflict resolution

Children don't have the skills to avoid or resolve conflict alone. Adults can guide them and teach effective conflict resolution skills. Parents and carers help children share their concerns, listen to each other and come up with a good resolution. By following the steps set out below parents can present the conflict as a shared problem and help children to sort things out so that everyone gets a fair go and something of what they want.

1 *Cool off, calm down*

Research shows that stress makes it difficult to think clearly and increases anger. Taking time to calm down will mean children can listen and speak rationally. Have children take some deep breaths, move apart for a few minutes to give some space and maybe even move to a different place with the child to diffuse some of the tension.

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2 *Talk, listen and understand*

It is important that all the children involved understand what the conflict is about.

Give each child a turn to say what they feel about the problem, without interruption. It might be a good idea to set a time limit for each child to speak to make sure everyone gets the same opportunity.

Encourage the children to:

- use 'I' statements to express their feelings (for example, 'I felt left out because he wouldn't let me play, so I hid his bag to annoy him.')
- be assertive, honest and kind
- speak directly and look at the other child(ren)
- speak quietly and not scream
- listen carefully to what the other child(ren) has to say
- try to understand the other's point of view.

After each child finishes, repeat back what they have said to be sure all understand (for example, 'So, Hamish, you were upset when you thought you couldn't play with Ryker, is that right?')

3 *Find a solution*

Once all have had a chance to talk and listen, then it is time to look for a solution.

Ask the children to brainstorm solutions to their conflict. A solution the children think up and agree on together will be more likely to work, so try not to give them the answer yourself. It may be necessary, however, to impose a solution, especially when the children are very young. In this case be sure to explain why this is the solution and have children agree to give it a try.

At this point also encourage the children to apologise to each other. They should use the words 'I'm sorry', say what they did wrong (for example, 'I left you out of the game') and promise to behave better next time (for example, 'Tomorrow we can play Lego together').

4 *Follow it up*

Check in with the children to make sure that the solution they came up with is working and that they are getting along. This is especially important for younger children who are just learning the skills of conflict resolution. If the agreed-upon solution isn't working, something else may need to be done, such as having the children play with others for a while.



As we have now seen, listening is one of the most important skills children will use to resolve conflicts. When they listen carefully, they are better able to understand different points of view and see other sides to a story. A listening wheel is a great *product* to help children do this.

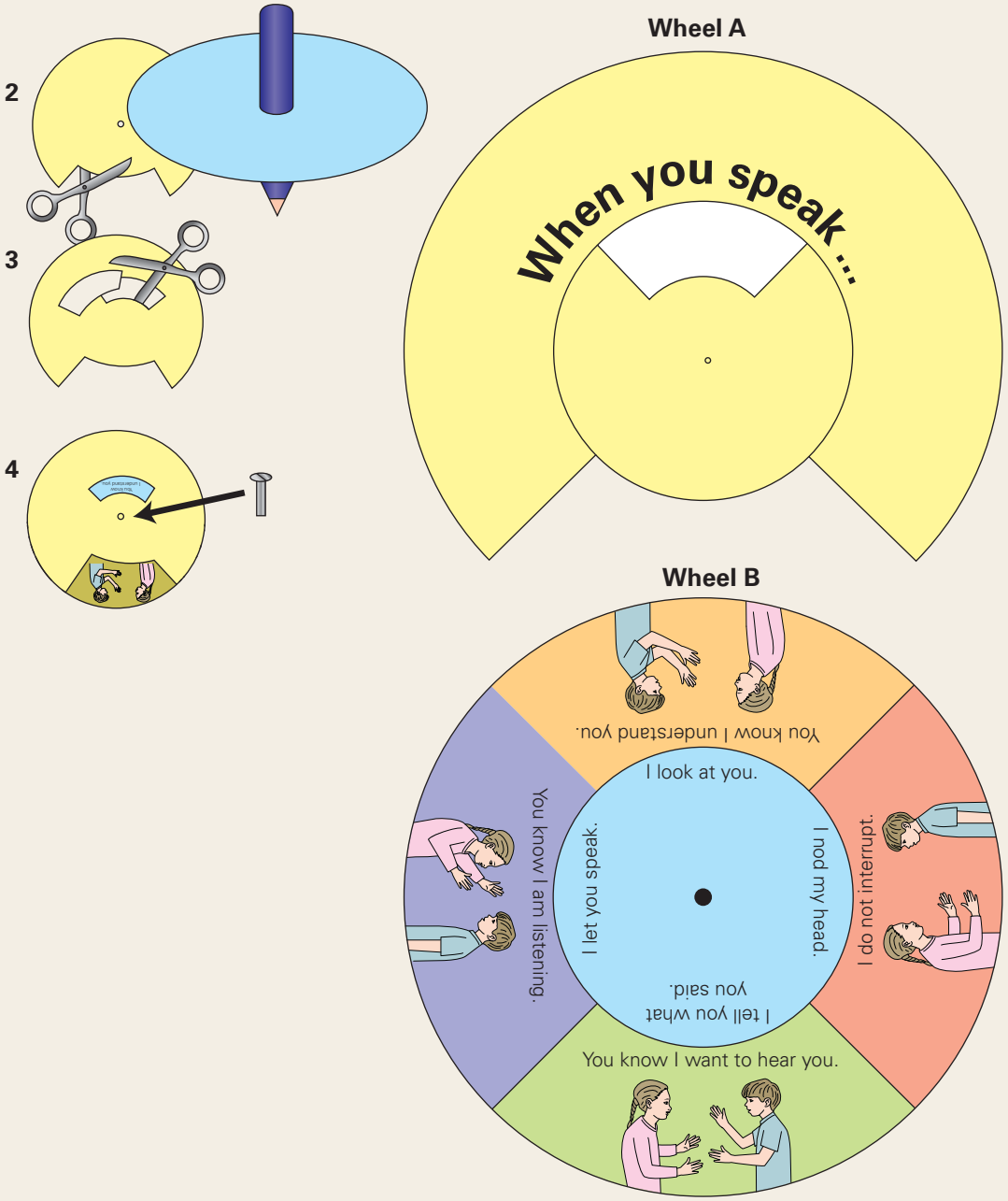
1 Make a copy of the listening wheel pieces below.

2 Cut out the pieces and make holes in the centre of the wheels.

3 Cut out the window in the 'When you speak …' wheel.

4 Put this wheel on top of the other and join them with a paper fastener or split pin.

Now experiment with turning the wheel. As a class discuss how it could be used with preschoolers and children at school.



Adapted from CONFLICT RESOLUTION ACTIVITIES THAT WORK by Kathleen M. Hollenbeck, Scholastic Inc/Teaching Resources, Copyright © 2001 by Kathleen M. Hollenbeck. Used by permission

FIGURE 3.10 'When you speak …' wheel

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Outcomes of conflict resolution

Children may think of conflict as a competition that can only be resolved by having a winner and a loser. However, if the steps described above are followed they can learn that conflicts can have fair outcomes. Instead of being a competition, conflict can be an opportunity to build healthier relationships by understanding others better.

A *win–win* (or yes–yes) outcome occurs when all the children involved are pleased with the solution worked out. Everyone gets something. To achieve a win–win outcome, children need to have worked together to find out more about the problem and to find ways of helping everyone get what they want. Often this means that children have to compromise, which means that each person gets some of what they want but usually also gives up something of what they want. Children soon learn that it is a good idea to give a bit when they know that others will give a bit too.

A *win–lose* (or yes–no) outcome happens when one child gets what she wants, but the other doesn't. One is happy and the other is sad. This outcome is less likely to be accepted voluntarily by some children.

A *lose–lose* (or no–no) outcome results in everyone being worse off. Neither side is happy because nobody got what they wanted. Perhaps the children couldn't agree so Mum made the decision that nobody gets anything because they couldn't work it out.



1 Outline the consequences of:
- **a** appropriate discipline
- **b** lack of discipline
- **c** excessive discipline.

2 Generate a word cloud using the information about the steps for conflict resolution.

3 Investigate strategies for helping children to become more assertive.

4 Create a table like the one below and complete it for each of the guidelines to disciplining listed earlier in this chapter. Give two practical examples for each guideline.

Guide to discipline	Practical example
Show respect for children's privacy	1 Mum knocks on five-year-old Skye's door before she goes in. 2 Mum asks Paul to unpack his preschool bag himself.

5 Suggest a discipline strategy for each of the situations below and explain why it is appropriate:
- Eight-year-old twins, Kieran and Daniel, have been fighting, with fisticuffs, on and off all afternoon.
- Five-year-old Alexandra continually interrupts her mother's conversation with the neighbour by butting in, pulling Mum's skirt and running between the two women.
- Eighteen-month-old Ashley snatches a toy away from a younger baby.
- Two-year-old Nikki is trying to push the buttons on the microwave oven.

Fostering autonomy and independence

Autonomy and independence are words used to describe the self-government of a nation – as well as the personal freedom of individuals. Adults have the right and the ability to 'govern' themselves, but children are dependent on their parents and others. Until children reach 18 years old their parents are responsible for their behaviour and their choices, although children will begin to develop autonomy before this point. Humans begin to show signs of independence when they are just babies, as they start to explore their environment and follow a pattern of developmental activity.

Self-regulation and self-control

Although parents want to protect their children, they must be prepared to nurture the child's growing sense of self-control. It can be difficult for parents not to interfere but rather to support the child's need for freedom and self-regulation. For example, a mother may watch her four-year-old son struggle with his incredible motivation to tie his shoelaces, trying for the final knot with odd-size loops and time after time ending up with two separate laces, one in each hand. The mother is strongly tempted to step in, take over and tie the shoes correctly. This, however, would only defeat the child's growing attempt at independence.

As they grow, children need to be able to see that they can manage for themselves. This is part of their development of independence. There are many ways that parents and other caregivers can encourage children to be confident in their efforts for autonomy. Supportive parents promote autonomy and a healthy self-esteem and are good natural educators. Children are supported and encouraged to try; they are congratulated when they achieve, and consoled when they don't. These parents model desirable attitudes and encourage children to be 'doers', not just observers.

Children are helped to exert control over themselves and develop autonomy if their parents can:



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FIGURE 3.11 Giving children opportunities to learn new skills will help them develop autonomy

- provide an interesting and stimulating environment with regular opportunities to learn practical skills (for example, a new craft)
- talk frequently with children and ask their opinion about matters that relate to them (for example, what they would like for dinner, where they would like to go on holiday)
- give children responsibility for doing things for themselves (for example, working out how to spend pocket money, preparing a meal)
- teach children to solve their own problems instead of having the answers given to them

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- give children choices and be prepared to let them have their choice
- give approval and encouragement when children try new things and for getting something right, even if it isn't right all the time
- give children plenty of time to do what they are good at, and show interest in what children are learning.

Setting limits

Children need limits or boundaries as they develop independence and self-control. When there are no clear boundaries children do not know what is expected of them and what is acceptable behaviour.

Every society sets limits by having particular behaviour standards. Through the process of socialisation children come to learn what these standards are and how to meet them in order to be accepted in that society. Because the family is the primary socialising group, the limits that parents set usually reflect the values, standards and acceptable behaviours of the wider community.

These limits help parents to have some control over the developing child, and by working within those limits the child learns to exert control over herself. Once she can exert self-control she will develop some sense of power, independence and control over her environment. This may mean something as simple as knowing when she needs to assert herself during interaction with others.

Order, reasonable routines and consistency are important for children. In young children limits and boundaries are based on sleeping patterns, meals and play experiences. For example, a two year old needs a regular routine for daytime sleeps (same time every day) and for eating (always in her high chair or at her table outside).

Gradually parents will need to expand or change the limits, and may even negotiate them with the children involved. As a child turns six, for example, she may be allowed to keep her bedside lamp on for an extra half hour as long as she stays in bed and reads her books.

Apply your knowledge

1. Why do children need limits to help develop self-control?
2. Describe some behaviours of babies and toddlers that demonstrate they are trying to gain independence.
3. As a class, develop a checklist of ways that parents can encourage children to develop autonomy.
4. Analyse the ways in which some parents might discourage their children from becoming autonomous or independent.
5. Investigate how parents can make use of visual aid rules (such as a morning routine chart) to encourage their children to take on responsibilities and become independent.

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Responsibilities and obligations regarding young children

There are regulations that help to protect children in their interactions with others, especially adults. Young children now interact with many more individuals and organisations outside their family than ever before. They may go to kindergym classes, play junior cricket, attend family day care or preschool, go to a party at a play centre or attend baby music classes. Regulations are in place to protect children in these situations and minimise the risk of any harm. People working in various children's services, either in a voluntary or paid role, need to be aware of the legal implications of these regulations, ensure that they comply, and keep up to date with any changes to legislation or requirements.

Each State and Territory in Australia has legislation that aims to protect children. Variations exist between one State or Territory and another, but all have the best interests of children as their basis. **Table 3.6** gives a brief outline of the major relevant Acts.

TABLE 3.6 Major child protection legislation in Australia

State/Territory	Legislation
Australian Capital Territory	*Children and Young People Act 2008*
New South Wales	*Children and Young Persons (Care and Protection) Act 1998*
Northern Territory	*Care and Protection of Children Act 2007*
Queensland	*Child Protection Act 1999*
South Australia	*Children's Protection Act 1993*
Tasmania	*Children, Young Persons and Their Families Act 1997*
Victoria	*Children, Youth and Families Act 2005*
Western Australia	*Children and Community Services Act 2004*

Family Law Act

The *Family Law Act 1975* is a Commonwealth Act, which means that it applies throughout Australia. It covers divorce, property settlement and spouse maintenance. It also deals with parenting arrangements, such as where children will live and who has responsibility for their continuing care, welfare and development. The Act applies to parents who were married, are married or are in a de facto relationship, including same-sex relationships, as well as to parents who had no lasting relationship.

The aim of the Family Law Act is to help couples separate with as few problems as possible and to encourage them to reach their own agreements about children, finances and property. Counsellors attached to each Family Court can help resolve differences over arrangements for the care of children after separation.

The *Family Law Reform Act 1995*, also a Commonwealth Act, introduced the principle of the best interests of the child, with children's rights being recognised for the first time. This means that, unless it is not in the child's best interests, children have the right to know and be cared for

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by both parents and a right to contact on a regular basis with both parents and other significant people such as grandparents. Parents have equal parental responsibility for their child, meaning they both play a role in making major decisions, such as where the child goes to school.

After separation, parents are equally responsible for the care and upbringing of their children unless and until a court decides otherwise. Both parents are expected to contribute to the financial support of their children. The amount that each contributes is dependent on her or his financial situation.

Children and Young Persons (Care and Protection) Act

The New South Wales *Children and Young Persons (Care and Protection) Act 1998* replaced the *Children (Care and Protection) Act 1987*. The Act brought major changes to the way care and protection systems work in New South Wales. Children have the right to participate in decisions made about them, meaning they have the right to adequate information, the opportunity to express their views and the right to be informed about decisions and be given the reasons for decisions.

With regard to children's services, the Act enforces minimum standards of care and safety with which service providers must comply. All people who work with children must act in the best interests of the children and take appropriate steps to ensure their safety. Each type of care service has its own regulations and licensing requirements. For example, in family daycare schemes and preschools, caregivers are not allowed to use any form of corporal punishment (physical punishment) on children in their care, but rather use moderate and fair discipline. Childcare workers are also required by law to report suspected cases of child abuse to Family and Community Services. This is known as mandatory reporting.

Child Protection (Working with Children) Act

The New South Wales *Child Protection (Working with Children) Act 2012* requires that all people who work in child-related areas or have face-to-face contact with children in child-related sectors have a Working With Children Check (WWCC) clearance. The WWCC applies to paid and unpaid workers over 18 years old, with a few exemptions. The *Child Protection (Working With Children) Regulation 2013* identifies the sectors the WWCC relates to, such as:

- children's health services
- clubs providing services for children
- disability services
- childcare and education services
- children's entertainment
- religious services
- transport services for children
- residential services
- family welfare services.

Under the Act, the safety, welfare and wellbeing of children, and protecting them from child abuse, are paramount. The WWCC screens people to check whether they have a criminal record that endangers the safety of children. Previous offences that would exclude

someone from working with a child may include murder or manslaughter, sexual assault, child abandonment or injury, and other abuses against children.

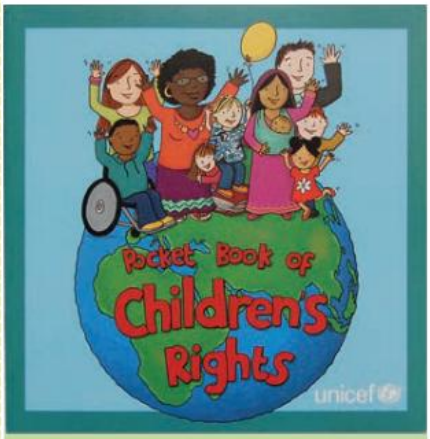


WORK IT OUT

Learn more about the Working With Children Check at the website of the NSW Office of the Children's Guardian. You can find a link to this website at **http://eec2e.nelsonnet.com.au**. Read the fact sheets and watch video clips that explain it fully.

Child protection legislation is discussed further in Chapter 7.

International Convention on the Rights of the Child



UNICEF Australia

FIGURE 3.12 *Little Book of Children's Rights and Responsibilities* from UNICEF explains the Convention in simple language

In November 1989, the United Nations adopted the Convention on the Rights of the Child (CRC). Australia ratified the CRC in 1990, which means Australia has a duty to ensure that all children in Australia have these rights met. The CRC has 54 articles and is based on four principles:

- non-discrimination – relating to religion, race, culture, ability, what a child thinks or says, gender, sexuality or socioeconomic status
- best interests of the child – decisions will always provide the most benefit for the child
- ensuring the child's survival and development – the right to live and reach their potential physically, spiritually, intellectually, morally and socially
- participation of the child – the child's right to express opinions about decisions that concern them.



WORK IT OUT

Search for UNICEF's *Little Book of Children's Rights and Responsibilities* (or follow the link provided at **http://eec2e.nelsonnet.com.au**). Read the book and then complete the following.

1. Define 'convention'.
2. Summarise articles 5, 7, 9, 16, 18 and 30, which relate to supporting parents and promoting family.
3. Who has responsibility for fulfilling the rights of children?

Parents' rights and responsibilities

Parents have legal responsibility for their children until they are 18 years old. This means they have an obligation to provide for their needs, including food, shelter, clothing, education, health care, finance and safety. This also means parents have the right to make certain decisions and rules for their child, as long as these decisions and rules are in the best interests of the child. For example, parents may set a bedtime for their child because they want to make sure she gets enough sleep before school and is well rested for the day ahead.

Sometimes legislation sets out parents' responsibilities, such as the New South Wales *Education Act 1990*, which requires parents to provide their children with an education. Not all parenting situations, however, are covered by legislation. Parents need to make decisions based on the maturity of the child and with their best interests in mind.

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Under the law parents can bring up their children according to their own values and beliefs without interference, unless the child's wellbeing is at risk. Decisions around religion, schooling, discipline and medical treatment are the right and responsibility of the parents. The law only intervenes if the child is badly treated, such as if the child is not receiving an education.

Apply your knowledge

1. Trace the history of legislation related to the care and protection of children in your State or Territory.
2. Investigate the origins of the *Family Law Act 1975* and the role of the court in implementing it in your State or Territory.

Contemporary issues

Views on how children should behave and what influences children's behaviour are constantly changing. It used to be that 'children should be seen and not heard', but now we tend to encourage children to be interactive in their own learning and development. New trends and opinions regularly arise as psychologists and sociologists continue to investigate child behaviour. Some of these issues are set out in **Figure 3.13**. Two of these issues are explored in the following pages.



FIGURE 3.13 Contemporary issues in promoting positive behaviour

Medical management of behaviour

Behavioural management problems can be due to temporary stressors in a child's life, or they may be due to more long-term disorders. The most common behavioural disorders in children are described in **Table 3.7**.

TABLE 3.7 Common behavioural disorders in children

Behavioural disorder	Description
Attention deficit hyperactivity disorder (ADHD)	Children act before they think (impulsivity), have trouble focusing (inattention) and can't sit still a lot of the time (overactivity) – restless, outspoken, fidget, boisterous
Attention deficit disorder (ADD)	Children are inattentive – shy, daydream, quiet, spacey (sometimes called the inattentive form of ADHD, but this is an outdated term)
Hyperactivity	Children are unusually or abnormally active, may be jumpy, fidget, nervous

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Obsessive compulsive disorder (OCD)	Children are anxious, with uncontrollable and repeated disturbing and unwanted thoughts, images or impulses (obsessions) and repetitive behavioural and mental rituals (compulsions) – fear of dirt or harm, washing, counting
Oppositional defiant disorder (ODD)	Children constantly won't do what people ask, thinking what they are asked to do is unreasonable (disobedience), and get angry and aggressive about being asked to do things (hostility) – nasty, argues, loses temper
Conduct disorder (CD)	Children are aggressive and have law-breaking tendencies – lighting fires, vandalism, shoplifting

Each of these conditions can be managed. Boys are more likely than girls to suffer from behavioural disorders. Most health professionals and the current research suggest that behavioural problems are best managed using a combination of the following:

- *Cognitive behaviour therapy* is a psychotherapy that helps to change unhealthy behaviours. It involves using practical self-help strategies to bring about positive and lasting changes with the help of a psychiatrist, psychologist or counsellor.
- *Medication* can improve attention spans, self-control, behaviour, fine motor skills and social interactions. The stimulants used can be short lasting (about six hours) or longer lasting (up to 12 hours). They are methylphenidate and dexamphetamine products; commercial names include Ritalin, Attenta and Concerta.
- *Parent management training* involves teaching parents how to communicate with and manage their children. It usually also involves family therapy to improve problem-solving skills for everyone in the family.

No evidence Ritalin makes a difference long term for ADHD kids

Cosima Marriner, 13 March 2016

Drugs such as Ritalin make no difference to the long-term outcomes of children with Attention Deficit Hyperactivity Disorder, who continue to struggle academically and mentally as they get older, early research findings suggest.

The Murdoch Children's Research Institute has been following 178 children with ADHD and 212 children without ADHD for three years to identify what factors make a difference to the development of children with the disorder.

By the age of seven there are severe academic, social and mental health differences between children with ADHD and their peers, the Children's Attention Project, which is funded by the National Health and Medical Research Council, found. Three years on, these disparities persist, preliminary findings suggest.

Four times as many 10-year-olds with ADHD suffer from mental health problems such as anxiety and oppositional disorder. They are also well behind their peers in their maths and reading abilities. There was no difference in outcomes between boys and girls.

'All of them continue to be substantially at risk of academic and mental health problems as they had been at seven,' one of the chief investigators of the project, paediatrician Daryl Efron said.

The 13 per cent of children in the study who were taking medication such as Ritalin to treat their ADHD were doing no better or worse than their unmedicated peers at age 10. 'Medication doesn't alter the long-term outcomes of kids [with ADHD],' Dr Efron said.

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Dr Efron said drugs like Ritalin were very effective in reducing the day-to-day symptoms of ADHD 'but we haven't progressed very much beyond that'.

'Medication is fantastic for treating the symptoms of ADHD … helping kids be calmer and focus better. It doesn't surprise me that so far we haven't shown medication makes a difference to kids doing better into the future.'

Dr Efron said doctors need to find out what combination of support and intervention does make a difference long-term. He suggested it could involve medication, parent support and remedial strategies.

It is estimated that 5 per cent of children have ADHD, although not all are diagnosed. Children with ADHD are at greater risk of poor outcomes in adolescence and adulthood, including mental health issues like anxiety, learning difficulties and getting in trouble with the law.

Dr Efron said that the mean age of being diagnosed with ADHD is nine years, and 80 per cent of children with ADHD who are seeing a paediatrician are on medication.

Paula Burgess has found that occupational therapy and the family's new dog have made the most difference to her seven-year-old son, Jesse, who has ADHD. Jesse will ask his mum to rock him on the yoga ball when he feels his symptoms escalating.

'He'll say "Mummy I'm not feeling right, can you rock me please" and then he'll come straight down,' Ms Burgess said. Meanwhile, the presence of border collie River is helping reduce Jesse's anxiety.

It's been a far more positive experience than the disastrous six weeks Jesse spent on Ritalin. While his teachers noticed an improvement, Jesse's anxiety spiralled, and he would lash out at his mother when he got home from school, kicking and punching her.

'We want to make sure he can get through school, but not at the price of the imbalance it caused in his body, and the tension it caused between us,' Ms Burgess said.

Ms Burgess hasn't ruled out medicating Jesse in the future if necessary, but for now the family is managing his ADHD with occupational therapy, routine, monitoring his diet, support from the school he attends, and the psychologist and psychiatrist he sees. River is being trained as a therapy dog, and later in the year Jesse will also try equine therapy.

'We'll take it day by day and see what happens,' Ms Burgess said. 'It's a mix of things [that work], having the right team in place, having people to go to ask questions, getting constant feedback on what's going on.'

'With ADHD you can have a false sense of security, you can think it's going really well, then everything goes crap and it's almost like starting again.'

Source: Cossima Marriner, 'No evidence Ritalin makes a difference long term for ADHD kids', *The Sydney Morning Herald*, March 3, 2016. This work has been licensed by Copyright Agency Limited (CAL). Except as permitted by the Copyright Act, you must not re-use this work without the permission of the copyright owner or CAL



1 Outline the findings of the Children's Attention Project with regard to the long-term effects of Ritalin on children with ADHD.

2 In what ways is medication like Ritalin effective for ADHD?

3 Identify behavioural problems for children with ADHD.

4 Describe other strategies, besides medication, that have been shown to be effective in managing ADHD in children.

5 Select one of the behavioural disorders from Table 3.7 and investigate it by completing the following.
- **a** Identify its incidence in Australia.
- **b** Describe the disorder, including its signs and symptoms.
- **c** Assess the value of medication in managing the disorder.
- **d** Evaluate other strategies that can be used to manage the disorder.

Gender issues and behaviour management

In Australia today most families are actively parented by both a mother and a father – more so than in the past. Gender issues can be at play in both parenting behaviour and children's behaviour. Most parents try to socialise their children as individuals, rather than specifically as girls and boys; however, parents and caregivers are still influenced by relatives, friends, the media, socioeconomic situations and cultural and religious backgrounds. In some cultures, there are very strong gender-based divisions of parenting roles and responsibilities, and the genders are treated quite differently. The media – through advertising, television and social media – portrays images of how girls and boys supposedly behave and how parents treat them. Evidence also suggests that gender-role differences and expectations are more strongly defined in families with a lower socioeconomic status.

Some gender-related differences in how parents have traditionally managed their children's behaviour are outlined in **Figure 3.14**. These findings are summarised from a study conducted in 1979.

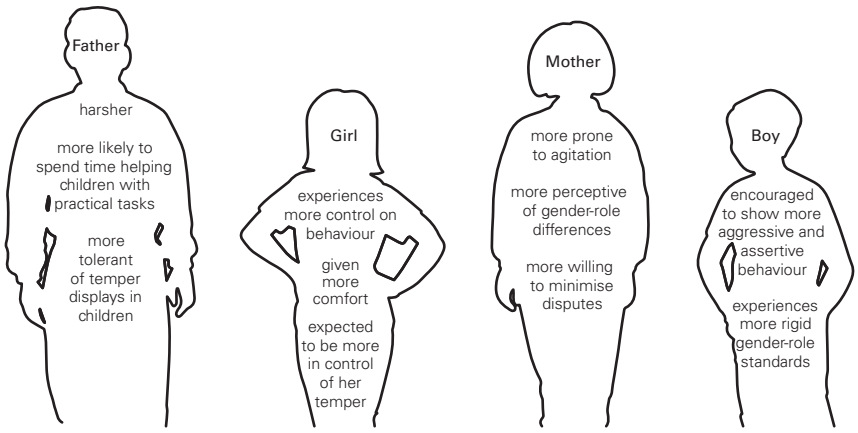


FIGURE 3.14 Behaviour and gender

Let's also look at a more recent study of how gender might affect behaviour management practices of parents and their children. Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is a major long-term study of child development involving 10 000 children and their families from all parts of Australia. The study began in 2004 and investigates how various factors from children's social, economic and cultural environments influence their development and wellbeing. Findings of the LSAC in 2010 indicated the following:

- Between the ages of two and three, boys displayed a higher rate of behavioural problems than girls. Boys were around 10 per cent more likely to show destructive and aggressive behaviours (for example, fighting, kicking).

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- Two- to three-year-old girls were more likely to have anxiety than boys. They were also more likely to follow rules or take part in caregiving behaviours (for example, helping someone who is hurt).
- Four- to five-year-old boys had higher scores of hyperactivity, emotional problems and peer problems than girls. (Few boys had symptoms indicating a clinical disorder.)
- Girls aged four to five were more likely to have emotional problems and display caregiving behaviours, such as being helpful.
- The majority of both girls and boys were shown to act in a way to deliberately benefit another (for example, sharing a book, playing a game of another's choice).
- Mothers of boys in the two- to three-year age group tended to have a lack of confidence and felt that they were unable to parent effectively, and the fathers showed less warmth towards their sons compared to their daughters. Both mothers and fathers were more overprotective of their daughters compared to their sons.
- Both mothers and fathers of the four- to five-year-olds used more discussion and problem solving to manage boys' behaviour than with girls.
- In all age groups parents reported higher rates of hostile parenting practices (for example, raised voice, losing temper, leaving children alone) towards boys and were less confident in parenting them, compared to girls.
- As the child ages, fathers were less likely to show parental warmth (for example, hugging, kissing, feeling close, telling children they made them happy) for both boys and girls. Mothers continued to show parental warmth at a higher rate than fathers for boys and girls alike.

Research demonstrates that there are differences in how mothers and fathers play with their children, which also affects behaviour. Play is an important factor in a child's development as it encourages them to see the world in different ways and make sense of it. During play, fathers tend to be more assertive while mothers are more helpful and cooperative in the behaviours they model and encourage in children. It has been said that 'fathers tend to play with, and mothers tend to care for'. Fathers encourage independence and competition and mothers encourage security and equity. Both parents provide confidence in a different way through love and physical closeness.

Each parent has a role in teaching their children how to respect the opposite gender. Again, they will teach this in slightly different ways. Girls and boys who grow up with a father are more confident around men as men are familiar to them. Girls with loving, involved fathers are more likely to have healthy relationships with men as adults because they learn from their fathers how men should act towards women. They also develop emotional security from their mothers. Mothers help their sons understand and communicate with women and encourage them to have sensitivity towards women.

Apply your knowledge

1 Compare the 1979 data on gender and parenting from Figure 3.14 with the 2012 findings of the LSAC. Create an infogram to illustrate the similarities and differences.

2 As a class, discuss gender issues in how parents manage the behaviour of their sons and daughters. Use these focus questions to get you started:
- Do you feel that parents treat their children differently based on their gender?
- Are you treated differently to your siblings by your parents because of gender? In what ways?

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CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 An authoritative approach to parenting has a negative effect on child development. TRUE/FALSE — 1 MARK

2 Praise is an effective reinforcement in encouraging children to repeat positive behaviour. TRUE/FALSE — 1 MARK

3 In conflict resolution, an approach in which a child expresses her opinions while still respecting others' feelings is best described as — 1 MARK

A aggressive. **B** assertive. **C** egocentric. **D** passive.

4 Connor is very upset at not being allowed to play on his mum's phone at a restaurant. He starts kicking his mum and throwing cutlery at his dad. The negative behaviour Connor is using is best described as — 1 MARK

A aggressive. **B** appropriate. **C** attention seeking. **D** autonomous.

5 Roya has recently started walking and now tries to climb the stairs with no help. She loves to have cuddles with her mum and older brother and likes to turn the pages of the book when they read stories to her. Roya gets excited when her neighbour comes to visit and shouts 'Kristen here' when she comes through the door. — 1 MARK

Based on these behaviours Roya is a(n)

A infant.
B toddler.
C preschooler.
D child in the early years of school.

PART B: 20 marks

6 What is the purpose of the Working With Children Check? — 3 MARKS

7 Outline three strategies that adults can use to make communication with children effective. — 3 MARKS

8 Match the feature with the appropriate legislation. — 4 MARKS

Family Law Act 1975	Requires childcare workers to report suspected cases of child abuse
	Provides counsellors to help families reach decisions about the care of children
Children and Young Persons (Care and Protection) Act 1998	Requires both parents to contribute financial support for children after separation or divorce
	Gives children the right to participate in decisions made about them

9 Describe two positive behaviours that children can learn through their interactions with others. — 4 MARKS

10 Evaluate the effectiveness of sanctions and time outs as discipline strategies. — 6 MARKS

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PART C: 30 marks

11 **a** Define 'autonomy' and 'independence'. 4 MARKS

b Outline ways in which parents can help children to build self-control. 5 MARKS

c Examine the role of setting limits in fostering autonomy in young children. 6 MARKS

12 Four-year-old cousins Elma and Astrid are watching TV. Elma wants to watch one program and Astrid wants to watch another. Elma hides the remote control while Astrid starts to yell and hit her cousin. Elma's mum comes in to see what is causing the girls to argue.

a Identify the conflict in this situation. 2 MARKS

b Explain how each of the outcomes of conflict resolution could apply to this situation. 6 MARKS

c Discuss various strategies that Elma's mum can use to help the girls resolve this conflict. 7 MARKS

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4 LEARNING EXPERIENCES FOR YOUNG CHILDREN

Overview

Experience and interaction form the basis of young children's learning. This chapter examines the types of learning experiences that are appropriate for infants, toddlers, preschoolers and those in the first years of school. The differences in the experiences of different-aged children is explored, as well as the various settings in which learning can take place, such as at home, at play and in a formal education setting. An investigation into contemporary issues related to learning experiences for young children concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- analyse a range of appropriate learning experiences for infants
- compare the learning experiences of toddlers and infants
- assess the learning experiences that are appropriate for the needs of a preschooler
- assess the learning experiences appropriate for the needs of a child in the first years of school
- critically examine a contemporary issue relating to learning experiences for young children.



WORK IT OUT

Add the key terms from this chapter to your glossary. Be sure to include them in the correct alphabetical order.

KEY TERMS

agency
having control over one's life and making decisions freely

competencies
attributes, behaviours, knowledge, skills and abilities required to show success or achievement

curriculum
the interactions, experiences and routines through which children learn and achieve at school

incursion
a learning experience that takes place at a school, where someone visits to give a presentation on their specialty area

learning outcomes
skills and knowledge actively promoted by educators for children in formal settings

syllabus
subjects in a course of study; outline and summary of topics in a course

Learning experiences for infants

As individuals humans are active learners from birth, or even before then. From their very earliest days of life, infants seek opportunities to learn for themselves and from those around them. They are motivated from within and contribute to their own learning and that of others.

Interesting experiences for infants

Learning occurs all the times for babies, in everyday experiences, as they are fascinated by the world around them. Their brain is developing constantly as they explore their environment, their relationships and their feelings. Babies see possibilities for play, and thus learning, everywhere. Play is central to development at this age.

The more adults can appreciate infant learning, the better they are able to support it. All children are different and have their own personalities, even from infancy, but there are some experiences that most babies will enjoy or take an interest in that can lead to important learning for them, such as:



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FIGURE 4.1 Infants enjoy looking at the faces of those who love them – they learn who is who and feel secure

- watching – facial expressions, himself, books, objects (for example, blocks, leaves)
- touching – being cuddled, stroking, massage
- noises – own or caregiver's voice, banging things together, copying sounds, listening to music
- getting messy – playing with food, squeezing dough, pouring water, emptying drawers
- colours – vivid reds, blues and purples, and bright mobiles and posters
- interacting – playing games, going for walks, singing, dancing.



THINK ABOUT THIS

It is thought that the word *baby* may come from the nonsense sounds that babies make, such as 'ba-ba-ba', called babbling.

From cot to stroller to walking

As we have seen, children learn through experiences. Much of this experience comes from interacting with adults who are close to them. If a baby is interested and involved in an experience, and has fun with it, he will be learning. **Table 4.1** outlines some experiences for infants at different stages.

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TABLE 4.1 Experiences for infants – from cot to stroller to walking

Stage	Experiences
 Shutterstock.com/FamVeld	• At nappy change, gently play with baby's toes and feet; play This Little Piggy or give light tickles. • Chat with baby and listen to him babble. When he stops, repeat what you heard and wait for baby to copy back. • Rest baby, with his tummy down, on your arm, with your hand on his chest. Gently swing him, making aeroplane noises.
 iStock.com/FamVeld	• When grandma is leaving, hold baby's hand up to wave and say 'Goodbye'. • Hold baby on your lap and gently bounce him up and down. Pause, wait for him to move and then play again. • Use a trip to the supermarket to talk about foods that are good to eat, colours that you see on displays and smells you notice.
 Shutterstock.com/IvankoDO	• Put plastic food storage containers on the floor. Show baby how to stack them on top of each other and knock them over, and then let him try. • Let baby push the doorbell or the elevator button when you visit a friend or neighbour. • Read texture books with baby, letting him touch and rub the pages and telling him what they are – 'Oh, soft and cool.'

Learning experiences that promote growth and development

A variety of positive learning experiences that parents and other caregivers can provide for babies to promote their growth and physical, social–emotional, cognitive and language development is explained in **Table 4.2**.

TABLE 4.2 Learning experiences for infants

Age	Learning experience	Development promoted
Newborn	• fix bright, shiny objects around cot to catch attention • talk to baby while maintaining eye contact	• response due to reflex actions
	• massage body and limbs and give lots of hugs and kisses	• social–emotional (attachment)
6 weeks	• hang a mobile that has bright or contrasting colours • play music and sing	physical (sensory)
	• massage body and limbs and give lots of hugs and kisses	physical (motor)/social–emotional (attachment)

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3 months	• place baby on activity blanket with different textures to feel	physical (sensory)
	• encourage kicking in the bath to develop leg muscles • offer different rattles and squeaky toys to hold • allow baby to lay on his front to develop neck and back muscles	physical (motor)
	• establish routines (e.g. at bedtime) for security	social–emotional
6 months	• provide activity centres for exploration • provide safe toys for baby to put in his mouth	physical (sensory)
	• when baby is on front, place toys slightly out of reach to encourage crawling	physical (motor)
	• point to familiar people and objects and name them • sing nursery rhymes with actions for baby to copy	cognitive/language
	• copy the sounds baby makes and say them back to him	language
9 months	• play clapping games and peekaboo • play with building blocks	physical (motor)
	• provide a toy phone to dial	physical (motor)/language
	• give simple instructions and show baby what to do	cognitive/language
12 months	• play with sand and water • provide a trolley or cart on wheels for baby to push to encourage walking	physical (motor)
	• provide containers and objects to put in them	physical (motor)/cognitive
	• give baby opportunities to feed himself and use a cup	physical (motor)/social–emotional
	• play repetitive games with simple instructions • go on outings (e.g. to farm) to offer new experiences	cognitive
	• read simple books and point to pictures	cognitive/language
	• praise and reinforce words said (e.g. 'Mum', 'Dad', 'Yes')	language

Apply your knowledge

1 Create a table like the sample below and complete it for each of the interesting experiences for infants that are listed on page 128. Give two practical examples for each guideline.

Interesting experience	Practical example
watching	1 Mum holds a mirror up for four-month-old Kiara to see her reflection 2 Dad stops to look at the ducks on the pond while taking seven-month-old Michi for a walk in the park

2 Outline learning experiences, appropriate for infants, to promote the development of the following:

a sensory capabilities
b gross motor skills
c fine motor skills
d social–emotional skills
e cognitive skills
f language and communication.

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Learning experiences for toddlers

Given a positive environment, toddlers can learn in many different ways, with their experiences supported by adults. Playing is completely natural for toddlers, and mastering skills should be fun for them. Parents should encourage toddlers to practise their developing skills by giving them many opportunities to do so. Mastering one skill lets a child progress to the next one, setting up a foundation for more complex tasks and learning.

Differences between toddlers and infants

Infants and toddlers are alike in that both rely on their parents. They need adults to always be present for them. Even very young infants are engaged in learning although, at first, a baby's learning is often difficult to recognise. By the time they are toddlers it is easier to see their learning, through their planned or intentional actions.

Consider the differences in learning experiences between infants and toddlers as reflected in the verbs in **Table 4.3**.

TABLE 4.3 Differences in infant's and toddler's learning experiences

Infants ...	Toddlers ...
crawl	walk
wiggle	crouch
grasp	hold
reach	throw
copy	pretend
babble	talk
respond	initiate
bond	share
observe	participate



WORK IT OUT

Write sentences using each of the verbs in Table 4.3 to describe appropriate experiences for infants and toddlers. For example:

- Infants crawl to move to toys they like.
- Toddlers walk to pat the dog.

Experiences that promote autonomy and independence

Throughout childhood, children become increasingly independent. Toddlers are more able to do things for themselves, express themselves and explore their environment than they could as infants. Independence helps to develop a healthy self-esteem, identity and overall wellbeing. Being able to do something for oneself gives a toddler a great sense of achievement. A child

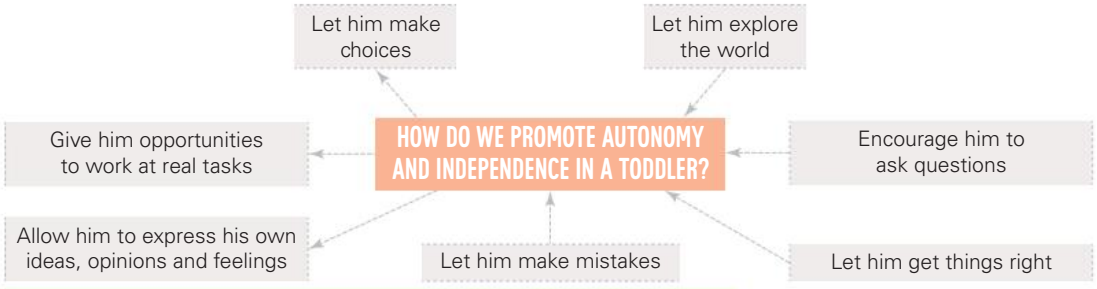


FIGURE 4.2 Experiences to promote autonomy and independence in toddlers

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needs a sense of agency in order to experience this competency and capability. He understands that he is an active contributor to his own experience and that of others – he feels that he can influence events and has some control over of what happens to him. Parents and carers need to listen to and respect children's ideas, collaborate and cooperate with them, and show that they recognise children's abilities.

Experiences that cause frustration

While toddlers are realising that they can act independently of their parents and caregivers, there are still situations where they can't do everything for themselves. This can lead to frustration as they try to assert themselves and communicate their ideas, likes and dislikes. Frustrating experiences may lead to temper tantrums.

Parents can help their toddlers to manage strong feelings and frustration by using one of the ITCH techniques:

I = *Ignore* (for example, if a child throws a tantrum, give him time to unwind by reading a book or quietly leaving the room)

T = *Teach* (for example, if a child can't put the puzzle pieces together, model or demonstrate it for him)

C = *Communicate* (for example, if a child can't find the words to express himself, give him your hand and let him show you what it is and/or repeat words he is trying to say)

H = *Help* (for example, if a child is struggling to reach a toy on a high shelf, offer to get it for him).

Raising Children Network

Temper tantrums

Tantrums are extremely common in toddlers and preschoolers. They're how young children deal with difficult feelings. It helps to avoid situations that trigger your child's tantrums, and to have a plan for managing them. Hang in there – tantrums tend to tail off after children turn four.

Tantrums: the basics

Tantrums are extremely common among children aged 18–36 months.

They come in all shapes and sizes. They can involve spectacular explosions of anger, frustration and disorganised behaviour (when your child 'loses it'). You might see crying, screaming, stiffening limbs, an arched back, kicking, falling down, flailing about or running away. In some cases, children hold their breath, vomit, break things or get aggressive as part of a tantrum.

The causes of tantrums include:

- temperament. This can influence how emotional children become when they feel frustrated. Some children just have more tantrums than others
- stress, hunger, tiredness and overstimulation
- situations that children just can't cope with – for example, when an older child takes a toy away.

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You'll see fewer tantrums as your child gets older and better at handling bad feelings. Your child will also get better at communicating his wants and needs using words. But tantrums can go on – even into adulthood – if they become a reliable way for your child to get what he wants.

The low-key approach to dealing with tantrums

This approach is suitable for very young children (1–2 years), or for children whose tantrums do not occur very frequently or very severely.

- **Reduce stress.** Tired, hungry and overstimulated children are more likely to throw tantrums.
- **Be aware of how your child is feeling.** If you can see a tantrum brewing, step in and try distracting your child with another activity.
- **Identify tantrum triggers.** Certain situations – shopping, visiting or mealtimes – might frequently involve temper tantrums. Think of ways to make these events easier on your child. For example, you could time the situations so your child isn't tired, eats before you go out, or doesn't need to behave for too long.
- When a tantrum occurs, **stay calm** (or pretend to!). If you get angry, it will make the situation worse and harder for both of you. If you need to speak at all, keep your voice calm and level, and act deliberately and slowly.
- **Wait out the tantrum.** Ignore the behaviour until it stops. Once a temper tantrum is in full swing, it's too late for reasoning or distraction. Your child won't be in the mood to listen. You also run the risk of teaching your child that tantrums get your full involvement and attention.
- Make sure there's **no pay-off for the tantrum**. If the tantrum occurs because your child doesn't want to do something (such as get out of the bath), gently insist that she does (pick her up out of the bath). If the tantrum occurs because your child wants something, don't give her what she wants.
- **Be consistent and calm in your approach.** If you sometimes give your child what he wants when he tantrums and sometimes don't, the problem could become worse.
- **Reward good behaviour.** Enthusiastically praise your child when she manages frustration well.

Tantrum statistics

If your child throws tantrums, you're not alone. Researchers in the United States asked over 1200 parents about their children's tantrums. This is what they found.

Age of child	Percentage of children who throw temper tantrums
18–24 months	87%
30–36 months	91%
42–48 months	59%

From Potegal & Davidson (2003)

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How often do most kids tantrum? And how long do tantrums generally last? The parents in this study reported that, on average, tantrums lasted for:

- two minutes in one-year-olds
- four minutes in children aged 2–3
- five minutes in four-year-olds.

The tantrums occurred:

- eight times a week for one-year-olds
- nine times a week for two-year-olds
- six times a week for three-year-olds
- five times a week for four-year-olds.

Source: © Raising Children Network (Australia) Limited. All rights reserved.

Apply your knowledge

1. According to the statistics quoted in the Raising Children Network article:
   - **a** which age group has the most tantrums
   - **b** how long do their tantrums last
   - **c** how often do they have a tantrum?
2. Describe a typical tantrum for a toddler.
3. What can parents do to manage a tantrum?
4. Go to the Raising Children Network page on temper tantrums to watch videos on techniques for encouraging good behaviour and discouraging inappropriate behaviour. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**. Evaluate the effectiveness of each technique.

Learning experiences that promote growth and development

Table 4.4 outlines a selection of positive learning experiences that can promote the growth and development of toddlers, although there are many more.

TABLE 4.4 Learning experiences for toddlers

Learning experience	Physical development	Social–emotional development	Cognitive development	Language development
Textures: Trace letters of the alphabet onto a poster, have the toddler decorate them with textured materials (e.g. cotton balls, sand, velcro, rice). Each day say the letters aloud as he feels each one and have him say the letter with you).	• sensory (touch) • fine motor (sticking on materials)		• selecting materials to decorate with • tracing the shapes of the letters when touching them	• hearing and saying the letters

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Recognising: Place photos of family and friends on a board in a toddler's room. Write their names on sticky notes and put each name at the bottom of each photo. Refer to the photos and names often and get him to point to the different people as you name them.	• fine motor (pointing to photos)	• developing connections with family and friends	• recognition of letters and words • developing word association and memory	• hearing and saying names
Naming: Label a few common items in the house with their name on a card (e.g. window, shelf, chair). Have a toddler put the card on the item with Blu-Tack. Regularly point to the card and say the item's name with the toddler and have him repeat the name.	• fine motor (putting the labels on items)		• recognition of letters and words • developing word association and memory	• hearing and saying the names of the items
Counting and measuring: Use household items to teach a toddler to count and measure. Have him lie on the floor and line up oranges next to him to see how many oranges tall he is, or how many Duplo bricks wide the door is. Count out loud with him as you add each item as you measure.	• fine motor (lining up the items)		• counting as items are laid out • calculating the lengths, widths, heights, etc.	• hearing and saying the numbers and measurements
Vocabulary: Teach vocabulary by singing tunes with rhyming words or characters (e.g. alphabet song, Incy Wincy Spider or even make up your own). Sing them a lot together (e.g. in the car, at bathtime, while tidying up).		• enjoying being with others, sharing interactions • cooperating with others	• developing memory • learning words, rhymes and concepts	• listening to and singing the songs
Organisation: Keep a toddler's belongings (e.g. toys, books, socks, shoes, pyjamas) in specific places and have him help tidy and put away. Ask him where an item belongs and have him open drawers and lift lids to put them in the correct place.	• gross motor (carrying, walking, bending, crouching, lifting) • fine motor (manipulating drawers, lids, doors)	• awareness about sharing places with others • cooperating with others	• learning about procedures • becoming organised	• asking and answering questions about where items belong

Put it into practice

Early Childhood Australia has produced a video series called *Babies and toddlers: Amazing learners*, which comprehensively investigates learning experiences for infants and toddlers. Watch the videos (from ECA Learning Hub, on Vimeo) and complete a *written report on the investigation*. A link to the website has been provided at **http://eec2e.nelsonnet.com.au**.

Structure your report into three main sections, plus an introduction and conclusion. Use the following headings (and the suggested words in brackets).

Introduction – refer to the extent of learning for children in the first three years of life, with regard to themselves, others and the world around them

1 *Learning about me*
- **1.1** Sense of identity (sense of belonging, relationships)
- **1.2** Children's agency (routines, autonomy and independence, physical environment, managing frustration)
- **1.3** Coordination (skills, moving, exploring, experimenting)
- **1.4** Self-control
- **1.5** Rights and responsibilities
- **1.6** Transitions

2 *Learning about others*
- **2.1** Role of adults
- **2.2** Communication (interactions)
- **2.3** Rights and responsibilities (compromise)
- **2.4** Learning with others (diversity and difference, sense of belonging)

3 *Learning about my world*
- **3.1** Exploring and experimenting (random, intentional)
- **3.2** Engagement (practice, persevering)
- **3.3** Observing others and direct experience

Conclusion – refer to observable milestones and subtle learning of infants and toddlers as being important in each of the above areas

RESEARCH CLUE

Be sure to use specific examples of what you see in the videos as evidence to support your report; for example, video 1 provides an example of a child mastering her coordination by walking over an uneven surface.

Apply your knowledge

1 Identify the major differences between the learning experiences of infants and toddlers.

2 For each of the experiences that promote autonomy and independence identified in Figure 4.2, outline a practical example of how parents could provide this experience for a toddler.

3 Using Table 4.4 as a guide, design another two learning experiences to promote development in toddlers.

Learning experiences for preschoolers

Between the ages of three and five children develop at a fast rate and become competent in many areas. Their interests change from those in toddlerhood, and the learning experiences provided for preschoolers must sustain their interest if they are to promote development.

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Differences between preschoolers and toddlers

Compared to toddlers, preschoolers are more independent, more responsive to humour and distraction, and easier to reason with. Consider the differences given in **Table 4.5**.

TABLE 4.5 Differences between toddlers and preschoolers

I am ...	Physically, I	Socio-emotionally, I	Intellectually, I	To communicate, I
2 years old	• walk, run and climb the stairs alone • sit on a chair • use a spoon • turn pages in a book	• like to cuddle • like to try it by myself • get frustrated • play by myself	• respond to simple directions • look at books • identify simple pictures	• say words, phrases and simple sentences
3 years old	• walk, march and run • avoid simple obstacles	• conform and change • know who I am • play alongside others • take turns and help others	• answer questions • remember nursery rhymes • use words to tell what I am thinking	• say short sentences • tell simple stories
4 years old	• skip on one foot • throw a ball • draw and cut • dress myself • wash and dry my face	• can be defiant or test limits • play freely and cooperatively • enjoy playing group games	• ask lots of questions • am imaginative and dramatic • generalise ideas	• use complete sentences • sing and make up rhymes
5 years old	• hop and skip • ride a scooter • print letters • tie my shoes • balance on a beam	• am responsible • follow rules • play organised games with friends • am proud of what I can do	• carry out directions • read my own name • count and know my colours • ask what words mean	• tell long stories • sing counting and alphabet songs

Interesting experiences for preschoolers

For children to learn successfully they need to be engaged in what they are doing. They need to be interested in the experience. This interest is shown when they are

- enthusiastic and curious – engaging in play, interacting with others and exploring
- committed and persistent – focusing, overcoming obstacles and finding new ways
- cooperative and reflexive – working collaboratively, negotiating and reflecting on their own learning.

Work in a small group to complete a *practical demonstration*, for the rest of the class, of one of the learning experiences for preschoolers described in Figure 4.3.

Put it into practice

READING AND WRITING
Sultana play
1 Put a sultana at the tip of some toothpicks. (They will connect the toothpicks together.)
2 On a piece of paper, draw letters that correspond in size to the toothpicks.
3 Ask children to connect the toothpicks to create each letter.

MATHS
Number match
1 Prepare two sets of index cards. On one set write the numbers from 1 to 20. On the other set, glue pictures of objects from magazines that correspond to the numbers from 1 to 20.
2 Lay all the cards out, face up, and have the children match a number card to the card that has the corresponding number of objects.



SOCIAL SCIENCE
Going to the city
1 On a large sheet of paper, draw an imaginary city with markers, big enough to run cars and trucks around it. Include some familiar landmarks, such as a bank, supermarket, petrol station, park, hospital, school and train station.
2 Tape the finished city to the floor and allow children to travel around the city with different toy vehicles.

SCIENCE
Tinting flowers
1 Half-fill a clear vase with water and tint the water a bright colour with food colouring.
2 Place a white carnation or daisy in the vase and let children watch the flower change colour over a few hours. (You could also do this experiment with celery.)

FIGURE 4.3 Learning experiences to interest preschoolers

Learning experiences that promote growth and development

Table 4.6 summarises how three different enjoyable learning experiences can promote development in a range of areas for preschoolers.

TABLE 4.6 Learning experiences for preschoolers

Learning experience	Physical development	Social–emotional development	Cognitive development	Language development
Putting together a jigsaw puzzle	• hand–eye coordination • fine motor skills	• sense of achievement	• shape and space concepts • sort, match, classify • attention and concentration	• tend to talk as they think
Role-playing games	• varies depending on activity (e.g. fine motor skills when doing up buttons for dress-ups)	• interaction with other children • roles and relationships	• creativity and imagination	• conversation • practice and imitation
Riding a tricycle	• leg muscles • coordination • balance	• able to play more happily with friends	• awareness of environment	• may make 'traffic' noises (e.g. horn, siren)

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Development of competencies during the preschool years

The Australian *Early Years Learning Framework* (EYLF) aims to 'provide young children with opportunities to maximise their potential and develop a foundation for success in learning'. The EYLF recognises that children are receptive to a wide range of experiences and puts children at the centre of their own learning. It recognises the agency of children and views them as active participants and decision makers in the learning process and the mastery of competencies.

The Framework sets out expectations for all children to achieve from birth to five years. These expectations, expressed through five learning outcomes, can be seen as competencies that preschool children need to develop in order to make the transition to school.

OUTCOME 1: CHILDREN HAVE A STRONG SENSE OF IDENTITY


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- Children have a strong sense of identity.
- Children are connected with and contribute to their world.
- Children have a strong sense of wellbeing.
- Children are confident and involved learners.
- Children are effective communicators.

OUTCOME 2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD


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- Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.
- Children respond to diversity with respect.
- Children become aware of fairness.
- Children become socially responsible and show respect for the environment.

OUTCOME 3: CHILDREN HAVE A STRONG SENSE OF WELLBEING


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- Children become strong in their social and emotional wellbeing.
- Children take increasing responsibility for their own health and physical wellbeing.

OUTCOME 4: CHILDREN ARE CONFIDENT AND INVOLVED LEARNERS


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- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.
- Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating.
- Children transfer and adapt what they have learnt from one context to another.
- Children resource their own learning through connecting with people, place, technologies and natural and processed materials.

OUTCOME 5: CHILDREN ARE EFFECTIVE COMMUNICATORS


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- Children interact verbally and non-verbally with others for a range of purposes.
- Children engage with a range of texts and gain meaning from these texts.
- Children express ideas and make meaning using a range of media.
- Children begin to understand how symbols and pattern systems work.
- Children use information and communication technologies to access information, investigate ideas and represent their thinking.

FIGURE 4.4 The EYLF Learning Outcomes set out competencies expected of children transitioning to school

Source: Department of Education and Training Australian Government. Creative Commons Attribution 3.0 Australia Licence.



WORK IT OUT

Read about suggested learning experiences for each EYLF Learning Outcome at the Department of Education and Training website. A link to the website has been provided at **http://eec2e.nelsonnet.com.au**.

Put it into practice

Plan a visit to a childcare centre, preschool or other facility where you can observe one child for up to two hours, and carry out the following activities.

1 Draw a checklist (like the sample below) that outlines what skills a child of this age should have. Include 10 skills on your checklist, from different areas of development. Tick off the skills on your checklist as you observe them.

Development and learning checklist

Child's name: **Child's date of birth:**

Observer's name: **Date of observation:**

By 12 months	Yes	No	Sometimes
Walks with help			
Picks up dropped toy			
Responds to own name			
Holds cup in two hands			

2 Draw a time chart (like the sample below) showing 15-minute intervals. Record the child's activities.

Time	Activity	Comments

3 Afterwards, complete the following as an *observation report*.

- Using the data you have gathered and what you have learnt, compare the child's development with normal development (that is, comment on whether the child is at the normal stage for each area of development).
- For any areas where the child has not reached the expected developmental stage, suggest reasons why this might be the case and propose a learning experience to promote the child's development in this area.

RESEARCH CLUE

Check back to page 107 in Chapter 3 for ideas to help make your observation run smoothly.

Apply your knowledge

1 Identify the physical, social–emotional, cognitive and language skills that preschoolers learn through the following experiences:

a modelling with playdough
b playing hide-and-seek
c bushwalking
d playing Snap.

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2 Refer back to Figure 4.3 and create another interesting learning experience for preschoolers that relates to:
- **a** reading and writing
- **b** maths
- **c** social science
- **d** science.

3 Compile a Preschool Teacher's Handbook, either in electronic or print form, that combines the learning experiences suggested by the students in your class. Websites such as Kidspot, Family Education and Education.com can give you some ideas. Links to these websites have been provided at **http://eec2e.nelsonnet.com.au**.

4 Account for the differences in the learning experiences of toddlers and preschoolers.

Learning experiences for children in the first years of school

Once children reach school age they are exposed to school-based learning experiences, as well as those they encounter in other settings such as at home or in the playground. It is important that these learning experiences continue to promote growth and development and that they cater for the differences among children in the first years of school.

Differences between school-based learning and learning in other settings

At school children's learning experiences are more structured than in other settings. All learning experiences can be categorised as either:

- formal – organised experiences with a prescribed curriculum leading to a recognised credential, with professional teachers; for example, a child learning from a teacher in kindergarten at a local primary school
- informal – casual experiences that occur with someone who is more experienced, such as a parent, grandparent or friend; for example, a child learning how to play catch with his father.

There can be overlap between these experiences. A child may be involved in a formal Science class, and also have informal learning experiences with their sense of wonder and fun. Informal learning experiences are voluntary, self-directed, and motivated by interest, curiosity, exploration and social interaction. In most cases the learning is unintentional. By contrast, learning is always intentional in a formal setting. It occurs within a framework or classroom and is motivated by the direction of teachers and external sources, such as educational authorities.

School-based learning involves teachers providing a variety of strategies or learning experiences to cater for the different ways children learn and develop. The checklists below are useful for selecting learning experiences for children in their first years of school.

PHYSICAL

- ✔ Actively engage children in games and activities.
- ✔ Display obvious pride in even small achievements.
- ✔ Respond quickly to signs of distress or anxiety.
- ✔ Ensure all equipment is suitable for children's developmental level and is safe to use.
- ✔ Show encouragement, especially for those who feel uncomfortable or lack confidence.
- ✔ Support children using outdoor appartaus.
- ✔ Involve children in activities requiring hand–eye coordination (e.g. T-ball, bouncing a ball).

COGNITIVE

- ✔ Provide activities that are challenging yet achievable.
- ✔ Praise children as they are playing and learning.
- ✔ Help children by offering suggestions rather than telling them what to do.
- ✔ Encourage children to find their own solutions by asking questions that will help them to think through a problem (e.g. 'What do you think would happen if you tried that?').
- ✔ Provide activities that require children to pay attention for a considerable time.

SOCIAL–EMOTIONAL

- ✔ Encourage children to express their feelings.
- ✔ Acknowledge children's fears and concerns and assist them in allaying these.
- ✔ Provide opportunities for children to demonstrate their independence.
- ✔ Allow children to play or work with friends.
- ✔ Celebrate children's successes and achievements.
- ✔ Give children responsibilities.

LANGUAGE

- ✔ Create a language-rich environment.
- ✔ Encourage children to 'have a go' at spelling new or unfamiliar words when they are writing.
- ✔ Provide opportunities for children to listen in order to follow simple instructions.
- ✔ Develop vocabulary, phonological and grammatical skills of children.
- ✔ Provide opportunities for children to ask questions and take part in conversations.
- ✔ Involve children in role-play and storytelling.

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Learning experiences that promote growth and development


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FIGURE 4.5 Days out with the family are fun learning experiences

Once children start school their learning experiences will involve developing their understanding of their own physical, social–emotional, cognitive and language development in the context of increasing awareness of changes that occur throughout people's lives. They should participate in experiences that increase their confidence and competence to manage change as they grow and develop.

Learning experiences that parents can provide to assist the physical development of their child include the following:

- Register him for a sport or non-formal learning experience (for example, soccer or dancing) if he is interested in it. Sport is a great way to improve agility and coordination, and make new friends.
- Visit the park regularly together to kick a ball, play on the swings or ride on the bike path.
- Organise picnics, games and sporting activities with family and friends. Playing with adults and other children will teach him valuable social skills (for example, taking turns, cooperating, playing fairly, being a good sport).

Learning experiences that parents can provide to assist the social–emotional development of their child include the following:

- Establish clear family expectations about how to treat each other, pets and objects (for example, no jumping on the lounge, listen to each other carefully).
- Help him work out why he's feeling something and to put words to these feelings, particularly when you think something is worrying him (for example, if he is quiet, crying, can't concentrate). This will help him form friendships and show empathy.
- Include him in household chores (for example, setting the table, feeding the dog). This teaches him cooperation and responsibility.
- Praise him when he does things right routinely (for example, picking up toys, clearing plate from the table) and always celebrate a personal achievement with him.
- Encourage him to play with other children (for example, at school, in the park, on a sports team). Organise play dates, too.

Learning experiences that parents can provide to assist the cognitive development of their child include the following:

- Getting your child a library card. Children learn about borrowing and responsibility and their visits to the library feed their imagination.
- Visit museums, exhibitions and new places. This will foster exploration and open new perspectives to him.
- Limit the amount of television and videos children can watch and their time allowed on tablets, smartphones and computer games.
- Establish a routine and space for homework at home. Have a box with all things he will need (for example, pens, glue stick, ruler, coloured pencils) and sit down to help him with homework at the same time each day (for example, after a short afternoon tea).

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Learning experiences that parents can provide to assist the language development of their child include the following:

- Encourage him to role-play, tell stories and talk about the events of the day. This can help him solve problems and express his feelings.
- As a family play boardgames, apps and online games that use words and letters (for example, Scrabble, Hangman, Pictionary).
- Encourage him to give directions and follow them (for example, do as he says to draw a house).
- Read a variety of books to and with him and talk about the story.
- Give him reasons and opportunities to write (for example, labelling his school books, writing a birthday card for Nanna).

Learning experiences at school

In New South Wales, children from Kindergarten to Year 6 follow the Australian Curriculum at school. The NSW Education Standards Authority has syllabuses that outline what must be taught in six key learning areas:

- English
- Mathematics
- Science and Technology
- Human Society and Its Environment (HSIE) (History and Geography)
- Creative Arts
- Personal Development, Health and Physical Education (PDHPE).

Learning in each of these key learning areas includes whole-class, group and individual activities. Sometimes content from several of the syllabuses is combined and taught in an integrated way. For example, English, Science and Technology, Human Society and Its Environment, and Creative Arts may be integrated for learning experiences that include designing, making, writing and illustrating, researching, presenting research, reading and using music and dance.

In New South Wales primary schools the curriculum is based on stages of learning. The first years of school are referred to as Early Stage 1 (Kindergarten) and Stage 1 (Years 1 and 2).



1 Using the checklists on pages 143 and 144 to guide you, design four school-based learning experiences on the theme of housing that are appropriate to the development of children five to six years of age. Explain which area of development is promoted by each. (Some activities may involve more than one area.)

2 Create a table like the sample on the next page. From the NSW Education Standards Authority website, use the 'Parents Guide to the NSW Primary Syllabuses' to record two examples of

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appropriate learning experiences for children in Kindergarten, Year 1 and Year 2. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

Key learning area	Early Stage 1	Stage 1	
	Kindergarten	Year 1	Year 2

3 Extended response: Compare the learning experiences that Kindergarten children are provided with at school with the learning experiences they have in other settings.



WORK IT OUT

Remember:

- 'compare' means show how things are similar or different
- use PEEL (Point, Evidence, Explanation, Link) when structuring your response.

Contemporary issues

Some contemporary issues are set out in **Figure 4.6**. Two of the issues are explored in the following pages.

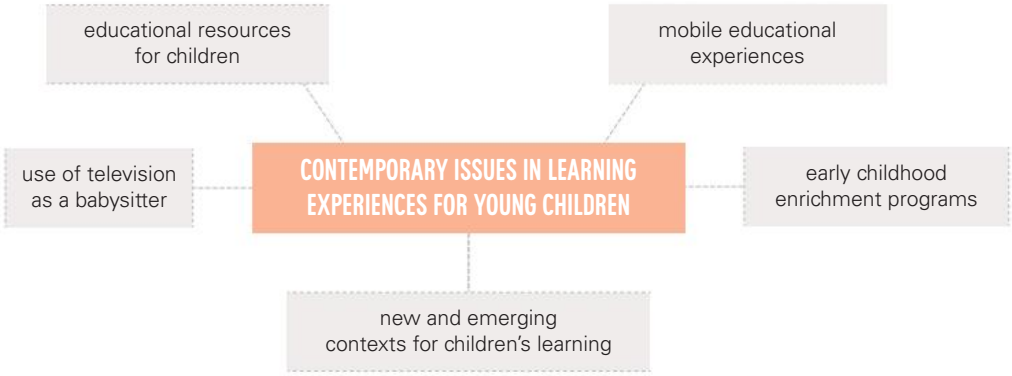


FIGURE 4.6 Contemporary issues in learning experiences for young children

Mobile educational experiences

There are a variety of mobile educational experiences available in many communities across New South Wales and Australia. The aim of these services is to provide more equal access for parents and young children to valuable learning experiences that contribute to the physical, social–emotional, cognitive and language development of children, regardless of where they live, how much money they have and what their abilities are. Many of these services visit playgroups, childcare facilities, preschools and schools to give children a hands-on experience and to make learning fun.

Mobile toy and book libraries

Mobile libraries are often attached to local council libraries, but may also be operated by other community groups, such as the Uniting Church's mobile toy library in the Sydney suburb of Rouse Hill and a local government service in the New South Wales regional town of Millthorpe. In most cases a toy or book library is a free service, with the libraries receiving government funding. Sometimes there may be a small membership fee that is paid annually. The mobile library usually sets up in a convenient local place, such as an early childhood health clinic, for a couple of hours on a semi-regular basis. Families with children aged up to six years old can visit and interact with other families.

One example is Campbelltown Council's Mobile Toy and Book Library, which operates out of Campbelltown Outside School Hours Care. The library is fun for the children and allows parents to:

- borrow free educational toys and books on a weekly or fortnightly basis
- participate in story time, play and early learning experiences
- develop skills and confidence to help their children with their learning through discussion and demonstrated role modelling from qualified early childhood educators
- receive support and referral to local community services, such as health and support agencies.



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FIGURE 4.7 Mobile toy and book libraries provide an important service for parents and children, particularly in remote areas of Australia

Noah's Ark Toy Library for Children with Special Needs is designed for children with special needs and their families. It visits three locations in Sydney's northern suburbs twice a month. Noah's Ark was established in 1976 by parents and professionals working with children with special needs, as an early intervention service. It has more than 2000 toys, many of which were specifically chosen for special needs children, such as switch toys, active play toys and puzzles.

Similarly, ARC Disability Services has a mobile toy library and resource service that assists families who have a child with special needs in regional areas of Far North Queensland. It covers over 2500 square kilometres and visits schools, kindergartens, hospitals, respite centres and individual families. Users generally receive two visits during a school term and can select from a range of toys and resources suitable for all developmental areas.

Farm animal visits

Many groups provide mobile learning experiences that teach children about different aspects of farm life by bringing animals to the children and giving them opportunities to interact with the animals, which are usually cute baby animals such as piglets, chicks, calves, lambs and rabbits. These services tend to be privately owned, thus there is a charge for them.

Kindifarm, from Dural, was one of the first mobile animal farms in Australia and visits schools, childcare centres, vacation care, preschools, parties and fetes. In a typical two-hour visit, each child has a hands-on experience of the sights, sounds, smells and textures of a farm. Learning experiences include:

- meeting the animals, by walking around the pen and feeding them
- bottle-feeding calves, lambs and kids

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- holding and patting chicks, rabbits and ducks
- listening to talks about what each animal does and other farm activities
- drawing and painting animal art.

Zoo and wildlife encounters

There are a variety of zoo and wildlife encounters that can visit childcare centres, preschools and schools, or even private parties for children. These programs may be run by zoos, wildlife parks or aquariums. They may have some government funding, such as Taronga Zoo's program, but many are privately operated so there is a charge for the service.

Taronga Zoo has an outreach program called Zoomobile that operates out of both its Sydney and Dubbo locations. It visits primary and secondary schools, childcare centres and preschools. The children meet, learn about and interact with native animals. A qualified teacher delivers an interactive experience to meet the developmental ages of the children. The aim of the Zoomobile experience is to encourage children to support native wildlife conservation.

Australian Wildlife Displays offers a range of activities for children of all ages through an incursion experience. Educators aim to teach children about conservation and sustainability in bush and marine environments through the following fun and exciting experiences:

- Something Wild features a crocodile, possum and python. Children are able to interact with these native Australian animals, comparing their different textures through touching and patting them.
- Bugs Business teaches about a range of native invertebrates, such as stick insects, litter bugs, scorpions and spiders. Again, children are able to interact with most of the bugs.
- Rock Pool Explore brings ocean creatures to children in a rock pool environment. Children meet and touch a range of creatures in the rock pools.

Sports programs

Sports programs are structured to provide specific activities that allow children of different ages and stages of development to participate in a fun, safe environment. Some groups offer a range of general sports and physical skills, while others may target a specific sport, such as cricket, gymnastics or soccer. Most programs will have a charge attached, although government funding may subsidise the cost to parents and schools.

Sports Fundamentals provides a program run by professional teachers, specifically for preschool children, with equipment to suit their body size and shape. The learning experiences they offer focus on movement skills such as hopping, running, skipping, balancing, galloping, sliding and leaping. They also introduce the basics of a variety of sports, including tennis, soccer, basketball, T-ball, cricket and hockey. Sports Fundamentals aims to:

- improve the physical skills of children
- develop team work, self-confidence and social interaction among children
- encourage children to participate in sport.

Fitbeans aims to help children develop their level of fitness through various games and activities and also enhance their physical and social–emotional development. Their school incursions are designed for four- to 12-year-olds, so they generally visit preschools and primary schools.

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Other workshops

The available mobile learning experiences for children continue to become more diverse. Large and small businesses provide fun, interesting and unusual activities.

Children can learn Bollywood dancing or African drumming. Other mobile experiences include magic demonstrations, drama workshops, cooking classes, storytelling, yoga sessions and music appreciation. Workshops about the Dreaming are an opportunity for children to learn about Aboriginal Australian culture.



CASE STUDY

Paroo Contact Children's Mobile

Bringing learning experiences to the children and families of remote New South Wales and Queensland.

Paroo Contact Children's Mobile (the Mobile) is an innovative project in early childhood education, established in 1987 and funded by the Australian Government. It provides an educational service to remote and isolated families in far north-west New South Wales and south-west Queensland. The Mobile covers 36 000 square kilometres of the most isolated part of Australia. The areas visited include:

- Wanaaring, North Louth, Tilpa, North White Cliffs and Fords Bridge in New South Wales
- Thargomindah, Hungerford, Cunnamulla, Eulo, Yowah and Noorama in Queensland.

The main aim of the service is to ease the poverty, disadvantage and isolation of children – from newborn to 12 years old – and their families, in these geographically isolated areas. The service benefits these families through inspired learning experiences and encourages friendships through social opportunities, in an inclusive environment.

Field staff visit each location once a month and run a planned and flexible program for each particular group at that location. Each individual program is an integrated educational, developmental, social, support, network and resource service for the children and families. Any families within the district are eligible to attend, and then enrol and pay a small annual membership fee.

Each month the program may include visiting specialists and community events, and it always involves a visit from the Mobile Toy Library. The groups meet in familiar local places, such as police station yards, health clinics and school playgrounds. The learning experiences include science experiments, craft activities, gardening exercises and cooking. Parents work alongside the Mobile staff, who role model behaviours that parents can continue with their children.



1 Why is the Mobile a valuable service for the communities it covers?

2 Visit the Paroo Contact Children's Mobile website (a link has been provided at **http://eec2e.nelsonnet.com.au**). From the News section of the website, select and read one of its monthly Newsletters and then complete the following:

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3 Evaluate the effectiveness of this approach to parenting.

- **a** Summarise the Our Program for that month.
- **b** Outline the Toy Library news for the month.
- **c** Identify the other sections of the Newsletter.

Apply your knowledge

1 Draw up a table similar to the one below and complete it to examine the ways in which the five different mobile learning experiences mentioned can contribute to a child's development. Give examples for each area of development.

Mobile learning experience	Physical development	Social–emotional development	Cognitive development	Language development
Mobile toy and book libraries				

2 Several examples of learning experiences have been discussed (for example, Kindifarm and Fitbeans). Select one of the examples identified or find another and research it on the Internet. Prepare an A4 flyer for parents about the experience. Make your flyer informative, interesting and eye-catching.

Television as a babysitter

In its 2011 report *Television and Young Children*, the Australian Research Alliance for Children and Youth (ARACY) said:

> Young children are watching television unsupervised more often than in the past (with multiple screens, and TV sets in bedrooms), and what they are watching is not always children's or preschool age programs. It is estimated that around 30 per cent of Australian homes have the television on all the time where it is often used as a 'babysitter' to keep children occupied (Royal Children's Hospital 2009).

Source: Australian Research Alliance for Children and Youth (ARACY).



WORK IT OUT
Chapter 8 looks at children and television in greater detail if you would like to read more.

The Australian Bureau of Statistics' Australian Health Survey 2011–12 found that 44 per cent of all children and young people aged two to 17 years had at least one type of screen (for example, TV, computer, game console) in their bedroom. Among 15- to 17-year-olds, 75 per cent had a screen in their bedroom, and these children spent an extra two hours per week watching or playing compared with those who had no screen in their bedroom. This suggests that children are spending a lot of time watching television unsupervised and often alone.

Sometimes parents use television to pacify or occupy children so they can get housework done, write an important report or have a few minutes to themselves, or just to keep the children quiet. Some studies suggest that as the number of families with two parents working

grows parents are spending less time with their children. If that time involves children sitting passively in front of a screen, rather than being active or interacting with others, it can compromise how they learn to pay attention, problem solve, think and use language. There are also some related physical side effects, such as becoming overweight or obese.

The following extract is part of the ARACY 2011 report and provides further insight into the influence of television and its possible negative effects if used unwisely by parents. One of the most important recommendations is that parents watch with their children, and talk about what they watch, not leave the television to babysit their children. For further reading about this topic, a link to a BBC News article, 'Parents admit to "using TV as babysitter"', is provided at **http://eec2e.nelsonnet.com.au.**

Parents' views about choosing children's TV programs

A national survey of 751 Australian families conducted in 2007 by the Australian Communications and Media Authority (2007b) asked participants what electronic media and communications devices were in the family home, the time children spent using them, parental attitudes to that use and how families negotiate children's use of media and communications. Results in relation to television found that:

- most families have three or more televisions in their home
- children aged 8–17 years spend an average of just under two hours per day watching television
- more children and young people engage in watching free to air television than any other leisure activity
- children indicate that watching free-to-air television is their most preferred activity as a solo pursuit
- television is still the most persuasive and influential media in the lives of children and adults
- one in five Australian children have a television in their bedroom
- almost half of the time children and young people spend watching television is spent with adults
- almost all parents reported spending some time discussing adult concepts on television with their children. (Australian Communications and Media Authority, 2007b)

Parental perspectives about children's television viewing from the above study include:

- 80 per cent of parents see benefits in their child's television watching
- 30 per cent of parents expressed concern about television viewing and more frequently in relation to younger children than older children. (Australian Communications and Media Authority, 2007b)

Strategies for healthy TV viewing

Many lists of strategies for parents wanting to manage their children's TV viewing have been written, including those by Young Media Australia (1995), the Australian Psychological Society (2000), Strasburger (2002), Guernsey (2007), Media Awareness (2010) and Jaffe (2010).

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A composite list of strategies for parents might include:

- Establish appropriate usage patterns in early life. This is far more effective than TV reduction strategies later (Christakis 2009). Limit consumption of screens such as TV, movies and videogames, especially those that are violent, hyperstimulating, stereotypical or mindlessly repetitive (Strasburger 2002, p335–344).
- No TV viewing for children under 2 years old (American Academy of Pediatrics 1999).
- After age 2, do not forbid TV but provide a lifestyle that engages children in a range of beneficial activities (Strasburger 2002).
- Take responsibility for program choice, plan carefully and discuss choices of programs with your children (Australian Psychological Society (APS) 2000; Strasburger 2002; Young Media Australia (YMA) 1995).
- Do not put a TV in a child's bedroom (Cantor 1998, and many others).
- Watch programs with your child and teach them how to critically evaluate and tell you how they feel about what they have seen (APS 2000; Strasburger 2002; YMA 1995).
- Consider the impacts of programs on your children's development — ask what the screens are teaching (Strasburger 2002).
- Build a functional value system in your child (which offers consistency, security, enforcement, responsiveness) as a defence against TV's ever changing values (Strasburger 2002, p. 339).
- Lead by example — children's television viewing patterns typically reflect those of their parents (APS 2000; YMA,1995).

Source: Australian Research Alliance for Children and Youth (aracy.org.au)



1. State four significant statistics about children and television viewing.
2. Outline reasons why parents might use the television as a 'babysitter'.
3. Describe a range of strategies parents can use to promote healthy television viewing for their children.
4. It has been found that watching TV has no benefits for children under two years old and that they are more likely to learn words from real interactions with their caregivers. Explain why this is the case.
5. In a small group, conduct an analysis of a popular children's television program. Discuss the results as a class.



WORK IT OUT

You could use a SWOT analysis, or a SCOPE analysis or a SOAR analysis. Find out more about each one by doing some Internet research before you begin.

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CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 Providing a nine-month-old infant with a phone to dial is a learning experience that will promote development in which of the following two areas? 1 MARK

A cognitive and physical
B cognitive and social–emotional
C language and physical
D language and social–emotional

2 Playing a game of dominoes with preschoolers promotes their cognitive development because they learn to 1 MARK

A handle small objects.
B communicate with others.
C count, sort and match objects.
D take turns and share with others.

3 Which of the following is an experience to promote autonomy and independence in a toddler? 1 MARK

A Organise lots of playdates.
B Let him make his own choices.
C Walk away and leave him alone.
D Show him what toys to play with.

4 When parents include a child in household chores to teach responsibility and cooperation, they are assisting in the child's 1 MARK

A cognitive development.
B language development.
C physical development.
D social–emotional development.

5 Hasad is frustrated because he can't find his favourite car in the toybox and begins to cry and sulk. His mum says, 'I'll look for it with you,' and she begins looking in the box with him. Which of the ITCH techniques has Hasad's mum used to help manage his frustration? 1 MARK

A Ignore **B** Teach **C** Communicate **D** Help

PART B: 20 marks

6 Use the words below to complete the passage. 5 MARKS

- formal
- grandparent
- informal
- organised
- teachers

At school, children's learning experiences are _____. They are _____ and involve professional _____. _____ learning experiences are casual and usually occur with a parent, _____ or friend.

7 Identify three learning experiences that parents can provide to assist the language development of their child in the first years of school. 3 MARKS

8 Identify four appropriate learning experiences to promote cognitive development in children in the first years of school. 4 MARKS

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9 Outline appropriate learning experiences in Creative Arts for a child in the first years of school. 4 MARKS

10 Describe two differences in the learning experiences of infants and toddlers. 4 MARKS

PART C: 30 marks

11 a Explain why it is important to plan learning experiences that interest preschoolers. 4 MARKS

b Outline the competencies that preschoolers develop. 5 MARKS

c Compare the learning experiences of preschoolers with those of younger children, making reference to specific areas of development. 6 MARKS

12 Critically examine a contemporary learning experience for young children. 15 MARKS
In your examination:

- identify the issue
- explain how the issue relates to the learning experiences of young children
- analyse the impact of the issue on the learning experiences of young children.



WORK IT OUT

To structure your response for Question 12, ensure you include:

- Introduction – start with an interesting sentence to grab the reader's attention; outline what you are going to say and why you have taken this view
- Body – use PEEL for each paragraph, with relevant examples as your evidence; use linking words at the start of each paragraph to bind the response together (for example, In addition, Similarly, Also, In contrast, Alternatively)
- Conclusion – summarise or reaffirm your point of view (what you outlined in the Introduction); don't make any new points.

For this response, you need to:

- identify = recognise and name
- explain = provide why and/or how; give reasons; place in context
- analyse = draw out and relate implications.

To do this *critically* means you need to add a level of depth, knowledge and understanding, and reflection. Consider using these linking words and phrases:

- This is due to/a result of ...
- From this it can be concluded/deduced ...
- The evidence clearly indicates/demonstrates/exemplifies ...
- Because of this ...
- Ultimately/Finally, it can be seen/argued
- As a consequence/result ...
- After consideration/reflection ...
- It can be asserted/claimed ...

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5 PLAY AND THE DEVELOPING CHILD



Overview

Play is an essential and important part of a child's growth, development and learning. Chapter 5 examines how play changes as children grow and develop, and the range of factors that influence the ways children play. Toys and materials used for play are assessed for their appropriateness, theories of play and types of play are described, and the benefits that each play type offers are discussed. The chapter concludes with a study of contemporary issues relating to the role of play in childhood development.

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Learning objectives

After studying this chapter, you will be able to:

- discuss a range of theories of play
- examine the different types of play that children engage in at different times in their development
- explain how children learn through play
- analyse the environmental factors that impact on play
- analyse the influence of children's television programs on play
- design play equipment for children
- examine the ways in which play can develop critical thinking
- critically examine a contemporary issue relating to play and the developing child.



WORK IT OUT

Continue your *Exploring Early Childhood* glossary by adding the key terms here.

KEY TERMS

coordination
parts of the body working together so the whole body moves smoothly and completes a task

free play
unstructured, unsupervised and spontaneous play and games where children choose their own activities and fun

structured play
play planned by adults who work with children to develop specified skills

Play and play experiences

Play is fundamental to a child's development. The United Nations Convention on the Rights of the Child recognises, in Article 31, that:

> [every] child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

Source: Article 31 of the UN Convention on the Rights of the Child (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/44/25)

In a child's language that means they have the right to play and rest. Parents and caregivers should encourage play to promote learning and to support the health and wellbeing of children. Play also makes children happy and confident, so why wouldn't we encourage it?

Defining play

Play is activity that is done out of choice for fun, but it has developmental rewards, too. Play is usually child directed, it is enjoyable and spontaneous, and it will take different forms for different children. It gives children freedom and encourages them to use their imaginations.

There are five common characteristics of play:

- *Play is self-chosen and self-directed* – there is freedom to do what one wants to do and to enjoy that feeling.
- *Play is innately motivated* – it is done just for its own sake, motivated by the process not the product. If Dad comes along and tells a group of children making a sandcastle that he will make it for them, it would spoil their fun.
- *Play is guided by mental rules, but the rules leave room for creativity* – structure comes from the minds of the players. Evelyn doesn't just pile up blocks randomly; she arranges them purposefully to match a mental image of what she wants to build.
- *Play is imaginative, non-literal and not serious* – the fictional situation sets the rules. In reality, a broom is just a broom, but in play it can be a horse, a unicorn or a dance partner.
- *Play occurs in an active, alert but non-stressed frame of mind* – attention is on the activity itself, and the child is caught up in the ideas and actions of the game and so other worries are forgotten.

The value of play

Play is very important to children. It is the way children learn skills and it is sequentially developmental; therefore, a child's period of play can be as demanding as an adult's time at work. Children should be allowed to determine their own play, with adults providing opportunities and offering guidance if necessary. A child will spend more time on and give more effort to an activity that she has chosen for herself – and she will probably find it more satisfying.

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Children should be given opportunities to play with other children. When a group of children are together, lots of different games are possible and the individuals involved will learn about mixing with others. At other times children need to play on their own, with no interference. This type of play helps them learn how to occupy themselves and be less dependent on adults and other children.

Children play because it is:

- enjoyable and satisfying
- something they choose
- actively engaging
- exciting and absorbing
- done for its own sake and not to please others.

Adult and child play

Many adults realise that play is important in a child's development, but its functions are not always understood. There are five broad functions of children's play:

- it is fun
- it releases energy
- it allows children to acquire new concepts and perfect new skills
- it allows children to practise the behaviours of a role model and to understand what it feels like to be that person
- it provides children with experiences that can't be gained in other areas of their lives.

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FIGURE 5.1 Adult play is different from children's play

Adults call their play 'leisure' or 'recreation'. They play when they read, garden, participate in sport, cook or do whatever they enjoy as a hobby and not for payment or duty. One of the functions of adult play is to provide a release from everyday work and stresses. This may be one way in which it is different from children's play; however, children can also use play to work through stressful situations.

Theories of play

Society's attitudes towards play have changed over time. Today, play is accepted, encouraged and considered an essential part of a child's life – a belief that is reflected in the early years' curriculum at preschools and schools. Certain theorists have had a significant impact on learning through play and are seen as pioneers in early education and understanding how children learn.

Friedrich Froebel (1782–1852)

Froebel, a German educator, was one of the first people to express the view that children need to learn from doing and playing, rather than being taught or instructed. His approach is known as child-centred learning and is widely used in education today.

In 1837 Froebel founded his first kindergarten, for children aged three to seven. Kindergarten is a German word meaning 'children's garden'. He encouraged 'pretend play' both outdoors and indoors, and believed that children learn about their world through directly exploring materials they find in their environment. Froebel felt that children learn best through imaginative play.

He promoted finger play (games involving finger movements: Incy Wincy Spider is one children play now) and encouraged children to learn through songs and rhymes. Froebel was also known for encouraging children to play with various kinds of wooden blocks. He believed this helped children to understand mathematical concepts and relationships. This type of play is widely used today.

In his lifetime, Froebel's ideas were considered unusual. It was not until after his death that child-centred kindergartens became popular in Germany and later throughout Europe and other parts of the world.

Margaret McMillan (1860–1931)

McMillan, a British educator, was influenced by Froebel, and believed that first-hand experience and active learning were extremely important. She felt that play allowed a child to develop into a whole person. She also believed that children should have access to a wide range of materials and be allowed to play freely.

With her sister Rachel, McMillan established preschools designed to be an extension of and support for the home and to work in partnership with parents. McMillan emphasised that children could not learn or play if they were undernourished or distracted, so she campaigned to have schools offer meals and medical services. She also worked to improve the training for early childhood workers and encouraged them to be imaginative and inventive in their approach.

Susan Isaacs (1885–1948)

Isaacs, a British psychologist and teacher, was also influenced by Froebel's beliefs. She placed a high value on play and believed that it helped children develop a balanced view of life. Desk-based learning was discouraged and instead children were involved in movement as a means of learning. She believed that play experiences should encourage children to explore their inner feelings and emotions, and stressed that parents were the main educators of their children.

Maria Montessori (1870–1952)

Montessori was an Italian doctor and educator who worked with poor children in Rome. She observed children's development and came to believe that children needed to experience concepts such as shapes and order through structured play. Her approach was very different from Froebel's, as she felt that imaginative play was not useful.

She felt strongly that young children were very open to learning and that it was important not to waste this time in their lives – learning could not be left to chance. Children were encouraged to work quietly when using equipment and were individually guided by an adult. Montessori believed that children would become independent learners in this way.

Play was not encouraged in the same way as Froebel promoted, although children did take part in free creative work after they had studied a series of exercises using specially designed instructional materials. The idea of structuring play has become an acceptable practice in

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preschools, and Maria Montessori's methods and materials are still popular in the Montessori schools that are established all over the world.

Rudolph Steiner (1861–1925)

Croatian-born Steiner studied natural sciences at Vienna University. He was a supporter of community education and believed that the relationship between the child and the teacher was very important. Teachers were encouraged to observe a child's nature and plan work accordingly with that child. Children with special needs were encouraged to be a part of the community and work with other children.

Steiner described three phases of childhood:

- the will, from newborn to seven years, a period when the body and spirit fuse
- the heart, from seven to 14 years, a phase when feelings are important
- the head, from 14 years onwards, which is a period of thinking.

Steiner believed that a vegetarian diet and proper rest were essential for life and learning. Steiner community schools that follow his original methods can now be found in Europe and many other parts of the world.

Brian Sutton-Smith (1924–2015)

Brian Sutton-Smith was a New Zealand-born play theorist who was interested in the cultural significance of play in human life, for both adults and children. He undertook much research and academic study on the history of play, children and adult games, children's play and drama, films, narratives and toys, as well as children's gender issues and sibling position.

He advocated for playful parent–child relationships from infancy to assist bonding. He advised parents to tease their babies with tickling, blowing raspberries on arms or tummy, playing This Little Piggy, making funny faces, pedalling baby's legs, pretending to fall over so baby laughs or gently 'throwing' children in the air. He saw teasing as important in the socialisation of children across many cultures and in creating a family of mutual fun. He called it parent-guided play, introducing children to suspense, excitement and potential threats in society, so that when they interact with non-family members and face real challenging situations, they are better prepared and less anxious. The emotional surprises associated with teasing games will ultimately lead to flexible, resilient, friendly and happy children.

Sutton-Smith was sometimes called the 'philosopher of fun' because, in addition to teasing, he also promoted physical games and play for children that was unsupervised by adults. It was while he was teaching primary school that he became particularly interested in this free play of children. Sutton-Smith argued that adult intervention in children's play contributed to children's stress and therefore limited the benefits of play for their growth and development.

He also enjoyed other fun play for children and challenged traditional ideas with mischievous rhymes, songs, riddles, jokes and pranks. He believed that children used these nonsense games to be humorous and rebellious, and that parents and teachers should encourage this type of creativity in children. Rhyming games like 'Ink, dink, pen and ink, I smell a great big stink, and it comes from, Y.O.U.' or dark humour jokes such as 'Mama, what's a werewolf?' 'Shut up and comb your face' let children exercise their power, use their imagination and be frivolous.

Put it into practice

Work with a partner to prepare and present to the rest of the class a *mock interview* with one of the play theorists discussed.

To prepare for your interview you will need to:

- Investigate the life and work of the chosen theorist further and make notes to help you form your interview questions and responses.
- Design your interview according to the following steps:

1 Clarify the objective of your interview and the major issues that you will focus on. See the example below.

> The objective is to examine through an interview with a person over 70 years of age what school was like during the 1930s. In particular, the interview will address the following issues:
> - types of lessons
> - the teachers
> - corporal punishment.

2 Write your interview introduction. It should set the scene and relax the interviewee. See the example below.

> Thank you very much for helping me with my research project. I'd like to spend time with you this morning talking about your school days.
> - Where did you go to school? (Primary and secondary?)
> - What years would that have been?

3 Structure your interview around the issues you identified in step 1, with three separate questioning stages for each issue:

- *introductory questions* – usually easy to answer; they will provide specific information about the person, topic or issue
- *broad-based questions* – they allow the interviewee to talk more freely and openly about the issue and to explain fully
- *follow-up questions* – designed to pick up on particular issues that may need further discussion.

See the example below.

> **Issue 1: Types of lessons**
> *Introductory questions*
> I'd like to start by talking to you about the lessons that you did at school.
> - What subjects do you remember most clearly?
> - Which one was your favourite?
>
> *Broad-based questions*
> - Can you tell me about a typical day at school and the things you did in the classroom?

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Follow-up questions

- Did you get much homework?
- What about your school books? I was told that you had to be very neat when writing, is that right?

4 Write your closure. You might like to ask the interviewee if there is anything they would like to add. You also need to thank them.

> Thank you very much for your time today. I have learnt a lot of valuable things that will be very useful in my project. Before we finish off though, is there anything else you would like to tell me about your school days that we haven't discussed already?

To present your interview you will need to:

- decide who will be the theorist (interviewee) and who will be the interviewer. You might like to dress for the part too
- practise your interview to be sure that the questions, and their responses, make sense.
- conduct your interview for the class. Good luck!

Apply your knowledge

1 Why is play important to children?

2 Outline reasons why children need to play:
a with other children **b** on their own.

3 Construct a mind map to summarise the characteristics of play.

4 Differentiate between adult and child play.

5 As a class, research different definitions of play. Write each definition on a piece of card and create a wall display with them. Discuss the similarities and differences between the definitions.



THINK ABOUT THIS

Some names to get you started when looking for a definition of 'play' are Lev Vygotsky, John Huizinga, Kenneth Rubin and Brian Sutton-Smith.

Development of play

Changes in play as children grow and develop

It is important to match children's play activities with their developmental level:

- Infants can be inexpensively and easily entertained with simple items and games that stimulate the senses and encourage them to explore their environment.

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FIGURE 5.2 By the early years of primary school, children can play a game that involves adult skills

- Toddlers become more interested in physical activities because they are mobile and full of energy.
- Preschoolers develop new abilities so they are able to make creative works and are proud of what they can do.
- In the early primary school years, children develop a longer attention span and are able to play games that are more sustained and require adult skills.
- In later years, children enjoy playing games in small or large groups, often making up rules and activities themselves.

Infants at play

An infant's favourite playthings are her parents, and the games she likes are everyday interactions with her parents. Playing together helps with bonding, as parents and baby get to know each other. Baby learns to trust and will feel loved and secure, which are both essential for her wellbeing. Play also helps an infant's brain to develop, supporting overall development and learning, because new play experiences help make more and more nerve connections in the brain.

'Tummy time' is when babies are carried, positioned or played with while they are on their stomachs. Babies should have regular tummy time during their awake time from an early age; it is important for their movement control and for strengthening head, neck and body muscles.

Babies see and experience the world from a different perspective, and it is a good idea for parents to get down on the floor with the baby and play games like peekaboo. Placing toys or objects near her will encourage her to grasp them, kick at them with her legs and lift her head to look at them.



THINK ABOUT THIS

Tummy time must always be supervised and is only for when infants are awake. Babies should never be put on their tummy to sleep, or even have tummy time when they are tired, so as to reduce the risk of sudden infant death syndrome (SIDS).

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FIGURE 5.3 Infants need tummy time each day for movement control

Caregivers can create many fun and safe play activities for infants:

- Make everyday routines and interactions playful. Singing nursery rhymes while changing her nappy, blowing raspberries on her tummy when dressing her and massaging her after a bath all assist bonding and makes her aware of her body.
- Offer all kinds of objects to look at and feel with her hands and mouth – soft toys, colourful balls, rattles or texture books are lots of fun for babies. She can learn about the world, and through reaching and grasping she can develop motor skills. Babies can also discover how different objects work and what they do, leading to good problem solving.
- Play repetitive and rhythmic songs and gently dance holding baby. This will help develop listening skills, language, coordination and encourage playful movement.

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- Read to baby and hold the book close so she can gaze at the pictures. Sturdy books are a good idea; even plastic washable books are good, as she will want to taste the stories too.
- Sturdy furniture, balls, push toys and boxes will encourage infants to crawl, stand and walk.
- Offer inside and outside play. Let baby meet different people, go to different rooms and then different places, and see new things at home and in the community. This will help her language development and is the beginning of social interaction.



WORK IT OUT

Visit the Raising Children Network website and watch the video about play and learning for babies. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**. Identify three play experiences and explain what a baby can learn from each one.

Toddlers at play

When a toddler interacts and examines objects, she is using her senses to learn about the object and the world. She may be attracted to the bright colours of an object, the sound it makes when she hits it with a spoon, its smooth feel or its unusual smell. Play is also important in how the toddler develops intellectually, and her communication skills, imagination, self-concept and confidence.

Toddlers need adults to play with, to help guide or organise their play and games. It is important for parents to be involved in play and provide a safe environment for it to occur.

Toddlers like to find out how everything works and a lot of their play is motivated by curiosity. It is important to nurture this curiosity and give them opportunities to explore through play and interaction with others. Picking up bugs in the garden, opening and closing the kitchen drawers, watching their parent chat with the neighbour and 'posting' leaves in the letterbox are all part of this play.

For older toddlers, games like dress-ups and playing house are fun. This type of play develops imagination and creativity and helps children express their emotions, like excitement, frustration, joy, sadness, kindness and anger. They do not like being told 'no', especially when they are busy playing, and they will use 'no' to challenge and assert their autonomy.



WORK IT OUT

Go to the PlayToddlers website and read about the claims that their apps are safe, easy, responsible and empowering for toddlers. Look at some of the apps and then evaluate these claims in relation to the learning of toddlers that occurs when they play the apps. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

Preschoolers at play

No longer toddlers, preschoolers like playing with other children. They love games at home, school or parties, and they are ready for games with simple rules, which they will follow closely. Preschool children's play is very creative and imaginative. It develops reading, thinking and

problem-solving skills and it further develops motor skills, as preschoolers are more steady and active in their play. **Table 5.1** categorises play experiences for children in the different developmental areas.

TABLE 5.1 Developmental play of preschoolers

Physical development involves senses and movement skills, such as gross motor (e.g. walking, running, hopping, jumping) and fine motor (e.g. tracing, colouring in, writing, stacking objects).	Social-emotional development involves socialisation, interaction and relationships (e.g. learning manners, forming friendships, understanding and expressing feelings, developing empathy).	Cognitive development involves basic thinking skills, (e.g. alphabet, colours, shapes, numbers), reasoning and problem-solving skills and understanding how the world works.	Language development involves communication skills (e.g. responding to directions, asking and answering questions, expressing needs and wants).
• hopscotch • throwing a ball into an empty box • waving a scarf to the rhythm of classical music • navigating an obstacle course of boxes and chairs • playground climbing • Slip 'N Slide • stamping with potato halves and paint • stringing necklaces of dried pasta or beads • blowing bubbles • building sandcastles	• playing house, police, hospitals or shops • dressing up and acting as someone else, such as pirates or fairies • talking on the phone to others • board games, such as Pictionary and Guess Who? • having friends over to play and playing at their house	• sorting games, like blocks and cards • sculpting with playdough or clay • jigsaw puzzles • board games, such as Snakes and Ladders • memory and matching games, such as Go Fish and Snap • I-spy game • interactive online games, such as Crayola Digi-Colour • blowing bubbles • navigating an obstacle course of boxes and chairs	• sharing and making up silly songs, rhymes and jokes • puppet shows telling familiar stories • talking on the phone to others • board games, such as Pictionary and Guess Who? • I-spy game • sculpting with playdough or clay
			
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WORK IT OUT

In Table 5.1 several play activities appear in more than one developmental area. Explain why this is the case, using an example from the table.

The *Early Years Learning Framework* (EYLF) emphasises the power of play-based learning as a context in which children can organise and make sense of their social environments, through engagement with people, objects and places. The EYLF highlights play as a context for learning that:

- allows children to express their personality and be unique
- develops characteristics like creativity and curiosity

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- enables children to connect past experiences with new learning
- helps children in developing relationships and understanding concepts
- promotes a sense of wellbeing.

Play in the early school years

When children begin school their games become more sophisticated. They play more complex games, manage multiple roles and enjoy the challenge of working out strategies and making up their own games with negotiated rules. Play continues to be central to a child's overall development and wellbeing.

Let's look at how play helps children in the early years of school:

- Playing games with rules helps children adjust to the more formal learning structures of school. This kind of play is also important for making and keeping friends.
- Children develop new hobbies and interests such as playing a sport or becoming interested in bugs, and are encouraged to follow their own interests and learn for themselves.
- Most children will form special friendships with one or two other children, often of the same gender, and they play with shared and unique communication.
- Playing with parents and other caregivers is still important to reassure children and to spend time together.
- Outdoor play becomes more adventurous and independent, with children riding bikes, playing in cubby houses, rollerskating, playing ball games and climbing trees with friends.
- School can provide opportunities for structured play activities, with children participating in school sports, learning musical instruments and taking drama classes.
- Screen time offers more complex interactive games for children. Video games, apps and watching TV for a short time is fun, but should be supervised and occasionally involve parents.
- Puzzles and games like checkers, pick-up sticks and card games test and challenge children's growing knowledge and involve strategy, providing an intellectual challenge.



THINK ABOUT THIS

A fun game to play with Kindergarten kids is crazy golf! Using household items (for example, containers, footstools and tunnels made from boxes) create a simple indoor mini-golf course. Give each of the children a cardboard tube as a golf club and a tennis ball. Show them how to guide the ball around the course and have them count how many hits it takes them to get the ball in each hole.

Play in later years

Children continue to develop skills in many of the sports, games and activities from their early primary years; however, some games become predictable and boring to them. They are looking for a new range of more complex activities to challenge their more advanced motor skills and thinking, such as woodworking, making pottery, putting on plays, conducting science experiments and computer coding.

In later childhood, children's play tends to be more organised and structured. Children become more socially aware and their focus moves from the family and school to the peer group. They become involved in specialised clubs, youth groups, volunteer activities and team sports. These group activities allow them to refine their social, decision-making and problem-solving skills.

While children of this age like to play in groups a lot – such as children playing popular electronic games together, either en masse or taking turns in the group – they also spend a lot of time alone in individual play, with their own interests. These interests might include books, music, model building, colouring intricate designs, sewing and playing apps.

Research shows that primary-age children need lots of opportunities to move during the school day and to engage in free or unstructured play at recess and lunch, as well as opportunities for organised recreational activities such as group games and physical education classes. Physical activity, such as stretching, walking, climbing and running, enhances the learning process. In Finland primary and secondary school children have a 15-minute break after every 45 minutes of classroom teaching. The children go outside to play and socialise with their friends, and the teachers have a break too. Students are focused and attentive throughout the day and achieve high performance standards in their learning.

What's funny to a school-age child?

Mary L Gavin, MD, June 2015

- So did you hear about the colt with a cold?
  He's a little hoarse.
- How about the pig with a rash?
  He needed a little oinkment.

If these jokes get a laugh at your dinner table, we're guessing you have a school-age child.

Orange ya gonna laugh?

Around age 6 or 7, kids start to understand language well enough to know that words can have two (or more) meanings. As your child develops this cognitive ability to grasp different meanings, riddles, jokes, and puns start making sense and will be a top source of enjoyment for the next 3 or 4 years.

Kids this age delight in their newfound ability with an insatiable appetite for jokes of all stripes. Don't be surprised if it feels like you're living with Jay Leno, with every meal an opportunity for a monologue. What your child is really doing is enjoying the ability to make these connections and to finally be the insider, the one with the info and the answers.

What else is soooooooooo funny?

General categories of humour that kids this age often find funny include:

So this sponge lived under the sea in a pineapple ... Kids love nonsensical situations, especially when they involve grown-ups. The Amelia Bedelia series of books are favourites because the main character has such silly responses to rational requests (when asked to 'draw the drapes,' she draws a picture of curtains, for example).

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Nyuk, nyuk, nyuk! Whether it's eyes getting poked, heads getting hit by hammers, or an anvil falling on the head of Wile E. Coyote, kids often find violence to be funny. (Itchy and Scratchy on 'The Simpsons' have made a running joke out of this for years.) It's OK if they find these antics funny, but be sure they understand that these situations aren't real and shouldn't be imitated.

The old boutonniere trick. Slapstick and practical jokes can be very funny for school-age kids. Watching someone get sprayed in the eye with water or jumping out and yelling 'boo' might have kids rolling in the aisles. But teach the difference between a good-natured practical joke and one that hurts someone physically or causes hurt feelings.

As kids get older, they may deal with anxiety by laughing or making inappropriate jokes. A friend tripping or falling down or a sibling being punished may cause laughter. Some kids also can't help laughing when they're in trouble with a parent or teacher. In both cases, laughter is a way of relieving fear or anxiety.

Why does humour matter?

The ability to see and understand humour is increasingly important as kids move into school. As early as preschool, those with a strong sense of humour are better liked by their peers, and have more friends, higher self-esteem, and a more positive outlook on life. They're better able to deal with their own quirks and are more tolerant of others.

Most important, kids who can smile at their own mistakes are better equipped to handle teasing, bullies, and the adversities of childhood, both big and small.

Encouraging the yuks

For an adult, school-age humour can get a little tiresome. But there's really no downside to a child's love of jokes, riddles, and puns. Playing with language introduces new words and meanings and builds vocabulary. Repeating the same jokes or riddles develops memory skills. And poring over joke books teaches the value and enjoyment to be found in reading. Finally, kids learn many creative life and problem-solving skills by studying jokes and making up their own.

So what can you do? Keep your child well supplied with material. Buy or check out joke books from the library. Look for jokes, riddles, and puns together online. And best of all, make your own. Play the pun-a-day game. Memorize riddles and try to stump each other. Tell jokes and see who can keep from laughing the longest. Not only will you and your child share enjoyment, you'll be working on your own mental agility.

Other fun things to try:

- Play a backwards day. Wear pyjamas all day long, eat pizza for breakfast and pancakes for dinner.
- Play the 'Make Me Laugh' game – everyone takes a turn trying to make the group laugh doing whatever he or she thinks is funny.
- Watch a funny movie together, rewinding your favourite parts.
- Make your own funny home video – scripted or not – and stage a private screening.

And don't forget those good old standbys from your childhood: staring contests, tickle fights, and pillow battles – whatever gets you giggling. The most important thing is to have a playful attitude.

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Laughing with kids

It's important to encourage your child's sense of humour, which is finally starting to resemble yours. He or she delights in telling jokes that make you laugh and in 'getting' jokes that you tell. Let this excitement about the humour in language be contagious.

And beyond simply enjoying jokes together, be a good humour model. Look for the humour in everyday situations. Laugh at yourself and deal lightly with irritations. Use humour as opposed to scolding; crack a joke to ease tension. You'll not only be giving your child the tools needed to handle difficult situations in the future, you'll find that you feel better too.

Source: © The Nemours Foundation/KidsHealth

Apply your knowledge

1 At which ages are using riddles and other silly humour most fun for children?

2 Why is humour important for children?

3 Outline ways parents can encourage their children's sense of humour.

4 At what age would you expect a child to be able to play the following?

a peekaboo
b puppet shows
c beating a drum
d board games
e pretend families
f hide-and-seek
g clapping hands
h model-building
i Snap
j interactive video games.

5 Create an A5-sized handbook for parents that gives appropriate play activities for an infant's first year of life. On each page include:

- name of play activity
- appropriate age (for example, six months old)
- associated developmental area(s)
- equipment needed
- description of play activity.

You may like to start your research at the BabyCenter Australia Government website. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

6 Under the heading 'Learning through play', make dot-point notes based on your own reading and research on:

a how children learn
b the links between learning and play.



WORK IT OUT

Here are a few dot points to get you started for Question 6a and 6b. Try to write around eight points for each.

How children learn:

- Children learn through observation and imitation (for example, copying the behaviour they see from people close to them).
- Children learn best when they can use complex, challenging and varied materials, are in a safe and nurturing environment and have accurate and timely feedback.

The links between learning and play:

- Play enhances learning for children of all ages and cultures, and across all development areas.
- Play is essential and fundamental to a child's physical, social–emotional, intellectual and language development.

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Investigating play

Play and social development

Play allows a child to express emotions, act protectively towards others, develop her personality and build relationships. The learning of social skills such as taking turns, sharing and cooperating is another benefit. Play can also help divert aggressive behaviour or negative feelings – using a toy hammer or banging a drum is better than hitting something of value, or someone! Boredom and frustration – which may lead to destructiveness, irritability or other antisocial behaviour – are usually averted by fun and suitable play.

Types of social play

When children play together they are involved in social play. They learn to share and communicate and can practise behaving in ways that allow them to belong to a group. Learning to play with others is part of the socialisation process. Described below are the six stages that children pass through in becoming successful social players.

Unoccupied play

Until they are about two years old, children do not appear to be actively playing with others at all. They may stay still and make random movements with no real purpose. This is an important stage to set children up for future exploration, as they are showing their first attempts at interacting with and learning about the environment.

Solitary play

Between two and three years of age children happily play alone, with the reassurance of having an adult nearby. They explore the environment and try to use objects for play while enjoying simple adult-initiated games such as clapping hands and This Little Piggy. They have an awareness of other children around them but interaction is limited and transitory, for example taking a toy from another child, touching a child's arm or a similar almost accidental action. This type of play is important because it teaches children how to entertain themselves.

Onlooker play

Onlooker play is when a child watches others playing but doesn't join in. It is typically seen in children around two and a half to three and a half years old, and often occurs when children are introduced to a new game or new group of children. They may ask questions and chat to learn more about the game or the play that is happening, but they are not yet ready to join in. This play helps children learn rules and procedures, and gain confidence through observing.

Parallel play

Between two and a half and three and a half years old, children will play alongside each other. They are more aware of other children but do not really try to play together or



FIGURE 5.4 Parallel play – children play side by side without much interaction

communicate beyond initial recognition and the occasional touching or passing of a toy. Children of this age usually play intently in their own way, not bothered by what those around them are doing. Parallel play is important for the development of social maturity, which is associated with the later stages of play.

Associative play

From the age of about three to four years, children will look to see what other children near them are doing and may copy them. Interaction between children becomes more deliberate and extended in time, but communication is limited and there are no group goals in the play. Sometimes, from the edge of the game, children will watch older children playing. This stage of play is an important stage to develop necessary skills such as cooperation, problem solving and language development.

Cooperative play

From about four to six years of age most children are able to play actively together. They decide together what to play, and talk about what they are doing. They share materials as well as play ideas. Communication is established between children and a relationship is evident. The group may have a leader and other roles for members as they complete set tasks through teamwork. Cooperative play brings all the skills learnt across previous stages together into action, giving children the skills needed for social and group interactions.

Play and cognitive development

Children learn concepts by using all their senses. Their sight, for example, helps them to gain an understanding of colour (a concept) through painting, or they might learn about volume (another concept) by pouring water into containers of different sizes. In addition, play gives them practice in making decisions, reasoning and thinking for themselves. A child's imagination is developed by experimenting, discovering, recognising and creating.

Types of cognitive play

Piaget classified four types of cognitive play, which reflect a child's level of cognitive development: functional play, constructive play, symbolic play and games with rules. He saw these types of play as progressive, or moving in stages, beginning with functional play (such as an infant playing with a rattle) and progressing to games with rules (such as those played by preschoolers).

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Functional play

Functional play is a simple type of play that begins in infancy and continues until about two years of age, sometimes referred to as 'first play'. Encouraging functional play can develop curiosity and motivate children to learn more. Early on, as a child learns to control her movements and make things happen, she enjoys shaking a rattle, splashing in the bath and dropping objects over and over again from her high chair. By exploring and examining objects, and by pushing and pulling, knocking and dropping, she learns about their physical features and what they do.

Repetition is a characteristic of functional play. The repeated behaviour leads to the child mastering a skill and that makes her happy. Through practice she gains confidence as she develops new skills. For example, a baby may roll a car back and forth on the floor, laugh and then roll it again.

TABLE 5.2 Functional play activities and learnings

When a child ...	she is learning to ...
fills up a bucket with sand, tips it out and does it again,	identify physical features of materials, which is basic to learning.
puts Lego bricks together,	coordinate her hands and eyes, which is necessary for reading.
lines up cars according to colour,	classify objects, which is basic to science and mathematical functioning.
puts objects in water to see which sink and float,	predict and recognise cause and effect, which is important in science and reasoning.

Constructive play

Constructive play begins as children gain more experience playing with materials and start to construct things with toys and everyday objects they find around them. For example, through functional play a child has learnt how blocks feel, how they are different in weight and size and how she might use them; the next step is constructive play, such as building something with the blocks, like a road or a house. From about two years of age children start to have longer attention spans and they begin to like this type of extended and open-ended play.

TABLE 5.3 Constructive play activities and learnings

When a child ...	she is learning to ...
uses blocks and wooden animals to create a zoo,	recreate her experiences, which allows her to understand the world and process information.
makes a mud pie,	use objects to represent something else, which shows abstract thinking.
works with paper, paint and brushes,	plan and create a project, which is important for all learning.
builds a tower with blocks,	balance and manipulate objects, which is important for spatial relationships and conceptualising.

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Constructive play develops imagination, innovation, problem-solving skills, motor skills and autonomy. Children gain a sense of accomplishment and are empowered because they can control their environment. Children become flexible, courageous, persistent and adaptable. They often share in constructive play with others and thus children learn to cooperate, stay on task and be more responsible. Constructive play is really fun for toddlers and research shows that more than 50 per cent of preschool children will choose it when they are given opportunities for free play.

Symbolic play

In symbolic play children use objects, actions or ideas to represent other objects, actions or ideas. They try out new roles and potential situations, and experiment with language and emotions. In addition, children push their imaginations, interact in a fantasy world and use new words, ideas and concepts in a risk-free environment. In the technological society we live in, lots of practice with all forms of abstract concepts, such as time, place, amount, symbols and ideas, is crucial.



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FIGURE 5.5 Simple symbolic play – my banana is a phone

While symbolic thinking begins as early as eight months old, this type of play reaches its peak in children who are around five or six years of age. Early symbolic play may be using a hairbrush to symbolise a microphone or pretending that a chair is a person. Preschoolers enjoy make-believe play. They give themselves and others roles and spend time planning what they are going to do and say with each other, such as pretending to visit the doctor or have a tea party.

As children advance physically, socially, cognitively and linguistically, dramatic play – the most advanced form of symbolic play – emerges. In socio-dramatic play, children play together to adopt roles and recreate a real-life situation. The situations may be personal, social or domestic in nature. For example, children may become firefighters and battle a pretend fire.

TABLE 5.4 Symbolic play activities and learnings

When a child ...	she is learning to ...
takes on the role of mechanic and fixes an engine,	manipulate small objects, which contributes to fine motor skill development.
pretends to go shopping,	count and sort, which are important mathematical concepts.
acts as a teacher and writes a report,	write new words and express ideas, which are important for language and communication skills.
makes a pretend visit to the dentist,	deal with a frightening or difficult experience, which is useful for managing anxiety.

Symbolic play also helps children to improve their memories because they need to recall details of the events they are recreating as well as the sequence of actions. Because symbolic

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play involves playing with others, children use their communication skills to discuss what everyone has to do and to play their roles. Negotiation and conflict-management skills can also come into play.

Games with rules

When playing games with rules everyone must understand and agree to the rules for the game to be successful. For younger children, the rules need to be simple. Games with rules help children concentrate, understand limits and self-regulate their behaviour so that it follows the rules. Children learn a fundamentally important concept, too: there are rules or laws in life that we all must adhere to for our society to function effectively.

Games that can begin to teach about social contracts and rules include Follow the Leader and Simon Says. Some board games help children develop reasoning, such as checkers and Trouble. Strategy games, such as Monopoly and Scrabble, require children to think ahead about their own and others' moves as they try to succeed. Electronic and app games require practice to master their challenges and often involve children in a fantasy world as they play through levels of a game, such as Minecraft and Angry Birds. They provide opportunities for individual or group play.

TABLE 5.5 Games with rules and learnings

When a child ...	she is learning to ...
plays Connect Four,	reason and predict, which are important for science and in higher order thinking.
plays Game of Life,	plan and strategise, which are important in problem solving.
is a member of the soccer team,	be cooperative and work as part of a team, which are essential for socialisation.
makes up her own game and rules,	be creative and recognise cause and effect, which are important for science and abstract thinking.

By the time they are at school, children can think objectively and cooperate. They understand that games have a beginning and an end, and that everyone takes turns and follows certain procedures to play and complete the game. They know that breaking the rules carries penalties. The rules are central to the game and must be respected to play the game properly.

Observing children play

Observation is about watching children's actions, expressions, gestures and behaviours, and listening to their talk and interactions while they play. It involves paying attention to details of their behaviour, usually recording these details in a structured way, and assessing the implications of the children's actions or behaviours. Some of the details to watch or listen for might be their eye contact, the words and tone they use when they talk and how often they repeat an action.

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Put it into practice

Conduct your own observation of a group of children playing. You may observe children you know, watch a video of children playing or perhaps visit a preschool or childcare centre (you will need to gain permission first). Your observation should be about half an hour long.

Afterwards, complete an *observation report* with the following sections:

1 *The observation setting*

Describe the ages and gender of the children you observed, where the observation took place and when.

2 *Types of play*

Explain the play activities you observed (for example, parallel play, constructive play), referring to who did what, the materials used, how long the activity lasted and other significant details.

3 *Play and learning*

Evaluate what the children learnt through the play experiences that you observed.

RESEARCH CLUE

Page 107 in Chapter 3 provides more detail on how to conduct an observation.

Play and language development

Play allows children to develop communication skills – speech, listening and writing. For example, solitary imaginative play, where the child talks to herself, enables her to practise words and phrases and try making new sounds. Shared play is a great enricher of language skills as the child becomes both the sender and the receiver and has endless opportunities to discover how language can be used in interaction with others, and what kind of language is effective.

Pretending to be someone else, such as in socio-dramatic play, enables children to play with their voice and language in situations they may or may not have experienced. They express their thinking in different ways through their play. Talking while playing allows children to practise the structure and grammar of language and make decisions about the best way to communicate.

Children of all ages, and even adults, play with language because they can control it and it is fun. They experiment in order to understand words, syllables, sounds and grammatical structure. This type of language play may be through using jokes, riddles, rhyming games and nonsense songs. As children reach primary school they start to make up their own plays and scenarios to act out, which allows them to explore language further.

The different types of play with language can be summarised as:

- playing with sounds and noises – exploring the sounds to form words and experimenting with linking them in inventive and fun ways
- playing with linguistic rules – understanding how sounds combine to form words and identifying the structure and order of words in sentences

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- playing with words and rhymes – using rhyming games to learn about the structure of words and their meanings
- playing with communication conventions – following and breaking the rules for conversation and writing to learn how to communicate effectively.

Play and physical development

Children learn many physical skills through play activities. Sensory growth, gross motor skills and fine motor skills are developed. They exercise their bodies and develop muscles, coordination and balance.

Sensory play stimulates a child's senses. By playing with different textures, tastes, smells and sounds children explore and are naturally encouraged to use scientific processes while they play. Sensory play helps build nerve connections and pathways in the brain, aids in developing memory and helps children learn about sensory attributes, like hot or cold and sticky or dry. It can also calm an anxious or frustrated child. Infants love to splash their hands in a bowl of water, toddlers have fun squeezing playdough through their fingers, preschoolers are surprised by the smell of vinegar and school-age children make plaster casts of their hands.

Gross motor play involves children learning to use the large muscles in their bodies. Large muscles like those in their arms and legs get stronger and are developed through vigorous physical play, such as ball games or running and climbing. Infants will pull things, toddlers enjoy jumping in puddles, preschool children ride tricycles and school-age children can hit a ball with a bat and skip with a rope.



Alamy Stock Photo/Cultura Creative (RF)

FIGURE 5.6 Play contributes to gross motor skills development

Fine motor play involves using the smaller muscles to play with toys that require manipulation, for example a wind-up car or a doll that can be dressed and undressed. Infants grasp at large objects, toddlers build towers with blocks, preschoolers can put a puzzle together and school-age children cut with scissors and build a model plane.

Put it into practice

Design and make a toy for a toddler or a preschooler that is sewn, knitted, crocheted or made of timber. You can find lots of patterns on the Internet. Keep it fairly simple, such as a soft toy, puzzle or car.

1. Select an appropriate toy and pattern. Be sure the toy will be safe, durable and suitable for its purpose. Also think about your skill level and how much time is available to make the toy.
2. Prepare a one-page summary explaining why you have chosen this design, highlighting the benefits it will offer a child's development. Attach a copy of your pattern.
3. Make your toy, following your pattern.

   You may like to give the successful toys to a childcare centre, preschool, school or a friend.

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Practice and play

Allowing children to practise through play is very important because it allows them to progress at their own pace. Children practise and reinforce their learning in all developmental areas during play. They may need to repeat the activity or play the same game over and over in order to master a skill, communicate a message properly or behave appropriately.

When a preschooler is modelling with playdough she is practising hand–eye coordination. That is also the case when she is creating an art project and is simultaneously working on her ability to use rulers, draw figures and confidently use scissors. When a Kindergarten boy kicks, throws and catches a ball, he is practising whole body coordination and balance and developing flexibility, which will help him take part in organised sports.



FIGURE 5.7 Practice leads to mastering a skill

Children practise behaviours through imitation of their parents or others, and so contribute to their cognitive, social and language development. They observe how their parents behave, listen to their parents' speech and then try to imitate them. For example, a toddler might observe her father mowing the lawn and then copy him by using her push toy up and down the backyard.

Baby dolls offer lots of opportunities for developing a child's cognitive, social, language and fine motor skills. Children can practise different skills on the doll before applying it to themselves. They can dress and undress the baby, learning that the best way to remove socks is to pull from the top rather than pulling on the toes, working out that a pincer grasp is needed to undo a zipper and manipulating buttons through a buttonhole. Giving a doll a bath is a good way of practising sequencing skills; first fill up the bath, then undress baby and sit baby in the bath, next wash baby with soap, then rinse baby and so on. Doll play also helps children practise their nurturing and caring, which are important for social–emotional development.

Fred Rogers, a respected children's television programmer who based his shows on academic understandings of child development, once said:

> Play gives children a chance to practice what they are learning … They have to play with what they know to be true in order to find out more, and then they can use what they learn in new forms of play.

Source: © Copyright Fred Rogers Center for Early Learning & Children's Media, 2015.

Expressing emotions through play

Children learn to navigate their different environments through play, and play also helps them feel good about themselves. Through play, children develop important early communication and social skills, including how to talk to others, to name and express emotions, and to resolve conflicts. Play is a great way for children to express themselves and manage their feelings. They can release emotions, work through feelings and understand their world better by gaining some control over it. Learning to express and manage their feelings is a useful skill that children can carry throughout their lives.

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Infants demonstrate their emotions when they laugh out loud, become clingy and don't seem to like strangers, give cuddles and become frightened. A toddler's feelings are seen when she starts to feel embarrassed, shows empathy, pushes for independence and wants to do things without help, gets frustrated when she doesn't get her way, is bossy, has a temper tantrum and shows pride at new things she can do. By preschool a child will know to say sorry when she has done something wrong, understands about sharing, may hide the truth and be very attached to her parents. School-age children want to make friends and be liked, try hard to follow the rules to avoid getting into trouble, experience strong emotions like jealousy and anger, understand other's points of view and are more patient.

When parents and other caregivers play with children they can help children to explore and understand their feelings. Some tips for encouraging children to express their emotions through play are outlined in **Figure 5.8.**

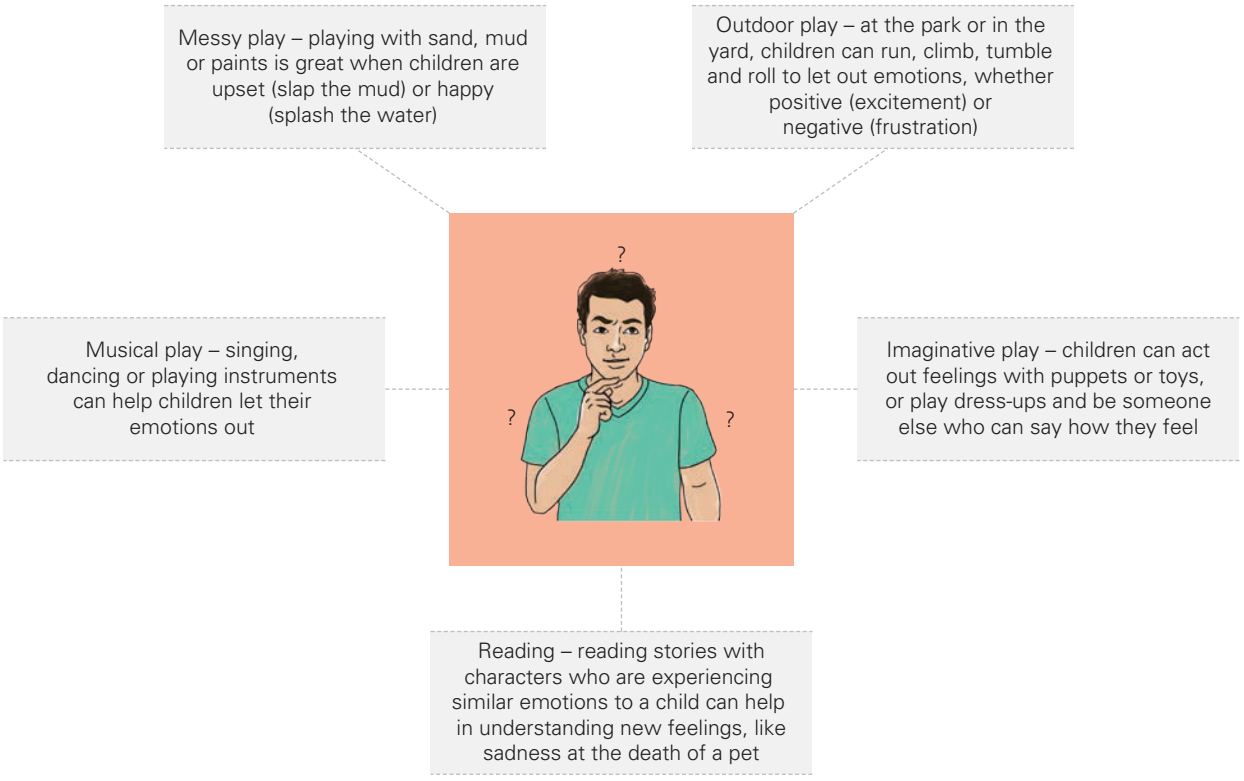


FIGURE 5.8 What play experiences can help my child express emotions?



WORK IT OUT

Watch the animated movie *Inside Out*. As a class discuss the following concepts that the movie looks at:

- identifying feelings
- the link between memories and emotions
- how to manage emotions
- expressing emotions in appropriate ways
- acknowledging the emotions of others.

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Playing with rules

As we have already learnt, learning to play games with rules is something that comes to children gradually, but by the time they get to school they are keen to follow rules, and may have even started making their own rules for games.

Children need to learn the rules of a game and put them into practice in order to play fairly and properly. The rules may be written rules for a board game, special family rules for a card game, the rules at Saturday netball or rules to a game that children have invented themselves. So, it is important to establish the rules in advance and for everyone to agree on the rules to avoid arguments once play has started.

Children like to invent games, to express themselves and to learn about the world in their own ways. They feel safe and in control, which promotes autonomy. As part of their play children invent rules for their games because they understand why rules are necessary. Without realising it, children are developing communication, negotiation and social skills as they invent, modify and enforce rules, and play together cooperatively.

Sometimes children play around with the rules and make up new ones as they go along, which is a good way for them to learn about solving problems together and being flexible. As long as everyone knows what the rule changes are, the game can continue and there is fair play and everyone has fun. Fair play is also about learning social rules, like taking turns, being patient and being a good sport. One child might help another child who is having trouble with the game, or give others a fair go at winning.

Sometimes a child can find it difficult to play fair and play within the rules. At these times they need to be taken out of the game and calmly talked to about what they can do to change their behaviour; the parent might say something like, 'Remember we said that everyone needs to follow the rules and in this game the rule is that you can only have one throw when it is your turn.' It is also a good idea to remind children that games are about having fun, and it doesn't matter who wins or loses.

However, competition can be good for children. Winning is fun and, of course, children feel proud when they win. Parents can teach children to be good winners who show consideration and support for the losing team or player. Discourage them from boasting and instead encourage them to thank the other players for the game. When children lose at a game they need to hear how well they played to help them cope with their bad feelings and to motivate them to play again in the future. For example, a parent might recognise their efforts by saying, 'You were great at helping the younger kids' or 'You improved so much as the game went along'.



CASE STUDY

Georgina and Emma

Five-year-old twins Georgina and Emma attend preschool two days a week. The preschool is well equipped with activity centres. Inside there is:

- a home corner with dress-up clothes and role-play equipment
- an art and craft area equipped for drawing, painting, collage and playdough

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- a construction area with blocks, Lego and puzzles
- a book corner with shelves and cushions to sit on.

Outside there is:

- a covered sandpit, a table and sitting area, and a grass area, all under shade cover
- a storage shed with tunnels, hoops, balls and witch's hats.

At the preschool there are 16 children aged between three and five, and two teachers. Each week the teachers plan an integrated program that follows a selected theme. Some themes this year have been 'Food We Eat', 'The Weather' and 'Safety'. This week's theme is 'Adventurers and Explorers'. The teachers have organised different types of play activities to follow this theme. Thursday's timetable was as follows:

9.00 a.m. Welcome – free play in the home corner, book corner or construction area.

9.30 a.m. Teachers and children work together to build a series of boats and accessories for Adventurers and Explorers to use. Materials involved include three large cardboard boxes that the children help to paint and decorate, telescopes and binoculars made out of cardboard tubes, and hats made from paper, cardboard, feathers and elastic.

10.15 a.m. Outside play – as Adventurers and Explorers, the children negotiate an obstacle course of witch's hats to run between, log sleepers to jump over, play tunnel to crawl through and wooden plank to walk along and balance on. Each child goes through the course four times. (This allows time for the paint on the boxes to dry so that the boats are ready to use later.)

10.30 a.m. Morning tea. Georgina is asked to help set it up on the table outside.

11.15 a.m. Children play in the boats and create their own Adventurers' world while teachers observe and supervise.

12.00 noon. Lunch.

12.30 p.m. Drawing – using pens, pencils and crayons on large A3 sheets, the children draw on the theme of being an Adventurer or Explorer. Teachers write appropriate short stories under each child's drawing as the child describes it. Drawings are put on a board for display.

1.00 p.m. As children finish their drawings and put them up for display they move to the home corner or construction area for free play.

1.45 p.m. Children and teacher move to the book corner and sit on cushions. Teacher reads a book about an Adventurer. Discuss story.

2.15 p.m. Emma is asked to choose another book for the teacher to read to the group.

2.30 p.m. Free play in the home corner, book corner or construction area.

3.00 p.m. Home time.



1. Identify the spontaneous and structured play experiences provided on Thursday.
2. For each activity on Thursday, identify the type(s) of play and outline how this play contributes to a child's development.
3. Plan the Friday timetable that might follow, continuing the Adventurers and Explorers theme. Include different types of play activities and explain the benefits of each.

Apply your knowledge

1. Find pictures of children playing. Identify the type(s) of play shown in each picture.
2. Identify the different types of language play.
3. Outline the four types of cognitive play.
4. Describe the three types of physical play.
5. Draw a diagram that illustrates the different stages of social play.
6. What type(s) of play are the following children taking part in? (Remember that there may be more than one type in each situation.)
   - **a** Aiden and Chen build a town using Lego.
   - **b** Maya, Rani, Kassidy and Nell play tea parties together.
   - **c** Levendi reads his teddy bear a story.
   - **d** Suzie and Kosta play soccer together.
7. In small groups, play some board games designed for primary-age children (for example, Guess Who?, Twister, Connect Four, Trouble, KerPlunk). Comment on the rules of these games and what you think children learn by playing them

Issues in play

Sometimes play raises controversial or interesting issues in society. Aggressive and non-interaction play have often been of concern to parents and caregivers; however, both superhero and rough-and-tumble play – once considered negative forms of play – are now encouraged, as research shows they provide benefits for children. Gender stereotyping and the influence of modern culture, especially electronic games and social media, are issues that are currently widely discussed in the community.

Aggression in play

Anger is considered normal in children. Aggressive behaviour in play, however, can be hurtful and dangerous. Aggressive play can happen when a child is angry or frustrated and she attempts to control her environment or another child. It may be a verbal attack, like calling a child names, or a physical attack, such as hitting, biting or pushing. This behaviour can frighten other children and if not dealt with can sometimes cause injury.

Children need to know that aggressive play is not allowed at any time. Some signs that play is aggressive may include:

- children stop laughing
- children's faces and voices indicate they are frightened, upset or angry
- play changes from pretend to real menace
- children cry or hide
- children become physical with each other, for example shoving, hitting, kicking.

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Parents need to intervene when aggressive play is evident. They need to let children know that their feelings are understood, but that being aggressive is not acceptable. Parents can help to manage and prevent aggressive play by:

- enforcing firm rules around not hitting or touching others in a hurtful way
- setting clear consequences for aggressive behaviour, and following through on them
- using time-outs to help children calm down and manage their feelings
- praising children for their friendly and acceptable play behaviours
- helping children avoid playmates or situations that are likely to cause problems, even if only for a while
- stopping play if a child is likely to get hurt or is being hurt, either verbally or physically, and offering other ideas about what children could play.

Research suggests that children are more likely to play aggressively if they have had few experiences of play, especially physical based, such as rough-and-tumble play. They tend to misread social cues and react strongly when their feelings are hurt. These children find it difficult to get their peers to cooperate with them, and so become aggressive to get their way. Children who have found it difficult adjusting to school, have not been able to make friends and are not performing well academically may find their frustration leads to aggressive play.

Non-interaction in play

Earlier in this chapter we looked at play experiences where children do not interact with others, such as in unoccupied, solitary and onlooker play. These types of play are normal as children develop socially; the children are focused on an activity of their own, and may be observing others at play. Non-interaction play is characterised by play behaviours where there is no interaction with other children at all and where the child demonstrates unoccupied behaviour. The child is isolated, not engaged with her physical or social environment and tends to wander aimlessly or watch others, with no focus on any purposeful activity of her own.

When children spend a lot of time in non-interaction (or non-social) play it can be concerning, because they become detached from their peers. If by preschool age this is the predominant type of play that a child does it can lead to rejection by peers, loneliness, reduced self-esteem, anxiety and depression in later childhood and adolescence. Sometimes children want to play alone; others, however, fear rejection, feel insecure or lack the emotional capacity to approach other children. They find interacting with others stressful and difficult and so remove themselves from play and spend their time alone and idle.

The preschool teacher is instrumental in recognising non-interaction play in a child, and in working to engage them with other children. Most children will respond successfully to strategies such as those outlined in **Figure 5.9**, when they are continually encouraged to do their best.

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STRATEGIES TO HELP MOLLY INTERACT IN HER PLAY

Organise a meeting with Molly's parents:

- Tell them about her progress so far and how pleased I am that she is trying.
- Talk with them about encouraging Molly to chat at home and be involved in family activities, and to praise her for these efforts.
- Set up regular communication with them, either via email or short face-to-face meetings throughout the term.

Provide experiences for social interaction through group routines:

- Sit Molly together with others at the snack table.
- Have Molly pack up at the end of day with a small group.

Play with Molly myself for a week, encouraging her to listen and modelling how to play for her. Show her play is worthwhile and fun.

Involve Molly in play with another child who has similar interests, and myself too:

- Deliah likes playing shop, and so does Molly – sit with both of them to play.

Pair Molly with someone who has strong verbal and social skills so they can model behaviour and interact with her:

- Sebastian is independent but gentle, and Molly has a brother so he is a good choice.

Give Molly leader roles where I can support her:

- Molly can stand next to me at the desk and call the bingo numbers.

Set up a peaceful play space next to the reading shelves where Molly, and others, can choose to go to when frustrated or overwhelmed:

- Put floor cushions in the space and set up some playdough tubs too.

FIGURE 5.9 Strategies a preschool teacher can use to encourage a child to become interactive in her play

Superhero play

Superhero play is a form of creative or pretend play in which children imitate action heroes that they admire. This 'good guy versus bad guy' play is natural and important in a child's social–emotional development. Children use realistic props and dress-up in clothes, organise a drama and use their imaginations and skills to create a game.

Preschool-age children particularly enjoy superhero play. Preschoolers don't have control of their lives, with rules being set for them and adults making decisions for them, but in superhero play they can overcome obstacles just as the heroes do, and establish their own identity. It gives them courage and strength to face their fears, such as bedwetting, animals, going to child care or parents separating. Children learn about cooperation, negotiation and teamwork by putting a story together and solving problems as a group. Children jump and run as they actively imitate the superhuman traits of their heroes, and their physical confidence grows as they show off their physical exploits.

Parents and carers may be concerned that superhero play can be too aggressive or disruptive. If properly supervised, however, it can encourage imagination and burn up lots of energy. To enable children to gain the most from superhero play, and to avoid problems, parents can follow these guidelines:

- Set realistic rules. Make it clear that aggressive behaviour is not allowed, and let children know when and where superhero play can take place – outside is best. Discuss with children what is safe.

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- After the game talk with children about what they did and how they felt. Help a child find alternatives ways to problem solve and resolve conflict that don't involve pretending to kill or hurt someone.
- Monitor the superhero programs children watch, watch these shows with children and talk about what is happening. Point out when superheroes show kindness and help others, and praise children when they do the same.
- Talk about real life heroes who are helpful, caring and brave. Show children how to be heroes themselves – raise money for SIDS or take part in a charity walk together.



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FIGURE 5.10 During superhero play children have control



WORK IT OUT

Parents can offer children alternative superheroes who use peaceful methods and ingenuity to solve problems, such as the Octonauts. The television program *Octonauts*, shown on ABC Kids, stars a team of adventure heroes who make underwater rescues, discovering a biological or behavioural fact along their way to rescue a sea creature or themselves from danger. Their motto is 'Explore! Rescue! Protect!' Alternative superheroes like the Octonauts target those children who most enjoy superhero play – preschoolers – and provide them with positive role models.

Visit the ABC Kids website and watch some episodes of *Octonauts*. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

Rough-and-tumble play

Rough-and-tumble play is physical play that is vigorous, intense and rough, but is also social in nature. It is also called roughhousing or horseplay. This type of play lets children test and practise physical and social skills, take safe risks and learn about their bodies, including how strong they are. Although it has many benefits for growth and development, mostly children play rough because it is fun! Sometimes children can get hurt, although nobody is actually trying to hurt anyone else. The play will usually stop for a while to resolve the problem, and then it starts again.

Babies and toddlers like to be gently bounced on a knee or lifted into the air and toddlers and preschoolers also enjoy chasings, spinning around and dancing, but rough-and-tumble play is most popular among primary school children and it makes up almost 20 per cent of their total play time. Boys play roughly more than girls and prefer to play with other boys. They enjoy wrestling, chasings, pretend fighting and karate. Girls like playing chasings, spinning and jumping. When boys and girls play together they play freeze tag, wheelbarrow races and soccer.

Parents can help children, especially when they are younger, to establish rules to keep everyone safe and ensure that the play is enjoyed by everyone. Children need to know that they must:

- copy real fighting, and not really hurt the other person: no kicking, biting or scratching, and no hitting above the shoulders

- listen to others' needs and requests: stop if someone is not having fun or gets hurt accidentally
- only play outside in a safe, open space.

Between the 1960s and 1990s, rough-and-tumble play was discouraged because it was thought it would lead to aggressive behaviour. More recent research has shown, however, that the social nature of the play actually helps children learn to express themselves appropriately. Children that participate in rough-and-tumble play are liked by their peers, develop better social skills and perform better academically. It helps children to be socially aware, act fairly and show compassion.



WORK IT OUT

Watch the videos on rough-and-tumble play at the Raising Children Network website. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

1 Identify the types of rough-and-tumble play activities suitable for different ages.
2 Outline the benefits of rough-and-tumble play.

Gender preferences and stereotyping in play



THINK ABOUT THIS

Research studies show that by age two – and sometimes evident as early as 12 months old – boys and girls play differently and prefer different playthings. Boys prefer traditional 'boys' toys' (for example, cars and robots) and girls prefer 'girls' toys' (for example, dolls and prams), although girls tend to be more flexible in their choices. Why do you think this is so?

Gender differences in young children's play have been observed and researched over and over again and it is commonly accepted that girls and boys do play differently from each other. Although there are many differences, it is important to look at the similarities in how young children play too. Boys and girls are similar in the amount of time they spend playing and the degree of skill they show.

Girls play more dress-up and role-play games, especially role-play of household tasks. They play with dolls or soft toys more readily and intently and they enjoy art activities. Girls talk more in their play and spend more time playing with their teachers and other caregivers than boys do. The physical actions of small girls often focus on informal skipping, jumping and hopping.

Boys play more with transport and construction toys. They play more often in larger peer groups and choose more outwardly physical and aggressive games. They are also more active in their play than girls, enjoying energetic activities such as wrestling.

Although these differences are natural and normal, to allow children of both genders to gain all the benefits that play can offer, play opportunities should be as open as possible. It is important that caregivers do not have preconceived ideas about boys' toys or girls' toys – or play. This means all children should be offered dolls, Lego, cars, playdough, colouring books, sandpits, musical instruments and building blocks to play with. Children can then choose according to their own preferences and stage of development.

Girls are often discouraged from taking part in rough-and-tumble play although they may enjoy it as much as boys do. As we have seen this type of play is helpful for every child's

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physical and social development. If a girl is denied opportunities to be noisy and active she may miss out on important learning experiences.

Similarly, gender-stereotyping boys as being winners and strong all the time does not allow them to learn about other worthwhile adult roles that require gentleness. Just as girls should be allowed to be active, young boys need to experience quiet and reflective times for their development. Reading stories with boys, and painting and chatting with them, can help their social–emotional and language development.



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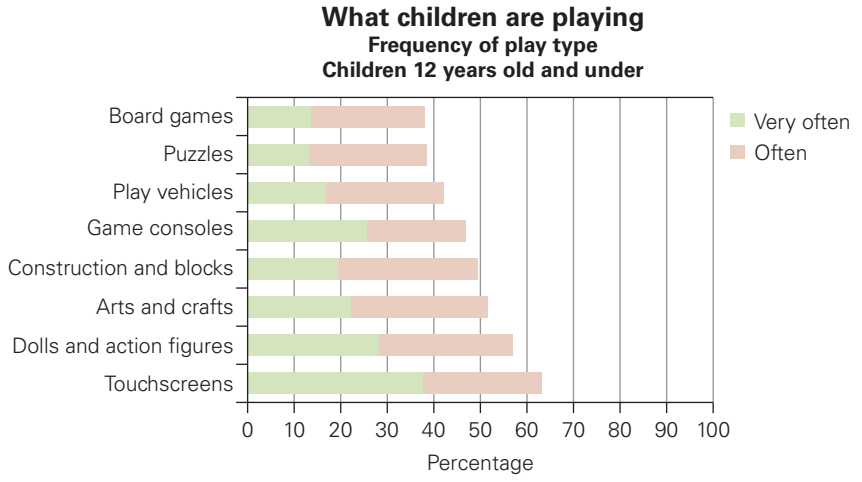
FIGURE 5.11 Boys can enjoy quiet activities too

Modern culture and play

The activities of both children and adults are influenced by modern culture. For children modern culture impacts on their play – what they play, who they play with and how they play with them. The rapid rise of computers, video games, smart devices and social media has had an undeniable influence on children's play.

In 2014 a nationwide survey was conducted in the United States, with 350 parents, regarding the play habits of their children aged 12 years and younger. The results suggest that the touchscreen device is more popular than any other toy, including dolls, action figures and board games, and its popularity is still growing. More than 60 per cent of parents reported that their child uses a touchscreen often. The survey also found that 53 per cent of parents said that their children played only educational games, while 49 per cent indicated that their children played 'free play' games with no real educational value.

Another international research study looked at the effect of media – music videos, movies, reality television, social media forms, YouTube – on children and their play. It found that



Source: Michael Cohen Group, LLC (MCG)

FIGURE 5.12 Touchscreens are the most popular toy for children

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constant exposure to such media has led to a narrowing of the age brackets and development stages among children and has radically changed the way children see and approach play. Girls are becoming more interested in clothing, makeup, music and celebrities at an earlier age than before, while boys are being drawn towards computer games and the latest celebrities or sports stars more so than in the past.

In response to this narrowing of age brackets, toy manufacturers are producing fewer traditional toys and instead expanding their product ranges to cater to what would have before been considered adolescent or adult tastes. For example, in an effort to keep young girls interested in Barbie, the world's largest Barbie store in Shanghai now offers a range of 'beauty services' to 'tweens' aged nine to 14 years old, including hairdressing, manicures and day spas, and Toys R Us stores offer cosmetic kits for tween girls. For boys, more traditional toys are being replaced by a continuously growing range of video games and media-based technology, such as Wii and Nintendo.

Put it into practice

Write a *critical review* of a children's television program. Your teacher will help you select an appropriate program to watch for your review.

In your review you are to:

- critically analyse the ways in which the program represents both gender and culture and their influences on children's play experiences
- use specific examples from the program to support your review.

RESEARCH CLUES

- Look back at page 17 in Chapter 1 for help in structuring and writing your review.
- 'Critically analyse' means to identify components and the relationships between two or more concepts or situations; draw out and relate implications; display depth, knowledge and understanding, and reflection – which means here to identify the gender and cultural issues depicted in the television program and how they relate to or influence play experiences for children; discuss the positive and negative impacts on children's play of the way gender and culture are depicted (providing lots of evidence); and make a judgement about the effectiveness of the television program overall.

Apply your knowledge

1 Define:
- **a** aggressive play
- **b** non-interaction play.

2 **a** List toys that promote gender-stereotyping in their packaging and marketing.
b Name toys that are non-gender specific in how they are packaged and marketed.

3 Create a collage on rough-and-tumble play for children.

4 Conduct research on a popular superhero, such as Superman or Batgirl, or one of the Powerpuff Girls or Power Rangers.
- **a** What qualities does the character have?
- **b** How does the character solve problems?
- **c** What messages do you think the character sends to young children?

5 Account for the growing popularity of electronic play and electronic toys among children.

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Factors influencing play

Individual differences in children

A group of children of the same age tend to have broadly similar skills, needs and interests. Our observation of this allows us to link development with age and to assume that children who are the same age are more alike than they are different; however, it is important to remember that children of one age group are also very different individuals.

Needs and likes

Stages of development are significant, but individual differences also contribute to the uniqueness of each child. Some children love to read and draw, while other children of the same age prefer to play outside in the sandpit or on a ride-on car. Just as adults of an age group differ in their choice of pastimes and hobbies, so too do children's interests differ in their choice of toys and play.

While it is important for caregivers to offer a wide range of play activities that can benefit all areas of development, children should also be allowed to play what they like so that it remains an enjoyable activity. Spontaneous play opportunities are essential in providing for the individual preferences of children.

Special needs

Children with special needs may also have specific requirements for play. Caregivers may worry that a child with a physical disability will be hurt in vigorous outdoor play with others; however, children are children first and have a disability second. The carer's role is to help children play by giving them access to appropriate play equipment and space, such as tabletop toys.

Sometimes children who look different or have special equipment, such as a wheelchair or a hearing aid, make other children (and adults) feel uncomfortable. To relieve fears and engage children in shared play the caregiver needs to be honest in explaining these differences. The carer can play with the child and then invite other children to play too, or invite others to play alongside the child at first.

Children with severe disabilities usually require an individual program designed by specialist caregivers. They usually need lots of one-on-one contact and their interaction with other children may be very limited and simple. The important point to remember, however, is that all children need to play, whatever their needs or limitations.

Physical environment

Children play differently according to the physical play environments in which they find themselves. A child who lives in a house that has a large garden will have more opportunities for outdoor physical play than a child who lives in an apartment and has to wait to visit the local park or playground for outdoor play.

A child who attends child care or preschool may have different play experiences to a child who plays at home by herself or with a sibling. The resources of the centre allow for a greater

range of play equipment and specialist areas to be set up, and qualified teachers can provide a variety of activities throughout the day. Children who don't attend child care or preschool can gain similar play experiences if their parents make use of public facilities such as toy libraries, libraries, playgrounds and playgroups.



Alamy Stock Images/Mr Privacy

FIGURE 5.13 Modified play equipment can make more types of play accessible for children with disabilities

The physical environment of children varies greatly, but children usually find ways to play effectively in their environment, whatever its limits. For example, a child without access to a garden will make his cubby out of the sofa cushions or his tent by having a sheet over the table. The parents' role is to provide as much variety as possible in the physical environment and in this way maximise a child's play experiences.

Social environment

Although children need opportunities to play alone, they also need to play with other children and with adults. Their social environment is very important in influencing their play. Children with several brothers and sisters have plenty of opportunities to play with other children. Children who have no or few siblings, or whose siblings are much older than they are, need to find other means of interacting with children their own age. Attending playgroups, childcare centres or preschools, or simply socialising with friends and neighbours, all allow for group play.

Children need group play to learn about acceptable behaviours – taking turns, sharing, listening to others, respecting others – essential to effective socialisation.

The social activities of the child's family also influence her play. Some children are brought up in a social environment that is highly adult-oriented, while other children spend most of their time in a child-centred social environment. The opportunities for spontaneous play are very different in each of these situations.

Cultural environment

Culture has a strong influence on behaviour. Different cultures emphasise different roles, tasks and customs and have different values. These cultural differences and values will be reflected in a child's play. She will role-play the behaviours, tasks and other activities that are typical of her culture, especially in her home setting. Some of this will be carried over into play outside her cultural environment.

This means that adults need to respect different attitudes children might have towards play as a result of their cultural background. When children of various cultures play together they need to have opportunities to express the ideas of their culture and to be able to play according to their cultural interests.

In childcare centres and preschools, it is important that children of different cultures can identify with the toys available for play. For example, a child who sees a doll that looks like himself, with the same colour skin or the same kind of clothing, will feel welcome and included in the play space. Home corners should contain culture-specific items, such as a wok as well

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as a saucepan, and the dress-up clothes should reflect different cultures by including trousers, jackets, long skirts, long-sleeved tops, hats, scarves and saris.

Adult interaction

The role of adults in children's play is complex. It is important for parents and carers to share in children's play in a balanced way.

Children do need time to play alone and with other children without adults, but they do enjoy spending time with their parents in play. When parents play with their child, she feels special, so it should happen regularly. It can be one-on-one play between a parent and a child, or group time with all family members. Some good play experiences to do together may be card games, playing on the swings, baking a cake, reading a book, bushwalking or playing games like hide and seek.

Sometimes adults try to take control of children's play, and in doing so they – consciously or unconsciously – ignore the needs of children to choose their play and develop autonomy. Adults can play with children, and occasionally even be leaders, but they must be sensitive to the needs and wishes of the other players – the children. When a child feels pressured into playing, she loses enthusiasm and it is not fun. Adults need to be children's learning and play allies. They can achieve this by:

- offering a safe and inspiring play environment
- supporting children without interrupting, unless completely necessary
- allowing children to play freely
- watching and enjoying as children interact, invent, explore and have fun.

Parents and carers need to take on a more structured role in the play of children whose mobility is limited, or who lack the ability to play alone or unsupervised with other children. This is the case with infants and children with particular disabilities, whether physical, intellectual or emotional. The adult may need to initiate playful experiences for the child, and respond in a more involved way than with other children.

Apply your knowledge

1. Describe the physical environment in which you were brought up and explain how this environment influenced your play activities and opportunities.
2. Do you think toy manufacturers cater for the cultural differences of children? Explain your reasons, using examples.
3. Tessa is in a wheelchair. State the access problems she may have to each of the following play activities and recommend a way of overcoming each problem:
   - **a** swings
   - **b** painting at an easel
   - **c** dress-ups
   - **d** skipping games using a rope.
4. As a class, discuss your favourite games and toys from your childhood. Account for any variations within the class.
5. Propose the likely differences between the play of a child brought up in an adult-centred social environment and a child brought up in a child-centred social environment.

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Play materials

Children in our society play with a large number of different items, many of which they find around the house or garden. Children use these items as toys, such as using a cardboard box as a car or making a road for their cars using rocks from the garden. Manufactured toys and equipment give children great enjoyment too and many can contribute to their development, such as board games and ride-on toys.

When selecting outdoor and indoor toys and equipment, the following features indicate a good choice:

- the child likes the toy and plays with it frequently
- the toy is safe and durable
- the child can learn from the toy while enjoying it
- the toy is suitable for the child's age and developmental level.

What children play with

From infancy, children will play instinctively. They will find that their environment offers them lots of opportunities for play, and lots of things to play with. They enjoy playing with a range of toys and equipment and really enjoy playing with other people.

Children have lots of fun playing with everyday household items like pots and pans, pegs, clothes baskets and blankets. They can make houses, pretend to cook dinner, create musical instruments, set up a shop and become a king with just a few items. As long as household items are safe – with no small pieces that could cause choking or sharp edges – they are great inexpensive and durable toys for children.

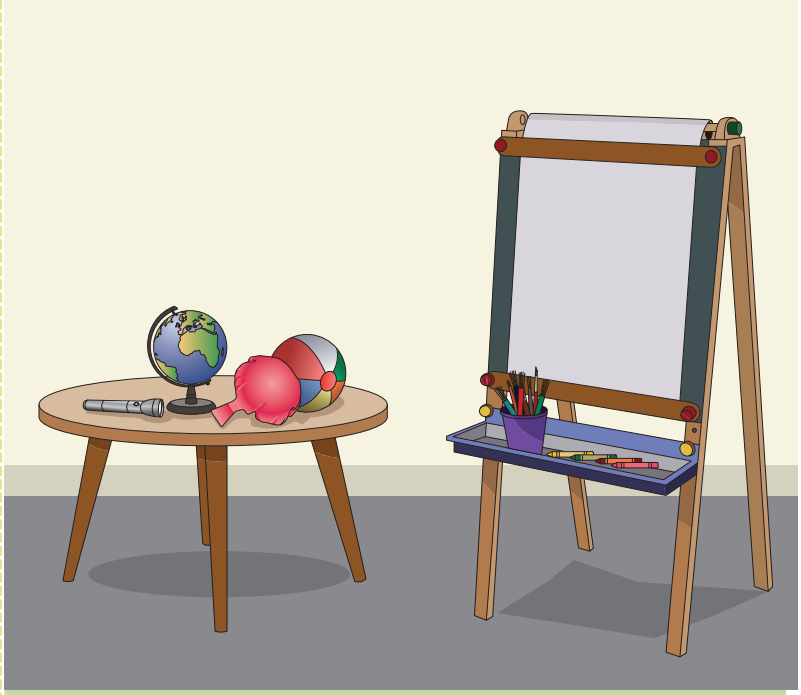


FIGURE 5.14 Children's popular choices for play – they say these toys are the most fun! Why do you think children like these?

The packaging on most manufactured toys will suggest a suitable age-range for their use. This can be a useful guide, but each child's interests and stage of development should be considered when making choices. For example, a child who loves building with Lego and plays a lot with it may well be able to make up sets that are designed for an older age group, especially if a parent plays with her; she may find those for her age group too easy and get bored. Some toys and equipment that are very popular with children of different ages are shown in **Figure 5.14**.

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Toy libraries are a great way to bring variety into the items a child plays with without spending a lot of money. There is usually a small membership fee, but then toys can be borrowed for free. Having a new toy every couple of weeks will keep children interested and provide lots of new play activities.



THINK ABOUT THIS

Children can get confused and frustrated when they have too many choices in their play. It's a good idea to limit the number of toys a child has to play with at any time.

Equipment necessary for play

Equipment and toys can be important for a child's play and support their development. This doesn't mean that children need lots of toys and equipment. They will play without much need for anything, but some equipment is a good idea in offering children variety and challenge in their play.

There are many toys available, and the best toys aren't always the most expensive, the fanciest or the newest trend. The best ones are those that a child can use in lots of different ways. These types of toys are called open-ended because they stimulate her imagination, creativity and problem-solving skills. Open-ended toys include:

- blocks – they can be used to build a tower or in a sorting game, or they can be pretend phones or even a block of cheese at a mock dinner party
- balls – children can bounce, throw, kick or roll them, line them up or sort them into size or colour
- cardboard boxes – one of a child's favourites toys, they can be shop counters, ovens, cubbyhouses, cars, doll's houses
- dress-ups – second-hand clothes, scarves, different hats, necklaces, shoes and bags all allow children to become anything or anyone they like
- bits and pieces for craft – coloured paper, stickers, crayons, glue sticks, fabric scraps, bubble wrap, old magazines, empty toilet paper rolls and cereal boxes can all offer lots of opportunities for art and craft creations.

Suitable play equipment for children

For young children to gain the most from their play materials, the materials should be age-appropriate; that is, the child should be old enough to enjoy the equipment or toy and find it interesting. It should suit the child's skill and development level; that is, it should be challenging, but not so complex that the child becomes frustrated. A range of toys or equipment that involves groups of players is also suggested because interaction between children provides balance and more opportunities to play.

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Indoor play

Children spend a lot of their time indoors playing, either at home, child care, preschool or school. **Table 5.6** is a useful guide for age-appropriate indoor play materials. It is not a complete list but provides a good starting point for parents and other caregivers.

TABLE 5.6 Age-appropriate indoor play equipment

Age	Benefit of toy	Appropriate toy	Features
0–6 months	stimulates senses	mobile	simple design, primary colours, hung out of reach
		rattle, shaker	simple shape, easy to grasp, washable
		music box	soft tune, hung out of reach
		soft toy	soft, smooth, washable
6–12 months	fine motor (hand–eye coordination, grasping)	stacking cups	bright colours, easy to hold, washable
		string with beads or animals	various shapes and colours, fixed across pram, washable
	gross motor (movement, crawling)	push-along car	easy to grip, no removable parts, washable
		soft ball	bright colours, soft filling, easy to grasp, washable
	cognitive	stuffed animal, soft doll	soft, cuddly, no removable parts, washable
		board books	easy to handle, few pages, can be wiped clean
1–2 years	fine motor (construction, modelling)	building blocks, Duplo, hammer peg toy	no sharp edges, non-toxic paint, gradually add more of different shapes
		jigsaw puzzle	large, few pieces, non-toxic paint, solid base
	gross motor (movement, walking)	ball	plastic, about 25 cm diameter, washable
		pull-along car or animal, push-along block or Duplo cart	won't overbalance or tip easily, no sharp edges, easy to manoeuvre
	cognitive	board books	different shapes, can be wiped clean
		storybooks, nursery rhyme	colourful pictures, few words, hard cover
2–3 years	fine motor (construction, modelling)	Duplo/Lego	easy to grip, add to gradually, with more shapes
		crayons, chalk, paint, large brushes, large sheets of paper, colouring book	non-toxic, easy to grasp, tape sheets on floor or easel to prevent moving
	social (role-play, imitation) and language	stand-up figures (zoo or farm animals, family members, people in a town)	stable, match each other in size, easy to hold, washable
		cars, trains	simple, stable, easy to grip, match each other in size

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		doll, teddy, soft animal	soft body, possibly clothes to put on and take off, washable
		household and garden appliances and tools (stove, rake, saucepan, ironing board, drill, clothesline, mower, watering can, phone)	miniature replicas, durable, no sharp edges, plastic or wooden
	cognitive	storybooks, rhymes, songs	increase words, pictures give clues to story
3–5 years	fine motor (construction, modelling)	Lego	add more difficult pieces
		playdough, plasticine	non-toxic, non-staining, non-hardening, sealable containers for storage
		jigsaw puzzles	popular characters, different shapes, some without base
	social (role-play, imitation) and language	stand-up figures	new settings, moveable parts
		cars, trains, garages, tracks, road systems	matching others, new varieties, create new scenes
		puppets	simple, easy to use, washable
		dress-up clothes	easy to put on and take off, variety of garments, washable
		doll's house, shop	stable, pieces not too small, simple to use
	cognitive	lotto game, memory game	simple rules, easy to learn, pieces easy to see and hold
		crayons, pencils, paints, coloured paper, glue, stickers, large sheets of paper	non-toxic, range of colours, easy to use, tape paper to floor or easel
		storybooks, songs	read-along, sing-along, similar styles for recognition
5–8 years	fine motor (construction, modelling)	model-building set	simple, can be taken apart again
		electric train, racing car circuit	easy to put together and take apart, not too complex
		chemistry set, microscope, magic set	safe, approved, may need to supervise play
	social	stamp, sticker set	gradually add to, encourage child to swap, group collection
	cognitive (classifying)	card games, board games	simple rules, possibly with different variations
		fiction and non-fiction books, music	read themselves, topics that interest them

Outdoor play

Outdoor play spaces provide unique opportunities to explore nature and develop gross motor skills. **Table 5.7** is a guide for selecting appropriate outdoor play materials for different ages. Again, it is not a complete list but it provides a good starting point.

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Outdoor play equipment should be in a covered or shaded area and it is recommended that children wear a hat and sunscreen when playing outdoors, especially during spring and summer and in the middle of the day. Large equipment, such as climbing frames and swings should be stabilised in the ground and have a soft surface underneath to help prevent injuries.

TABLE 5.7 Age-appropriate outdoor play equipment

Age	Benefit of equipment	Appropriate equipment	Features
0–6 months			
6–12 months	gross motor (movement, muscle strength, balance)	baby swing	safety harness, hung in shady or covered area
1–2 years	gross motor (movement, mobility, muscle strength, balance) and social (sense of achievement, independence)	ride-on bike or car	no pedals, easy to steer, stored out of weather
		small slide	in shade, no sharp edges, soft landing spot, stable, wide steps for climbing, always supervise play
	fine motor (coordination)	sandpit, paddling pool	covered when not in use, change water regularly, always supervise play
2–3 years	gross motor (movement, limb coordination, balance, muscle strength)	tricycle, pedal car	appropriate size, safe, adjustable, no sharp edges, easy to steer, durable
		slide	in shade, closely spaced steps for climbing, soft landing spot, always supervise play
		play tunnel	bright colours, easy to access, washable, portable
	fine motor (coordination)	sandpit, paddling pool	covered when not in use, change water regularly, always supervise play, range of accessories
3–5 years	gross motor (movement, limb coordination, balance, muscle strength) and social (sense of achievement, independence)	tricycle, bicycle with training wheels, scooter	safe, stable, appropriate size, easy to steer, safety accessories
		seesaw	stable, handle to hold, soft ground, may need to supervise play
		climbing frame	variety of movements possible, not too high, soft ground, stable
		hoops, skipping rope, balls, mini beanbags	different sizes, use separately or together
5–8 years	gross motor (movement, limb coordination, balance, muscle strength) and social (sense of achievement, independence)	bicycle, stilts, skateboard, rollerblades, rollerskates, go-kart	safe, durable, safety accessories
		trampoline	safe, safety mats on edge and underneath
		swings	large seat, soft ground, children can touch ground with feet, propel themselves



WORK IT OUT

As a class brainstorm the ways that a cardboard box can be used for play by children. How many ways can you think of in five minutes?

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Put it into practice

Playdough is something most children love to play with, especially toddlers and preschoolers. Make your own playdough *product* and have fun creating with it.

Ingredients

2 cups plain flour

1 cup salt

1 tablespoon oil

½–1 cup cold water

2 drops liquid food colouring

Method

1. Combine plain flour and salt.
2. Add oil, food colouring and enough water to make a firm, soft dough. Mix until ingredients are combined.
3. Knead well. If it is too wet, add a little more plain flour.

Apply your knowledge

1. Suggest ways in which the following items might be used as a toy:
   - **a** firmly sealed plastic container of uncooked rice
   - **b** set of measuring cups
   - **c** foil pie plates
   - **d** soft hairbrush
2. Compare the play equipment suitable for infants and preschoolers.
3. Advise the parents of the following children on a selection of play materials, either indoor or outdoor, that would be suitable for their child's needs and age.
   - **a** Lena is almost two. She likes building towers and towns but has to use all the plastic food-storage containers in the kitchen to do it. This is becoming frustrating for Dad when he is cooking, and for Lena.
   - **b** Nine-month-old Zane is very active. He is almost walking and loves to be outside watching the birds and the pet dog in the garden.
   - **c** Natalie has just started school and has become interested in the environment and science. She has been collecting all sorts of bugs and leaves to study.
   - **d** Six-year-old William has recently taken a great interest in cars. He has always liked outdoor play and has had a bicycle since he was four. Now his parents think he may be ready for another toy with wheels.
   - **e** Neang is three and a half and his father is concerned that he is not as cognitively advanced as his brothers were at the same age. He enjoys quiet play and likes to play games with his older brothers and father.
4. Imagine you have $300 to spend on play equipment and/or toys for a preschool child. Research what you would like to buy, within your budget, and justify your choices with regard to play equipment versus toys.

Contemporary issues

New technology, the breaking of gender stereotypes, commercialisation and safety continue to be areas studied in relation to play. Some of the current issues relating to the nature and importance of play for young children are set out in **Figure 5.15**. Two of these issues are explored in the following pages.



FIGURE 5.15 Contemporary issues in play and the developing child

Lack of free play time

When adults overload children with structured activities, or interfere in their play, they inhibit children and make it more difficult for them to make sense of the world and become properly socialised.

All work and no play: Why your kids are more anxious, depressed

Esther Entin, 20 October 2011

For more than fifty years, children's free play time has been continually declining, and it's keeping them from turning into confident adults

What are your memories of playing as a child? Some of us will remember hide and seek, house, tag, and red rover red rover. Others may recall arguing about rules in kickball or stick ball or taking turns at jump rope, or creating imaginary worlds with our dolls, building forts, putting on plays, or dressing-up. From long summer days to a few precious after-school hours, kid-organized play may have filled much of your free time. But what about your children? Are their opportunities for play the same as yours were? Most likely not.

Play time is in short supply for children these days and the lifelong consequences for developing children can be more serious than many people realise.

The decline of play

An article in the *American Journal of Play* details not only how much children's play time has declined, but how this lack of play affects emotional development, leading to the rise of anxiety, depression, and problems of attention and self control. 'Since about 1955 … children's free play

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has been continually declining, at least partly because adults have exerted ever-increasing control over children's activities,' says the author Peter Gray, Ph.D., Professor of Psychology (emeritus) at Boston College. Gray defines 'free play' as play a child undertakes him- or her-self and which is self-directed and an end in itself, rather than part of some organized activity.

Gray describes this kind of unstructured, freely-chosen play as a testing ground for life. It provides critical life experiences without which young children cannot develop into confident and competent adults. Gray's article is meant to serve as a wake-up call regarding the effects of lost play, and he believes that lack of childhood free play time is a huge loss that must be addressed for the sake of our children and society.

Who and what is interfering with children's play?

Parents who hover over and intrude on their children's play are a big part of the problem, according to Gray. 'It is hard to find groups of children outdoors at all, and, if you do find them, they are likely to be wearing uniforms and following the directions of coaches while their parents dutifully watch and cheer.' He cites a study which assessed the way 6- to 8-year-olds spent their time. The researchers found that compared to 1981, children [today] spent less time in play and had less free time. They spent 18 percent more time at school, 145 percent more time doing school work, and 168 percent more time shopping with parents. The researchers found that, including computer play, children spent only about eleven hours per week at play.

In another study, mothers were asked to compare their own memories of their playtime, to their children's current schedules. 85 per cent noted that their children played outdoors less frequently and for shorter periods of time than they had. The mothers noted that they restricted their own children's outdoor play because of safety concerns, a fact echoed in other surveys where parents mentioned child predators, road traffic, and bullies as reasons for restricting their children's outdoor play.

Adding to the problem, Gray notes, is our increasing emphasis on schooling and on adult-directed activities. Preschools and kindergartens have become more academically-oriented and many schools have even eliminated recess. It is not that anyone set out to do away with free play time. But its value has not been recognized. As a result, kids' free play time has not been protected.

Five ways play benefits kids

When children are in charge of their own play, it provides a foundation for their future mental health as older children and adults. Gray mentions five main benefits:

1 **Play gives children a chance to find and develop a connection to their own self-identified and self-guided interests.** As they choose the activities that make up free play, kids learn to direct themselves and pursue and elaborate on their interests in a way that can sustain them throughout life. Gray notes that: '... in school, children work for grades and praise and in adult-directed sports, they work for praise and trophies ... In free play, children do what they want to do, and the learning and psychological growth that results are byproducts, not conscious goals of the activity.'

2 **It is through play that children first learn how to make decisions, solve problems, exert self control, and follow rules.** As children direct their own free play and solve the

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problems that come up, they must exert control over themselves and must, at times, accept restrictions on their own behavior and follow the rules if they want to be accepted and successful in the game. As children negotiate both their physical and social environments through play, they can gain a sense of mastery over their world, Gray contends. It is this aspect of play that offers enormous psychological benefits, helping to protect children from anxiety and depression.

Anxiety and depression often occur when an individual feels a lack of control over his or her own life. 'Those who believe that they master their own fate are much less likely to become anxious or depressed than those who believe that they are victims of circumstances beyond their control.'

3 Children learn to handle their emotions, including anger and fear, during play. In free play, children put themselves into both physically and socially challenging situations and learn to control the emotions that arise from these stressors. They role play, swing, slide, and climb trees . . . and 'such activities are fun to the degree that they are moderately frightening . . . nobody but the child himself or herself knows the right dose.'

Gray suggests that the reduced ability to regulate emotions may be a key factor in the development of some anxiety disorders. 'Individuals suffering from anxiety disorders describe losing emotional control as one of their greatest fears.' Adults who did not have the opportunity to experience and cope with moderately challenging emotional situations during play are more at risk for feeling anxious and overwhelmed by emotion-provoking situations in adult life.

4 Play helps children make friends and learn to get along with each other as equals. Social play is a natural means of making friends and learning to treat one another fairly. Since play is voluntary and playmates may abandon the game at any time if they feel uncomfortable, children learn to be aware of their playmates' needs and attempt to meet them in order to maintain the play.

Gray believes that 'learning to get along and cooperate with others as equals may be the most crucial evolutionary function of human social play … and that social play is nature's means of teaching young humans that they are not special. Even those who are more skilled at the game's actions … must consider the needs and wishes of the others as equal to their own, or else the others will exclude them.'

5 Most importantly, play is a source of happiness. When children are asked about the activities that bring them happiness, they say they are happier when playing with friends than in any other situation. Perhaps you felt this way when remembering your own childhood play experiences at the beginning of this article.

Gray sees the loss of play time as a double whammy: we have not only taken away the joys of free play, we have replaced them with emotionally stressful activities. '[A]s a society, we have come to the conclusion that to protect children from danger and to educate them, we must deprive them of the very activity that makes them happiest and place them for ever more hours in settings where they are more or less continually directed and evaluated by adults, setting almost designed to produce anxiety and depression.'

When parents realize the major role that free play can take in the development of emotionally healthy children and adults, they may wish to reassess the priorities ruling their children's lives. The competing needs for childcare, academic and athletic success, and

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children's safety are compelling. But perhaps parents can begin to identify small changes — such as openings in the schedule, backing off from quite so many supervised activities, and possibly slightly less hovering on the playground that would start the pendulum returning to the direction of free, imaginative, kid-directed play.

Source: This article was originally published on TheDoctorWillSeeYouNow.com: http://www.thedoctorwillseeyounow.com/content/kids/art3463.html.
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Apply your knowledge

1 Esther Entin refers to the work of Dr Peter Gray. Watch Gray's TEDxNavesink talk on the decline of play (a link has been provided at **http://eec2e.nelsonnet.com.au**). Use the information from it and Entin's article to complete the following questions.
- **a** Explain what free play time is for children.
- **b** Discuss why children's free play time is often limited today compared to 50 years ago.
- **c** Evaluate the benefits of free play for children.

Safety considerations for toys and play equipment

The Australian Competition and Consumer Commission (ACCC) and Product Safety Australia impose and oversee several mandatory safety standards relating to children's toys and play products. These standards set out minimum requirements that products must meet in order to be sold in Australia. The safety standards may relate to the performance, composition, manufacturing methods, design, construction or packaging of the toys. For example, there are mandatory standards for pool toys, baby walkers, bicycles, paddle pools, projectile toys and more.

Local councils have regulations about the construction, placement and fencing of playground equipment in parks. These regulations are in line with the safety standards set by Standards Australia and relate to the types of equipment that can be erected, the surface that must be under them and how the equipment must be maintained. Recent changes to regulations allow children to take risks and have more exciting and varied equipment to play on so as to encourage children to play outdoors.

Parents visiting a playground with a child can take measures that further ensure safety:

- Check equipment for any damage before children use it. Report damage to the local council immediately.
- Supervise children closely and help them when necessary.
- Encourage children to take turns, and not push or crowd each other.
- Allow children to use only the equipment designed for their age and size.

Apply your knowledge

1. Visit the Product Safety Australia website (a link has been provided at **http://eec2e.nelsonnet.com.au**). Outline the requirements of the following standards:
   a toys for children up to 36 months **b** toys containing lead.
2. Write a set of general safety guidelines for outdoor play equipment.
3. Design an exciting piece of play equipment for a children's playground. Annotate your design to show its safety features.
4. As a class, visit a local playground and take photos of the equipment, the surfaces underneath, fencing and other features. Print your photos to create a collage and indicate the safety considerations made at the playground.

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CHAPTER QUIZ

Total = 55 marks



PART A: 5 marks

1 Play that is very physical, vigorous, intense and social in nature is referred to as 1 MARK

A aggressive play. **B** free play. **C** rough-and-tumble play. **D** solitary play.

2 Which of the following terms is used to describe toys that have many uses and stimulate a child's imagination? 1 MARK

A closed **B** expensive **C** homemade **D** open-ended

3 The social play that is characterised by children playing actively together and sharing is 1 MARK

A associative. **B** constructive. **C** cooperative. **D** functional.

4 Which of the following play theorists encouraged teasing in the parent–child relationship and believed in the value of free play? 1 MARK

A Friedrich Froebel **B** Susan Isaacs **C** Maria Montessori **D** Brian Sutton-Smith

5 Which of the following is an appropriate play activity to enhance the physical development of a preschooler? 1 MARK

A I-spy **B** hopscotch **C** puppet shows **D** tummy time

PART B: 20 marks

6 Identify three benefits of superhero play for child development. 3 MARKS

7 Describe one appropriate play experience for toddlers. 2 MARKS

8 Compare adult and child play. 4 MARKS

9 Recommend suitable indoor and outdoor play equipment for young children. 6 MARKS

10 Analyse the value of play for a child's development. 5 MARKS

PART C: 30 marks

11 **a** Outline the importance of practice to children's play. 2 MARKS

b Discuss the influence physical development has on play. 5 MARKS

c Assess how each of the types of cognitive play contributes to a child's development. 8 MARKS

12 **a** Describe the role of adults in children's play. 3 MARKS

b Discuss how individual differences in children influence their play. 4 MARKS

c Evaluate the influence of physical and social environments on children's play. 8 MARKS

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6 STARTING SCHOOL

Overview

This chapter examines young children making the transition to school, including expectations and preparations, and the curriculum offered in the first years of primary school. The impact of starting school on a child's development is important to consider too. The chapter concludes with a study of contemporary issues relating to starting school.



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Learning objectives

After studying this chapter, you will be able to:

- discuss the ways of making the transition to school easier for children
- examine children's experiences of their first day at school
- investigate the expectations parents, children and teachers hold about school
- describe the early primary school curriculum
- examine how play is integrated into a child's learning at school
- analyse the effects of change on young children starting school
- critically examine a contemporary issue relating to starting school.



WORK IT OUT

Add any new key terms from this chapter to your glossary.



KEY TERMS

curriculum
the interactions, experiences and routines through which children learn and achieve at school

differentiation
planning and modifying teaching to meet the individual needs of children

free play
unstructured, unsupervised and spontaneous play and games where children choose their own activities and fun

outcomes
goals set for a student to achieve through a learning experience; the knowledge, skills and attitudes students develop from a learning activity

syllabus
subjects in a course of study; outline and summary of topics in a course

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Experiences of starting school

Just like home, school is very important in the lives of children. Their experience of school plays an essential role in determining their academic, social and, even possibly, their working future. The first year is crucial. Research shows there is an unbroken link between the progress that children make in their first year at school and their achievement at the end of school.



Newspix/Andrew Henshaw

FIGURE 6.1 All ready for the big adventure of school

Recollections of starting school

Most of us can remember something about starting school, such as the name of our Kindergarten teacher or the size of our school bag. For many people their recollections of school are happy ones, but for some their feelings may be less positive, recalling the fear or loneliness that school meant for them.

For children who went to primary school in the 1970s school memories may include drinking warm milk at recess, learning times tables by rote and weekly spelling tests. Those from the 1990s will remember playing Heads Down Thumbs Up, taking part in the MS Readathon and the 'no hat, no play' rule.

Let's look at some recollections of school from the 1930s and late 1960s. Jim remembers his early days at Dundas Public School in Sydney's north-west, where he started in 1938.

> 'I remember a strict but pretty teacher who liked to read stories to us from May Gibbs' *Snugglepot and Cuddlepie*. She often let me clean the blackboard and "bang" the dusters outside on the balcony to clean them. I think I was probably in second class then.
>
> We played games a lot in the big playground under a big oak tree. I remember how hot the asphalt used to get on a hot summer day – you couldn't sit down on it at all. Sometimes we played as part of a lesson, like the Farmer in the Dell. We had to act out the parts of the farmer and his wife, and all the other characters as the teacher showed us.
>
> At lunchtime we boys liked to play marbles or kick a ball around. Sometimes the girls would convince some of us to play What's the time Mr Wolf? They needed a boy to be the wolf. So there would be groups of girls being chased around the playground by boys making enthusiastic wolf noises. Of course, the girls always ran into the girl's toilet block to escape, so us boys would just go back to our marbles.
>
> I loved playing with plasticine. This was modelling clay that our teacher would hand out and we could roll and shape it into whatever we liked . . . one day it might be a house, the next a plane or maybe our favourite pet. We didn't have a lot of resources when I was at school because it was the Depression and then the war started.'

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Kathy recalls her first day at Challa Gardens School in Kilkenny, South Australia.

> It was 1969. I remember walking in with my mum. I was holding on to her skirt. I was crying and terrified. It was overwhelming. I am the eldest of three and came from a non-English speaking background. My teacher was Mrs McKell. She was nice but very firm. Quite scary for a five-year-old who had never been outside the sanctuary of home and the familiarity of cousins' houses as my playground. To walk into what for me, at the time, was a huge complex of strangers made up of other children and strange adults was extremely difficult. I recall after that initial day, my transport to school was on the back of my grandpa's bicycle. He had a special basket type seat made up for me. No helmets then!!
>
> I have great memories of the milk bottle moments, of playing in the yard with my French friend Veronica. I have memories of losing my first tooth at recess one day. I bit into my apple to find both blood and my tooth in it. I cried and binned the apple. I recall the hot summers where we had to stand still for what seemed an hour or more (maybe it was) during assembly which were held outside in the yard. I recall assemblies well as I often fainted during them from the extreme heat.
>
> I loved school. I had many friends and have some very good memories. I have the black and white class photos which I will always treasure.

Kevin remembers that the tuckshop from his primary school, run by parent volunteers, was a big treat back in the 1980s, with lunch orders being allowed only weekly, or even monthly.

> A pie or a pastie cost just 65 cents, and a sausage roll was 35 cents. Everyone ate white bread sandwiches, and the classic tomato sauce sandwich was only 20 cents. The best, though, was something called a "roll roll", a sausage roll in a bread roll, with tomato sauce, of course.
>
> Unlike schools today, we could buy chips and lots of different lollies. Twisties or Chickadees were 15 cents a pack, much cheaper than the 25 cent packets of potato chips. My sister, Gemma, loved finger buns, which were a recess speciality at 30 cents. It was great when Mum was on tuckshop because she would treat me and my friends with something, maybe a frozen Sunny Boy in summer, or some chocolate milk.
>
> We had a lunch order system. Mum wrote our orders on a brown paper bag and put the money in it. At the start of the day the lunch monitor would collect the bags in a laundry basket and take them to the tuckshop. Just before lunch, they made a second trip and returned with the basket full of semi-warm sausage rolls, ham and tomato sandwiches and flavoured milks or juices.



WORK IT OUT

Compare a current primary school canteen menu and price list with Kevin's options.

Source: Adapted from comments on 'Remember Those Early Years At School?', by Bob Byrne, January 10, 2015, www.adelaideremembers when.com.au

Factors in starting school

Environment

Today classrooms have flexible seating arrangements, whereas in the past desks were aligned in rows, with the children's belongings stored in the lids of the desks. There was a teacher's desk at the front, with a blackboard, or perhaps whiteboard. Nowadays, the teacher's desk may well be in the middle of the room, or at the side, and interactive boards or screens with projectors linked to the teacher's laptop have often replaced traditional write-on boards. Children sit in groups at tables, which can often be moved around, creating a flexible learning space.

Outside spaces have also changed. With increased awareness about sun safety, primary schools now have a Covered Outdoor Learning Area (COLA), whereas in the past, shade in the playground was usually provided by only a few trees. A COLA is a multipurpose space in which children play during their breaks. It is also used for sport, music and art activities, and is a good space for school assemblies. Some COLAs have portable seating and specific play areas, such as sandpits or water pits and climbing frames. Nowadays there is usually seating for all children, if not in the COLA, then in another shaded area. Some schools even have a vegetable garden in the playground that children and teachers tend to.

Teachers and other children

Teachers and teaching methods are quite different now. In Kindergarten classrooms today learning is student-centred, collaborative and inquiry-based. Children learn not only from the teacher, but also from each other, the Internet, books, movies, other people inside and outside the school, and even people in other countries. Children ask questions, explore, play, experiment and investigate new ideas. Teachers encourage children to contribute in respectful ways that involve listening and caring for others.



National Library of Australia/Wolfgang Sievers (nla.obj-143543933)



Alamy Stock Photo/Jason Freeman

FIGURE 6.2 A primary school playground from 1970 looks different from today's COLA

Connecting positively with his teacher helps a child feel safe and secure, as well as giving him a sense of belonging, thus contributing positively to his wellbeing. When a child feels comfortable and safe with his teacher, he is more likely to be happy to go to school. Several studies have also shown that children with a secure attachment to their Kindergarten teachers feel more confident socially and are more successful at learning.

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Parents can encourage the relationship between their child and teacher in a variety of ways. Hanging school artwork in a visible place at home is a positive affirmation, as is recognising the value of new skills learnt at school with praise like 'That is something new that you have learnt. I'm so pleased that Ms Laver taught you that.'

In its study Growing Up in Australia: The Longitudinal Study of Australian Children, the Australian Institute of Family Studies (AIFS) found that in 2011 around 95 per cent of Australian four-year-old children attended preschool. Thus many children starting Kindergarten already have friends in their class group – either the children they went to preschool with or others whom they met on the orientation to Kindergarten days. In the past, when not all children attended preschool, for many children the start of Kindergarten meant being quite alone until they began to find friends in the classroom.

Feelings

Charles Sturt University has undertaken a study into people's experiences of starting school across several decades. The majority of respondents, regardless of their age, referred to having a greater sense of awareness of themselves when they were starting school. They described their excitement, anticipation and apprehension, with these feelings being common to all generations involved.

Just as in the past, children starting school today must adjust to the routines of the school year and the feelings they have. Children who felt a close connection to their preschool teacher or a carer at child care can take a while to get used to separating from them and other children, and to adjust to a new teacher and new children. Some children struggle with the formal structure and the greater concentration that is needed at school. They may feel the teacher is limiting their freedom by not letting them do what they want. Many Kindergarten children have difficulty expressing their feelings in words and it is not unusual for children's behaviour to regress when they first start school. They may be more difficult or act in a babyish way at home as they learn how to manage at school.

Family reactions

As children begin their school journey, their parents, siblings and other family members will react in different ways. Siblings and grandparents often show pride and excitement about a child's first day of school, but for parents it can be a time of mixed emotions. Parents are happy that their child is reaching another milestone in their development, but are also torn about seeing their 'baby' grow up.

A survey of 2000 parents in the United Kingdom found the following about their feelings and reactions on the first day of school for their child:

- Seventy-one per cent of parents were anxious about their child starting school for the first time, and 48 per cent were more anxious than their child.
- Mothers were five times more likely than their children to cry when arriving at school for the first time.
- More than 50 per cent of mothers felt 'overwhelmingly emotional' when dropping their child off at school.

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- Close to 50 per cent of parents missed their child's company and 30 per cent missed the constant background noise at home during the day.
- Seventy per cent felt their child had grown up too quickly.
- Twenty-five per cent of parents said they would work less and 7 per cent said they would quit work altogether if they could relive the years before school with their children.

While children look forward to going to school, it is also quite frightening for them. Parents need to control their own anxiety so as to make their children feel prepared and less nervous. To make the first day as easy as possible for parents, child and teacher, here are a few ideas for parents:

- Say goodbye, reassure the child you will be back in the afternoon and leave promptly. A long farewell can be difficult for everyone, so show your ease with leaving, such as a quick wave or making a funny goodbye face. (Never try to sneak out in an attempt to avoid making a child upset.)
- If a child cries it is normal. Still leave promptly, to allow him to settle with the teacher.
- Consider sending a small comfort to help a child feel secure. A favourite car tucked into his backpack or a little note in his lunchbox might be a good idea.
- Enjoy the morning and don't cry until he has gone into the classroom. Do something special if possible, like meeting a friend for morning tea or treating yourself.
- Don't bombard a child with questions at the end of the day. Set up an after-school routine and let him gradually tell you about his day. He may have trouble remembering everything, as all his experiences are new, so be patient.

Starting school today

Schools use a variety of means to help children settle into their new environment easily and happily. Orientation days are common. New children and their parents visit the school before the starting term for a special day of activities. The program will vary from one school to the next, but the aim is to help both parents and children learn about the school and become better prepared for their first day.

A typical orientation program starts with a short talk from the principal to both parents and children. Children currently in Kindergarten, or sometimes older children, then spend time with the new children, talking about their experiences and showing the children around the school, with supervision from teachers. The children are then able to play in the classroom and explore it a little further with the teachers and other children, while the principal meets with the parents.

The principal talks to parents about the school's expectations, rules, routines and other matters. The principal or another teacher is also likely to explain to parents how they can help prepare their children for school and what to do if they are worried about their children. In most cases there are opportunities for parents to ask questions and communicate further with the staff.

The program usually finishes with a small party or afternoon tea where the children and parents meet up again before going home. This allows parents to meet other parents, and children to meet other children, and so valuable networking begins. Parents can share their ideas and feelings and children may find familiar faces.

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Alamy Stock Photo/National Geographic Creative


Getty Images/Ariel Skelley

FIGURE 6.3 Orientation to Kindergarten is important in helping children and parents feel comfortable

Other ways that schools help in the transition to Kindergarten include the following:

- Arranging for the start of the school year to be staggered. Beginning students may start on the same day as Year 6; the other years may start the following day, or the day after that. This allows the new children to become more familiar with their surroundings and school routines before the playgrounds and buildings become full of noisy and excited groups.
- Organising half-days for the first week or so. Children beginning school may be required to be at school only until lunchtime. Children are often very tired in the first weeks of school, so this allows gradual adjustment.
- Encouraging parents to talk to the teacher about concerns they have or issues that may affect their children. This may involve the child's health, learning difficulties, the family situation or other matters.

Apply your knowledge

1. As a class, discuss everyone's first day at school. What memories do you have? How did your experience differ from that of today's children starting school?
2. Who was your favourite teacher in primary school? Explain why you liked this teacher so much.
3. Outline how the following factors can make starting school easier or more difficult for children:
   - **a** the school environment (for example, classrooms and playground)
   - **b** teachers
   - **c** other children at school
   - **d** parents.
4. Using a Venn diagram, compare the experience of children starting school today with your own experience.

Transition to school

School is a very different experience from anything a child has done before. Even those children who have been to child care and preschool find that school is more structured than they are used to, activities more directed and demands on their concentration much greater.

There are usually bigger buildings to cope with, many more children and fewer adults for support. There are rules to follow, playtime breaks are different and the school day can be very tiring, especially for children who are used to a rest during the day.

Home vs school routines

Routines are very important in a child's day, whether at home or at school, because they provide the child with security. They are repetitive so that children can predict what will happen next and feel prepared. As they begin to participate in these routines, children learn what is expected of them within a task, and become more independent in how they engage in activities.

Routines are also effective in managing negative behaviour as children are able to emotionally prepare for changes. For example, a child will know that as he gets ready for bed, he brushes his teeth, gets tucked into bed, is read a story, has a cuddle with mum or dad and then the light goes off. At each step of the routine he knows what is expected of him and interacts successfully with his parents.

Consistent routines assist children's development in all areas, establish body clocks and set up healthy habits. Some important home routines for preschoolers and young children at school include:

- getting ready in the morning and going to bed at night
- mealtimes
- cleaning up after playtimes
- caring for pets and doing household jobs, such as setting the table
- after-school activities, such as music lessons or cricket training.

The routines of school are different from those of home and they are deliberately used as a context for learning to take place. In the early years of school, the routines revolve around starting the day, structured teaching–learning activities, meals and playtimes, being in specific spots for various activities and cleaning up. Some of these routines will be the same for the whole school, while others will be organised by the teacher of each class. A Kindergarten teacher may establish a storytime routine with his class, so that the children know at this time they gather on the mat in a circle, sit cross-legged on the floor, listen to the teacher read, look at the pictures in the book and answer questions about the story. This is very different from a storytime routine at home where a child is read a book tucked up in bed or cuddling on Mum's knee.



Newspix/Brett Costello



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FIGURE 6.4 What differences are there between lunchtime routines at home and at school?

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In the weeks before the first school day, parents can gently introduce children to their new routine by:

- getting up at a set time and being washed, dressed and finished breakfast by 'school time'
- packing a lunchbox each morning and eating morning tea and lunch at school times
- setting aside time in the afternoon for 'homework' activities such as reading or colouring
- talking with their child about what he has been doing as part of the school readiness program at preschool.



WORK IT OUT

Watch the Syracuse Academy video 'Daily Routines in Kindergarten Classes'. Note down the typical routines shown and describe the value of each for children's learning.

Put it into practice

This is a class activity to conduct a *survey*, using a questionnaire, for Kindergarten children. You need to develop appropriate questions to ask them about the first day of school and other school experiences.

1. As a class, write the questions for the survey and record them in a Google Doc or other shared document.
2. Format the questionnaire clearly and then print out one for each student in the class.
3. Each student is to conduct the questionnaire with one child, recording the responses on the Google Doc.
4. Using the collated results, each student should complete a one-page *written report* discussing the findings of the survey.

RESEARCH CLUE

Questionnaires allow you to gather lots of data by using a variety of questions. They can be used in many research situations and distributed to lots of people. The results are easy to record and tabulate.

The questions in the questionnaire may be closed, where possible responses are limited; the respondent is offered several answers or options to choose from, such as 'yes' or 'no' or perhaps a rating scale. Open-ended questions may also be used, which allow the respondents to express opinions and make comments.

Sample questions: Closed

How did you get to school on your first day? (Please tick the right box.)

☐ walked
☐ drove in the car
☐ on the bus or train
☐ other method:

When you first went into the classroom, how did you feel? (Please circle the right face.)



Sample questions: Open-ended

What was your favourite activity on the first day?

Why did you like it so much?

Some hints for designing a good questionnaire:

- Define any terms that could be misinterpreted.
- Design the form to allow for easy tabulation.
- Avoid biased terms and double-barrelled questions.
- Use language appropriate to your target audience (remember – Kindergarten children need simple language, and you will probably need to help them read the questions and fill out their answers).
- Design the questionnaire with a clear and well-spaced format.
- Edit your questions and test your survey on someone.

Children's skills and experiences before starting school

The key to reducing negative stress and making sure that the change to primary school is an exciting challenge is preparation. This does not mean that parents need to set aside special school preparation time, but rather they need to develop good habits of interaction with their children. Most parents and caregivers are doing the right things already, as the skills and experiences a child needs for school are developed in everyday activities.

Emotional and social skills and experiences

Parents can encourage their children to become responsible at an early age through simple tasks, such as cleaning up their play areas and packing away toys. This is a valuable skill for coping in the world and the teachers will appreciate having some responsible helpers in their classrooms.

Time is a difficult concept for young children to grasp ('Is it 10 minutes yet?'), but parents and caregivers can introduce the concept of time management by setting limits on activities. For example, allow the child to watch an hour of self-selected television each day, or let them know how long it will be before they need to pack up a game and prepare for dinner ('I'll set the oven timer for 10 minutes. When you hear the bell, 10 minutes has gone and it's time to pack up.'). Such strategies help prepare children for the challenge of balancing their time between playtime, classroom time, homework and other out-of-school activities.

One of the most important ways parents can prepare their children is to make sure they are emotionally ready to start school. Parents should talk about school in advance as a happy place where children learn, have fun and meet friends. Adults and family members should avoid talking about bad experiences other children have had, or making school seem threatening with comments such as 'At school you'll have to put your jacket on by yourself!'

Parents can introduce the school to the child, first by driving or walking past it a number of times. This gives parents and children a chance to talk about what the school looks like and

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the activities and routines that happen there. Parents and children should visit the school on its orientation day if possible, or arrange another visit so that the child will know what the classrooms are like, where the toilets are and where he will be picked up or where he will find an older sibling and wait for a bus.

Involving children in buying the equipment they need is another important and exciting experience in the preparation for school. Parents can take them shopping for a new lunchbox, backpack and school clothes. All items should be labelled clearly so that they are not lost, as this can cause unnecessary distress for children and parents and a problem for teachers.

Children who have been to child care or preschool are used to being away from home and from their parents. They are also used to sharing adult attention, mixing and cooperating with other children, and to the noise and movement associated with large numbers of children. Research suggests that these children find the transition to school easier to cope with for these reasons; however, studies also show that a child who is happy and secure at home is less likely to have difficulties at school. Any child who has been encouraged to be independent, share and wait his turn finds it easier to adjust to school than a child who is used to continuous attention from his parents.

Physical skills and experiences

Children should have a complete physical examination and dental check-up before starting school. The doctor can determine if there are any physical conditions, such as asthma or allergies, that parents may need to let the school know about. In most States and Territories children need to be fully immunised before entering school, so this should also be arranged in the year before the beginning of the school year.



WORK IT OUT

When enrolling a child in a NSW primary school, parents are asked to provide an Immunisation History Statement. A child without one is not prevented from enrolling, but according to the NSW *Public Health Act 2010*, children without proof of immunisation may be asked to remain at home during an outbreak of a vaccine-preventable disease. Complete the following by researching the issues at the Immunise Australia Program website (a link has been provided at **http://eec2e.nelsonnet.com.au**).

1. What is the aim of the Immunise Australia Program?
2. What are immunisation and vaccination?
3. What immunisations do four-year-olds routinely receive under the National Immunisation Program?
4. How is immunisation linked to family assistance payments?

It benefits all family members if children develop good sleeping habits. To keep them alert and interested for the whole school day children need to have eight to 10 hours' sleep each night. A child who is tired will be restless and irritable and will have difficulty concentrating and learning.

Parents should also ensure that their children are eating adequately and often – although this may be a feat of planning and organisation for the household. A good breakfast, which may involve having several choices on hand, gives children the energy they need to grow, learn and

play. A healthy lunch is necessary to help them replace fuel during the day. A good afternoon snack and a tasty dinner should complete the day's nutrition. Starting school is a good time to consolidate sound long-term eating habits; however, parents need to accept that children may now come under increased peer pressure to eat low-nutrition foods and that some flexibility about popular items may be necessary.

Put it into practice

Design and make a school recess and lunch for a Kindergarten child.

1. Research the nutritional requirements for a child in Kindergarten (see Chapter 10 for some tips).
2. Plan appropriate foods for recess and lunch for the child.
3. Explain why you have chosen the foods, highlighting the benefits they will provide for the child.
4. Make your recess and lunch and present them in a lunch box, justifying your choices to others in the class.
5. Submit your written work with a photo of your lunch box contents.

You can eat your recess and lunch at school today!

Independence and personal responsibility

Although children starting school have varying abilities, there are basic, practical skills that will help children to fit into the new environment more easily. Having these skills and experiences enables them to feel more like the other children in the class and gives them a sense of independence, as they do not always have to ask the teacher for help.

Before a child starts school it is useful if he can:

- fasten his shoes – either velcro, buckles or laces
- dress and undress himself, particularly putting on a jacket or jumper without help
- take care of toilet needs without help
- wash his hands effectively
- say his name and address clearly
- say 'please' and 'thank you' at appropriate times
- recognise and look after his own belongings
- open packets and cartons in order to manage his lunch
- blow his nose properly
- talk in complete sentences
- listen to, take in and act on simple instructions



iStock.com/nicolesy

FIGURE 6.5 Independence skills are important for children to have when starting school

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- hold a pencil, crayon or pen to draw or write
- use a mouse, keyboard and touchscreen
- separate from parents without a problem.



CASE STUDY

Chloe

Chloe has two children: Jasmine, who started school at five-and-a-half years old, and Darius, who is three years old. Chloe was very focused on making the transition easy for Jasmine when she went to Kindergarten, because none of her friends from preschool were starting at the same school. She planned a few important strategies that worked perfectly as Jasmine settled well from the first morning.

First of all, Chloe bought a book about starting school, which she read often with Jasmine. They bought her school uniform early so she could show it off to her Grandma and cousins. Chloe explains, 'I also spent time looking at my old school photos with Jasmine to show her what mummy looked like on her first day. It was especially useful as I went to the same school, so this helped build the excitement, and the security for her.'

It was Orientation Day that Chloe believes had the most positive impact.

'The infants children gave a little concert, after which the children were allowed to play with the toys in the Kindergarten classroom while the principal spoke to the parents in the hall. It finished with a party – complete with fairy bread and balloons!'

To avoid stress on that important first day Chloe advises arriving well before the bell rings. It is great for your child to know where the toilets are and where she will meet you in the afternoon. Chloe also made sure that everything was labelled for Jasmine.

Chloe said, 'Right from the start I became as involved as I could at school. I help with reading, volunteer at the tuckshop and have even been to the zoo with Kindergarten. I'm sure this continues to make school easier for Jasmine.'



1. What strategies did Chloe use to help prepare Jasmine for school?
2. What practical preparations did Chloe make?
3. List the reasons why Orientation Day was beneficial.
4. Chloe says that she has been involved in the school since Jasmine first started. Outline the benefits her involvement might offer.

Apply your knowledge

1 a In a table, like the sample below, identify three routines a child has at home and at school.

Daily home routine	Daily school routine

b Compare the routines.

c Discuss the challenges children face in making changes to their routines.



THINK ABOUT THIS

For Question 1, *identify* means recognise and name, *compare* means to show how things are similar and/or different, and *discuss* involves identifying issues and providing an opinion or offering insights.

2 Research the school readiness programs of various preschools. Describe the experiences they provide to help prepare children for school in the following areas:

a physically
b socio–emotionally
c cognitively
d in language

3 In small groups, create an instructional video for parents on the skills and experiences children should have before starting school. Be creative in your approach – perhaps using flashcards, demonstrations, varying speeds, music, interviews and other means to communicate your message.

4 There is some diversity in community attitudes towards schooling. Some members of the community support public education, others look to independent or systemic education, while alternative schooling models, such as Steiner or Montessori schools, appeal to other community groups. Describe different schooling institutions and account for their acceptance within the community.

Beginning Kindergarten

Expectations about school

It is important to consider the experiences and expectations of a range of people in the transition to school – parents, teachers and children. When starting school, children – and their families – have to manage new physical and learning environments, social interactions and feelings. Various studies indicate that early school accomplishments are linked to both academic achievement and social success in later life. A University of Western Sydney study, called the Starting School Research Project, looks at the experiences of parents, teachers and children in New South Wales who were about to start or had just started school. It provides some useful insights into the expectations that each of these groups have about starting Kindergarten.

Parents

The Starting School Research Project found that parents were concerned about how their child would be perceived by others and how they would adjust to school. They worried if the child would be accepted, if someone would get to know their child as an individual, if he would make friends, if someone would talk to him and if he would separate easily from the parent. For parents, an important expectation is that their children will be happy at school. Their major concern is that children adjust to school by being able to interact with different adults.

Parents, like teachers, have expectations that children will have effective communication and social skills when they start school. Parents also place importance on their child having academic skills, such as being able to write his name, say the alphabet and count past 10.

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Starting school is a huge step for children and it takes time for them to adjust to their new life. In the first few weeks, parents will notice changes in their children and will be anxious to hear about what their children have done each day. The trick for parents is to not have too many expectations: to relax and allow children time to settle in. Advice for parents at this time might be as follows:

- Don't expect too much too soon. If a child is happy and is enjoying school, that's a success. The evidence of learning will come later.
- Be flexible. Children are likely to be tired and will need lots of support.
- Listen to what children say about their day, but don't ask too many questions. It may be better to talk at bedtime when the children have had time to relax and think about their day.
- Keep to routines that allow for rest and free play time. Don't organise too many after-school activities and try not to have too many things to do yourself (for example, shopping) on the way home.
- Once the child seems ready, invite a school friend to play – for a short time after school, or on the weekend.
- If a child is really upset or if you are worried about something, talk to the teacher about it. Do this without letting your child know you are worried, but talk to the child openly about what might be troubling them.

Today is your day

29 January 2015, by Beth

Harps, it's my job to remember all the bits that you won't growing up and today was a big one. You started School. FINALLY. After asking me over and over if it was Thursday yet, it was and the time was here. It was cold this morning, unseasonably for late January with an autumnal chill in the air. We were both up early, ready for the day ahead.

There were lunch boxes to pack, bags to line up, stuff to get ready and ready you did. You refused help from your Dad because you can do it by your self-es, you think we would have worked that out by now. I had to keep turning away from you cause the hot tears kept coming and pricking my eyes. Your big sister was excited for you, telling you this and that and how things work. There were calls to take from Grandma, photos to take and then we were off.

We stopped off to see your friends Ruby and Arkie who came to see you through the gate, and then you were in and off. Bags up, play time and then assembly without a second thought. You are ready for School my love, so ready.

As your Dad said to me this morning, we've done good him and I. Two girls big and ready to School. I said to him that it's all ONLY ok because I can feel your little sister or brother kicking away, so I know we don't have to let you all grow up just yet.

I can't get the words out properly or see the letters to type through my tears sweet girl. I, we are so proud of you. The big, smart, funny, stubborn, sweet girl that you are. You have been my baby for so long now, and now it's time to let you go. And that's OK, we're ready. I hope school is everything you want it to be. A place of fun and friendship of learning about the world. I hope you're not too pissed off this afternoon when you realise that you still can't read yet. It will come. Be brave, be

happy, be patient and kind to yourself and others. Challenge yourself, and never stop being the beautiful sweet soul that you are. That School is lucky to have you Harper. We all are.

"You're off to Great Places!
Today is your day!
Your mountain is waiting,
So . . . get on your way!"

And for all the other Mums and Dads out there with little ones starting today, here's a tissue and a virtual back rub for you. You've done good, so good. Look at them go . . . !

Source: Beth Macdonald, 'Today is your Day', January 29, 2015 (http://www.baby-mac.com/2015/01/today-day/)

Apply your knowledge

1 What are Beth's expectations for her daughter starting school?
2 What are the expectations of Beth's daughter about school?

Teachers

Teachers have expectations that children will start school with basic communication and social skills, such as being able to take turns, listen to others, fit into a large group and be enthusiastic about new activities. They expect that children will be able to sit still, make their needs known, include others and speak appropriately to both adults and children. Teachers feel that children being physically healthy, rested and well nourished are important in getting off to a good start at school. While teachers do expect Kindergarten children to be independent and accept responsibility for their actions and possessions, they do not have the same expectations of academic ability as most parents. It is not expected that children can write, read or count when they start school. They may be able to recognise and name some shapes, letters and numbers, but this is not considered a prerequisite for starting school.

Most teachers prefer children to have turned five years old by the time they start school, as they believe the child has had time to mature both socially and emotionally. With this maturity comes valuable skills, such as being able to toilet independently, dress themselves and fasten shoes.



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FIGURE 6.6 Having friends is important for children for both settling into school and feeling happy

Children

Children generally expect that school will be different from preschool. They recognise that school has routines and that they have to conform to the expectations of school and teachers. Children feel that in order to be successful at school they must know the rules and what happens if they don't follow them. In the Starting School Research Project, children mentioned rules like 'You have to be nice', 'Not to run in the classroom' and 'You have to do what the teacher says'.

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Children also measure their success and happiness at school by whether they have friends. For some this makes for a positive start to school, as one child reported, 'I like school 'cause I like playing and finding some friends'; while some feel left out, 'You try and tell them something they just run off and ignore you.'

The idea of 'big school' can be both comforting and overwhelming for children. Some feel comfort from knowing there are older children to look out for them and be their 'buddies', but other children are anxious about the bigger children. They may feel scared about getting knocked over, overwhelmed by the noise of so many children or worried that they won't be good enough to play the games properly.

Children have a good understanding of why they go to school and what they will do there. They refer to routines, like lining up and putting their hats away; and they anticipate what they will learn, referring to homework, having 'readers', learning letters, writing their name and making things.

The teacher is very important to the child's perception of school. Children may be scared when they don't know who their teacher is, and most say they like school because they like their teacher.



THINK ABOUT THIS

The KidsMatter website has a great section on starting school, including a video where children talk about their expectations about school. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

The Kindergarten classroom

Classroom set-up

As we have seen earlier in this chapter, classrooms today look quite different from a traditional classroom. The space is not dominated by desks and chairs, with all children's work on display being the same. Modern classrooms are child-centred spaces where the arrangement of resources and equipment reflects the child as being the most important part of the environment. In such a classroom, play-based learning is facilitated by many small, and sometimes individualised, learning areas established for the children to explore through investigation and play.

The classroom set-up, and the learning activities that take place there, are designed to meet children's interests and needs and provide for play and learning in the areas of emotional, social, cognitive, physical and language development.

Classroom experiences

In Kindergarten children have opportunities to learn in many different ways. Through active learning, in both play-based and inquiry-based approaches, decision making, problem solving and thinking skills are developed. Children also learn to collaborate, communicate effectively and develop a positive self-esteem.

Effective classroom experiences for Kindergarten children:

- are developmentally appropriate for five- to six-year-olds
- consider children's individual capabilities and are adaptable, to allow children to move at their own pace

- provide choices of activities for children for part of the day
- involve negotiating rights, roles and responsibilities and developing social skills for working and playing with others
- recognise the diverse social and cultural practices of different children
- allow children to experiment with materials in a variety of creative, imaginative and innovative ways
- encourage children to communicate their ideas and engage them in conversation
- include feedback for children on their behaviour and progress.

Parental involvement

Teachers and parents should develop a meaningful partnership, in order to support a child's education and sense of belonging. When parents and teachers work together the child benefits. He will be more settled and secure at school and will gain from having similar approaches or routines to follow at home and at school. Teachers can help to build positive relationships with parents by:

- being available to parents, so they feel they can talk openly when they wish, or when a problem arises. Parents need to be considerate of the teacher's time and the other children's time, but can raise a concern if needed
- getting to know parents and acknowledging their importance. Teachers need to be aware of the differences between parents and understand their needs; for example, a parent leaving his child for the first time at school will have different needs from a parent who has two older children already at the school
- talking and listening to parents to establish open communication. Parents need to feel that they can trust the teacher. The teacher can develop this trust through active listening.

Schools use various ways to relate to parents and communicate with them. Methods include:

- newsletters sent out regularly, either via email or in print form, and updates on the school website, which give information on such topics as student achievements, school events, and uniform and transport changes
- letters from teachers about excursions, concerts or concerns about a child's performance, sent home with children or by email
- open days that allow parents to see children in the classroom – and meet other parents
- parent–teacher evenings or conferences, providing an opportunity for parents to find out about their child's progress and how he is coping
- written reports that provide information on a child's progress and performance
- homework diaries or books that allow parents and teachers to communicate about homework, progress and forthcoming events
- noticeboards for reminders, general news and information about upcoming events.



Fairfax Photos/Drew Ryan

FIGURE 6.7 Parental involvement at school can have social benefits for the child and has been shown to help a child's academic performances at school

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Schools find that parents who come into the classroom as helpers bring different skills and areas of expertise. Some parents help regularly, on a roster basis, while others prefer to help out occasionally. A good working partnership between parents and teachers means that parents enjoy coming in, the teacher values their help and the children benefit from extra adult attention. Parents may be able to help with reading programs, music tuition, excursions, craft activities or by talking about an area of interest.

Apply your knowledge

1. Watch the 'My day at Kindergarten' video at the NSW Education website (a link has been provided at **http://eec2e.nelsonnet.com.au**) and complete the following:
   - **a** In what ways is Kindergarten like preschool?
   - **b** Outline what the children learn.
   - **c** Describe the routines of the Kindergarten classroom.
   - **d** How are parents involved in the children's learning?
   - **e** What opportunities for free play do the children have?
2. As a class, create a list of the stationery items a Kindergarten student will need to start school. Cost each item at Big W, Officeworks, the Reject Shop and a newsagent. Account for the differences between these stores.
3. Interview a parent, a teacher of children in their first year of primary school and a four- or five-year-old preschooler about the expectations they have of the first days at school. Using the information collected from the responses, make a list of advice for parents.



THINK ABOUT THIS

You can look back at page 77 in Chapter 2 to find out about conducting interviews.

The Kindergarten curriculum

In Australia education is compulsory from around the age of five or six years. Most children start school when they are five years old, although some are younger or older than this, and some children may be homeschooled. Under the Australian Curriculum the first year of schooling is referred to as 'Foundation' for all States and Territories.

Play in learning

Through play children are able to express their ideas and explore, imagine, experiment and manipulate their environment – all skills that are essential for a child to be able to refine their knowledge and learning. Play helps socialisation too, and during the early years of school children play games that are more structured and have rules to follow. These structured games develop autonomy and cooperation, thus contributing to the child's social, emotional and intellectual development.

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Fairfax Photos/Jamila Toderas

FIGURE 6.8 The Australian Curriculum acknowledges both free and structured play as learning experiences in the early primary school

Children's knowledge, skills and attitudes can be expanded effectively through both child-directed and adult-directed play experiences. Concepts from the Australian Curriculum learning areas may be practised and rehearsed as children play in free play or structured situations. For example, as a child plays with others she is able to practise being independent as she develops personal knowledge and preferences in relation to the group's knowledge and preferences. The Australian Curriculum is aligned with the *Early Years Learning Framework* and thus gives attention to both free and structured play as learning experiences in the early years of primary school.

Play has various functions in the lives of young children:

- It enables children to use symbols and make sense of their world.
- It promotes creativity and flexibility in thinking.
- It assists children in building their knowledge.
- It fosters language and social capabilities.
- It also extends children beyond what they have previously learnt.

As children play, either alone or in a group, they act on ideas and use technology, multimedia and other objects. They develop an understanding of concepts and construct meaning. They learn new skills and integrate their learning – using ideas, experiences, emotions, relationships, imitation, invention, role-playing and practising.

A teacher can contribute to the value and purpose of play by providing thoughtful and sensitive support. She can develop structured play experiences but also allow for free play in a school day. In these ways the teacher builds strategies of involvement and a shared understanding of play that enables children to confidently participate.

Learning areas

A national curriculum that sets out what all Australian students will be taught has been established by the Australian Curriculum, Assessment and Reporting Authority (ACARA). Each State and Territory, and the systems and schools within it, are responsible for the curriculum's implementation, through the syllabuses or frameworks set for all schools in that State or Territory. Schools and teachers use these syllabuses to design teaching–learning programs that meet the particular needs of their students in the specified learning areas. These programs are dependent on teacher expertise, local community and school facilities and resources, and the priorities, backgrounds and educational needs of the children at the school.

The learning areas within the Australian Curriculum are:

- English
- Mathematics
- Science
- Humanities and Social Sciences
- the Arts
- Technologies

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- Health and Physical Education
- Languages.

For the first three years of schooling, the Australian Curriculum makes the establishment of literacy and numeracy a priority; it also focuses on other critical aspects of learning and development, such as social and physical development and sensory, cognitive and affective appreciation of the world. These skills are taught through the various learning areas.

In Kindergarten each child is recognised as a capable learner with diverse abilities, interests, experiences and needs and teachers build on this. The teacher assesses and monitors each child's learning so that there can be differentiation in the learning that takes place. This is important in the early years when student learning and development occurs at such a fast but variable rate.

Apply your knowledge

1. Imagine you are a teacher of children in their first year at school. Draw up a timetable that outlines the activities for your class's first day.
2. Consider the syllabus for your State or Territory. Suggest how play experiences could be included in each of the learning areas. How might free play be provided for during a school day?



THINK ABOUT THIS

In New South Wales the syllabuses for each learning area are developed by the NSW Education Standards Authority.

Put it into practice

Prepare a *lesson plan* for a Kindergarten teacher. It should be linked to one of the learning areas within the Australian Curriculum.

Draw up a table for your lesson plan, like the one below. Consider the following:

- Allow 40 minutes for the lesson, but include at least two different activities (children will lose interest and become disengaged if they stay with one activity for too long).
- Identify the outcomes for the lesson – that is, what do you want the children to be able to do at the end of the lesson? (For example, 'Name five methods of transport.')
- Outline the different teaching and learning activities you will use. (For example, 'Students will make a poster collage of different forms of transport using pictures from magazines.')
- List the resources that will be used for each activity. (For example, old magazines, poster paper, scissors, glue sticks.)

Lesson name:

Learning area: **Time:**

Outcomes	Teaching and learning activities	Resources

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Contemporary issues

Starting school is a great milestone in the lives of children and their families. It is one of the first transitions that a child will make in his life that can bring stress as the child may become anxious about how others might view him and how he will fit in. Some of the current issues relating to starting school for young children are set out in **Figure 6.9**, and two of these are investigated in the following pages.

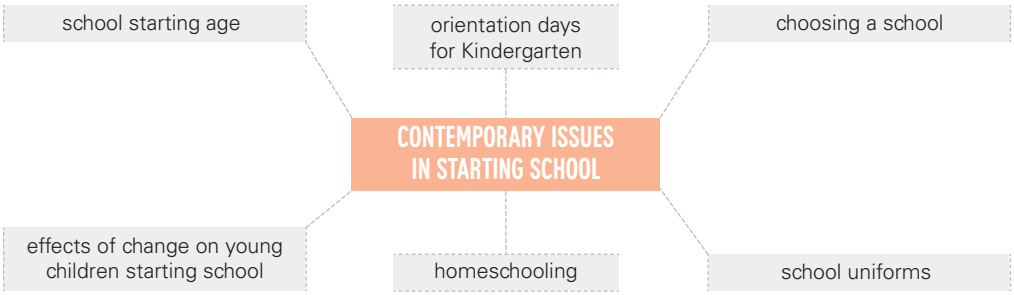


FIGURE 6.9 Contemporary issues in starting school

School starting age

Australian children must start school by around five or six years old, depending on the State or Territory. Sometimes parents choose to delay starting their children at school, meaning they are closer to six years old when starting, rather than four years old. Some research suggests that children who are more mature settle into school better and perform better academically in both the short and long term. Others argue there is no advantage in holding children back until after they turn five.

Education experts call for uniform school starting age, as parents delay sending children to primary school

Kellie Lazzaro, 3 November 2015

One in six Australian children are held back from starting primary school, prompting education experts to call for a uniform starting age for students across the country.

A growing number of parents are opting to delay their child's school entry, believing an older child is more likely to have confidence, succeed academically and take on leadership roles.

Education consultant Kathy Walker from Early Life Foundations wants a national starting age for primary school so that all Australian children must turn five by the end of December to be eligible to start school the following year. 'I've been talking, writing and researching about readiness for school for about 25 years and I have to tell you it's one of the most provocative, anxiety-making issues,' she said.

Ms Walker said sometimes it was cheaper for parents to send their children to school than give them an extra year in a childcare centre. 'Really the issue about readiness is: "Does my child have the maturity to deal with life issues, social issues, emotional issues in school?"', Ms Walker said.

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'Nearly every preschool teacher we know would be advising parents not to think about the age factor per se, not as the starting point, but as just one of many factors about when is my child ready to start school.'

Each state and territory has different regulations on when children can start school.

'If you move from one state or territory to another you get incredibly mixed messages about not only readiness but about what age your child is legally able to start,' Ms Walker said.

Younger students perform better

Professor Helen McGrath from Deakin University's School of Education said research suggested there was no disadvantage to being one of the youngest in the class. 'Children who do better in years seven, eight, nine and 10 across the board are those who are actually young when they start school at the younger end of the age eligible range,' Professor McGrath said. 'This may be because they're like younger siblings in families, more motivated to keep up with the other kids who are older than them. It may be that they simply have the advantage of learning from the older students. There are a whole lot of possibilities.'

The Australian Institute of Family Studies is tracking 5,000 children born in 1999 and 2000 as part of a large national longitudinal study. Deputy director Associate Professor Daryl Higgins said one of the clearest differences the institute found was in relation to gender. 'Parents are more likely to delay in relation to boys,' he said.

'Mothers for whom English is their first language and high levels of proficiency in English were also more likely to delay, as were those families living in non-metropolitan areas.

'But even after taking that into consideration, the biggest variable is actually which jurisdiction you live in, so that's really sending the message that the age regulations that are in place across states and territories do matter in terms of driving parent's behaviours.'

Source: www.abc.net.au/news/2015-11-03/calls-for-uniform-school-starting-age/6908846

Students may be disadvantaged by starting school at 5 years old

Amy McNeilage, 26 January 2014

Children in Australia start school younger than almost anywhere else in the developed world, up to two years ahead of students in top-performing countries such as Finland and Korea.

Experts say the early transition could be detrimental to both the learning and well-being of students, particularly those from disadvantaged backgrounds.

In a major international study of 15-year-olds in 2012, 58 per cent of Australian students reported they started primary school at the age of 5, 27 per cent started at six, and 3 per cent were seven. Twelve per cent were aged four. The average starting age among Australians was 5.2 years, which was lower than most developed countries and similar to Britain, the data from the Organisation for Economic Co-operation and Development showed.

In Singapore, Shanghai and Finland, three of the highest performing education systems according to the major international ratings, the average starting age was almost seven, with 13 per cent of students in Shanghai starting at eight.

A Cambridge University expert in the cognitive development of young children, David Whitebread, said 'overwhelming evidence suggests that five is just too young to start formal learning'.

He says children should be engaged in informal play-based learning until about seven. 'The empirical evidence is that children who have a longer period of play-based early childhood education, that goes on to age six or seven, finish up with a whole range of clear advantages in the long term,' he said. 'Academically they do better and they experience more emotional wellbeing.'

He says the benefits of delaying formal schooling are particularly significant for disadvantaged children, often forced into school early in Australia by the high costs of childcare. 'That, of course, is entirely the opposite to how it should be,' Dr Whitebread said.

The rate of preschool attendance among Australian students was also lower than a majority of developed countries, with 52 per cent saying they had attended for more than one year. For Finland, that figure was 63 per cent. For Japan, Hong Kong and Singapore it was above 90 per cent.



FIGURE 6.10 Country comparison – the average ages of entry into primary school

The University of Sydney's honorary professor in early childhood education, Alison Elliott, said it was not the starting age that was important but rather what children were doing at school. 'If children are allowed to come to school at the age of four, then we as teachers have to provide that early learning environment,' she said. 'Teachers know, or should know, how to provide appropriate learning environments for those very young children.'

Source: Amy McNeilage, 'Students may be disadvantaged by starting school at 5 years old'. *The Sydney Morning Herald*, 26 January 2014. This work has been licensed by Copyright Agency Limited (CAL). Except as permitted by the Copyright Act, you must not re-use this work without the permission of the copyright owner or CAL

Fairfax Syndications

Apply your knowledge

1. Why is there a suggestion to have a uniform starting age for schools across Australia?
2. Outline the arguments for and against delaying children starting school.
3. Analyse Australia's school starting age compared to other countries, as shown in Figure 6.10.

Homeschooling

Homeschooling involves parents or other guardians taking responsibility to guide their children through a course of study at home, rather than the children attending school. It is a legal option in all Australian States and Territories, although regulations do vary, and it can be a successful alternative for families. NSW Educational Standards Authority figures show that in New South Wales in 2015 approximately 3700 children were registered for homeschooling, an increase of 15 per cent from 2014.

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There are a number of reasons why parents choose to educate their children at home:

- Some parents feel that they are the natural teachers of their children. They enjoy being with their children and want to be a very active part of their education. They feel education is the parents' responsibility.
- Some parents may feel that their child's specific learning needs are not being catered for in the school environment. They believe their child will achieve better with their own focused attention.
- Some children may be withdrawn from school due to negative experiences, such as bullying. There may even be dangers in the school environment, such as drugs or violence, that parents consider an unreasonable risk for their children.
- While school is considered the norm in some cultures, in others it is unusual. Some parents are concerned about exposing their children to social problems existing in society. They believe that homeschooling is a way to protect their children.
- Children in rural areas can avoid many of hours of travelling to and from school that leave them tired and unable to concentrate properly. The same can apply to some children in city areas who have a chronic illness or are otherwise restricted from attending school.
- Some parents are wary of school curriculums and believe that homeschooling allows them to better supervise the content of their children's education.
- Some parents prefer to homeschool, believing that their children receive more attention than in a classroom with other children. They feel they can better cater for their children's learning rates and styles.

Supporters of homeschooling suggest that it offers many benefits for families:

- Families spend a lot of time together. Members come to understand each other more fully and form a deep commitment to family.
- The flexibility provided by homeschooling allows children to learn about what they are interested in at a time they are ready to learn. There are no set schedules or timetables to follow.

The major concern that many have regarding homeschooling is that children are deprived of interaction with their peers and educators. Supporters, however, argue that homeschooled children socialise with a broad range of people of many ages and backgrounds, and are not forced to mix with only children of their own age. They are often more self-confident, and less involved in negative peer pressure issues. Homeschooled children can have their needs met through interaction with their extended families, and by involvement with community groups, such as church or sporting groups, scouts and at dances or swimming classes.



1 Describe homeschooling.

2 Draw up a table highlighting the advantages and disadvantages of homeschooling.

3 Investigate homeschooling in your State or Territory and outline:

a how to register
b criteria for eligibility
c curriculum requirements for primary education.

4 Conduct an Internet search on resources available to support homeschooling. Write a paragraph summary of three different websites you find.



CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 Under the Australian Curriculum, the first year of school in all States and Territories is known as — 1 MARK

A Prep.
B Foundation.
C Kindergarten.
D Pre-school.

2 Common means of schools communicating with parents include — 1 MARK

A homework diaries, school website and excursions.
B homework diaries, open days and school assemblies.
C newsletters, school website and homework diaries.
D newsletters, parent–teacher conferences and school assemblies.

3 It is an expectation of which of the following groups that children will be able to write their name before starting school? — 1 MARK

A children
B grandparents
C parents
D teachers

4 Children measure their success and happiness at school by which of the following? — 1 MARK

A having lunch
B having friends
C being able to wash their hands
D knowing their teacher's name

5 To make the first day of school easier for a child, parents should — 1 MARK

A let the child walk to school by herself.
B stay at school all morning to reassure the child.
C say goodbye with a hug and a smile and leave promptly.
D wait outside the classroom and go back in if the child is upset.

PART B: 20 marks

6 Identify three characteristics of effective classroom experiences for Kindergarten children. — 3 MARKS

7 Outline the benefits of a Kindergarten child having a positive connection with his teacher. — 4 MARKS

8 Outline the requirements of the Australian Curriculum for children in the early years of school. — 4 MARKS

9 How can teachers and parents build an effective partnership? — 3 MARKS

10 Compare school environments of 30 years ago to those of today. — 6 MARKS

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PART C: 30 marks

11 a Differentiate between home and school routines for children. 4 MARKS

b Describe the diverse range of schooling institutions in the community. 5 MARKS

c Assess the skills and experiences children need to assist them in their transition to school. 6 MARKS

12 Critically examine a contemporary issue relating to starting school for young children. In your examination: 15 MARKS

- identify the issue.
- explain how the issue relates to the schooling of young children
- analyse the impact of the issue on the learning of young children.



WORK IT OUT

To help structure your response for Question 12 look at the guide on page 153 of Chapter 4.

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7 THE CHILDREN'S SERVICES INDUSTRY

Overview

This chapter examines the types of children's services – both government and community operated – available to parents and the accessibility and appropriateness of those services. The regulation of children's services and the career opportunities and roles related to working with children are also explored. An investigation into contemporary issues related to the children's services industry concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- describe the range of children's services available for children and their families
- investigate the availability and accessibility of children's services in the local community
- assess the quality features that services offer for families
- examine the educational qualifications required to work in the children's services industry
- investigate the regulations relating to children's services
- critically examine a contemporary issue relating to the children's services industry.



WORK IT OUT

Remember to add each of these important key terms to your glossary.

KEY TERMS

activity tested
subject to an examination of the specific activities of an individual or family to determine their eligibility for government assistance, usually based on work, study and volunteer activities

creche
place where young children are cared for during the day while their parents do something else, especially work or study

formal care
regulated and structured care provided for children, usually away from home and often centre-based, such as preschool, long day care, family day care and vacation care

informal care
non-regulated and unstructured care provided for children in the home or elsewhere, such as by grandparents, friends, neighbours and paid babysitters.

means tested
subject to an examination of the financial situation of an individual or family to determine their eligibility for government assistance, usually based on income and assets

pedagogy
the function or practice of teaching; the activities or experiences that teachers use to influence the learning of others

respite
short-term support and relief from a difficult or trying situation for an individual

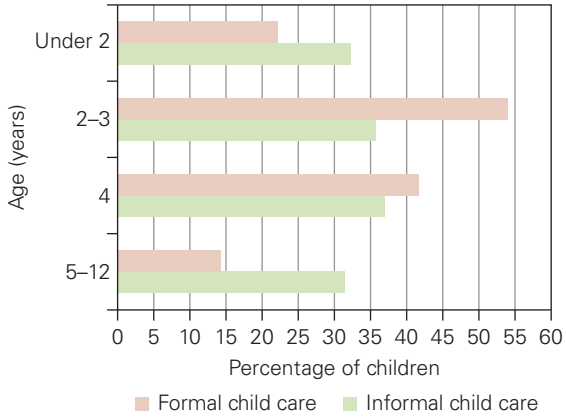
transdisciplinary approach
team of professionals working together to deliver individually tailored services, such as early education, counselling, therapies and family support

Types of children's services

There is a wide range of childcare services across Australia, catering for the diverse needs of children and their families.

The Australian Bureau of Statistics (ABS) refers to child care as those services, either formal care or informal care, involving the care of children under 12 years of age by individuals or groups other than their parents. In 2014 the ABS reported that 48 per cent of all children aged between 0 and 12 attended some type of child care. Nearly one quarter of these children had informal care (most often grandparents), 75 per cent attended formal child care (usually long day care and outside school hours care) and approximately 18 per cent attended both informal and formal care services. **Figure 7.1** shows the patterns of care for different age groups of children.

The different formal children's services, and their features, are explored in **Table 7.1**.



Source: Australian Bueau of Statistics (Cat.No.4402.0). Childhood Education and Care Survey, Australia, June 2014 Creative Commons Attribution 2.5 Australia licence (CC BY).

FIGURE 7.1 Children who usually attended child care, by type of care and age

Alamy Stock Photo/Brian Atkinson



FIGURE 7.2 Good childcare services are about inclusiveness and positive experiences for all children

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TABLE 7.1 An overview of children's services

Services	Description
Long day care	**Who are they for?** children from 6 weeks to under 6 years; children grouped in rooms according to age and developmental stage; part-time or full-time attendance **When are they open?** 10+ hours per day (e.g. 7.30 a.m.–6.00 p.m.); 5 days per week; 48–50 weeks per year **Where are they located?** centre-based care in a purpose-built facility **Who operates them?** private companies, local councils, community organisations or not-for-profit organisations **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified childcare educators; 1 staff member for every 4 children aged 0–2 years, 1 staff member for every 5 children aged 2–3 years, 1 staff member for every 10 children aged 3–6 years **What is on offer?** early education program so children learn while being cared for; range of indoor and outdoor equipment, play materials and activities; opportunities for parental involvement in daily activities; meals (i.e. morning tea, lunch, afternoon tea) or families provide their own; some provide nappies and sheets and charge a laundering fee **How much do they cost?** fees vary; approximately $70–$185 per day; under 2s usually have higher fees because of the higher staff-to-child ratio that is mandatory for that age group; late pick-up fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Extended hours care	**Who are they for?** children from 6 weeks old to 12 years; limited availability of this service **When are they open?** night-time on weekdays; days and nights on weekends; up to 24 hours a day; 48–50 weeks per year **Where are they located?** centre-based care in a purpose-built facility (often operated out of a long day care centre, or perhaps a family care situation) **Who operates them?** private companies, community organisations or not-for-profit organisations **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified childcare educators; 1 staff member for every 4 children aged 0–2 years, 1 staff member for every 5 children aged 2–3 years, 1 staff member for every 10 children aged 3–6 years **What is on offer?** early education program so children learn while being cared for; range of indoor and outdoor equipment, play materials and activities in the mornings or evenings as required; cooked evening meal; bath; bed (timed according to age) **How much do they cost?** fees vary and are high; approximately $60 per hour; late pick-up fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Work-based care	**Who are they for?** children aged 6 weeks to 6 years whose parents are employed at a workplace, plus some children from the general community; some provide outside school hours care for older children; children grouped in rooms according to age and developmental stage; part-time or full-time attendance **When are they open?** 10+ hours per day (e.g. 7:30 a.m.–6:00 p.m.); 5 days per week; 48–50 weeks per year **Where are they located?** centre-based care that is usually on site at a workplace **Who operates them?** employers of a workplace for their own staff (e.g. university, manufacturing company) **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified childcare educators; 1 staff member for every 4 children aged 0–2 years, 1 staff member for every 5 children aged 2–3 years, 1 staff member for every 10 children aged 3–6 years **What is on offer?** early education program so children learn while being cared for; range of indoor and outdoor equipment, play materials and activities; meals (i.e. morning tea, lunch, afternoon tea) or families provide their own; some provide nappies and sheets and charge a laundering fee **How much do they cost?** fees vary; approximately $70–$185 per day; under 2s usually have higher fees because of the higher staff–child ratio that is mandatory for that age group; late pick-up fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy

Preschool	**Who are they for?** generally children aged 3 to under 6 years, but some take children from 2 years of age; children grouped according to age and developmental stage; part-time or full-time attendance **When are they open?** 9.00 a.m.–3.00 p.m. during school terms; sometimes have extended hours (e.g. 8.00 a.m.–4.00 p.m.); attendance usually 2, 3 or 5 days per week; sometimes there are morning or afternoon sessions instead of full days **Where are they located?** in a purpose-built facility, often close to, or attached to, a primary school **Who operates them?** private companies, state education department or community-based not-for-profit organisations **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified educators; 1 staff member for every 8 children aged 2–3 years, 1 staff member for every 10 children aged 3–6 years **What is on offer?** an educational program for children based on the *Early Years Learning Framework* (EYLF), with a focus on school readiness; range of indoor and outdoor equipment, play materials and activities; opportunities for parental involvement on a roster basis and with fundraising activities **How much do they cost?** fees vary; approximately $30–$80 per day **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Children's neighbourhood services	**Who are they for?** children from 6 weeks old to school age in a local neighbourhood or community setting; part-time or full-time attendance; limited availability of this service **When are they open?** limited hours per day (e.g. 9.00 a.m.–3.00 p.m.); 5 days per week; during school term; similar to occasional care; some offer outside school hours care **Where are they located?** centre-based care that is usually small and located in a converted house or other facility, such as a community hall **Who operates them?** a legally constituted parent not-for-profit cooperative **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified educators **What is on offer?** early education program so children learn while being cared for; limited indoor and outdoor equipment, play materials and activities; parents required to be involved, such as reading stories, preparing morning or afternoon tea, fundraising, administration and working bees **How much do they cost?** fees vary **Is there government assistance?** eligibility for Child Care Subsidy if approved care
Occasional care	**Who are they for?** usually children aged 3 months to under 6 years; casual and irregular attendance; emergency spaces reserved **When are they open?** limited hours on weekdays (e.g. 8.00 a.m.–4.00 p.m.); temporary bookings of up to 20 hours a month for a family; short notice bookings available **Where are they located?** centre-based care in community facilities, such as a sports centre, community centre **Who operates them?** local councils or community organisations **Who works there?** university degree–qualified early childhood teachers and/or diploma-qualified and Certificate III–qualified childcare educators; 1 staff member for every 4 children aged 0–2 years, 1 staff member for every 5 children aged 2–3 years, 1 staff member for every 10 children aged 3–6 years **What is on offer?** an educational program for children; limited indoor and outdoor equipment, play materials and activities; parents and volunteers involved on a roster system and in fundraising **How much do they cost?** fees vary; approximately $10–$15 per hour; some have an annual registration fee for each family (e.g. $50); late pick-up and cancellation fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Outside school hours care	**Who are they for?** children aged 5 to 12 years; part-time or full-time attendance **When are they open?** before school session (e.g. 7.00 a.m.–8.30 a.m.) and after school session (e.g. 3.30 p.m.–6.00 p.m.); 5 days per week; during school terms; 10+ hours on pupil-free days during the school term; some during school holidays **Where are they located?** centre-based care often in or attached to a primary school, community centre or youth club

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	Who operates them? local councils or community organisations (often the same organisation that operates vacation care) **Who works there?** usually diploma-qualified and Certificate III–qualified childcare educators **What is on offer?** a varied program for children, such as organised sport, craft making, homework assistance and reading circles; range of indoor and outdoor equipment, play materials and activities; healthy snacks and refreshments **How much do they cost?** fees vary; approximately $15–$30 per session; some have an annual membership fee for each family (e.g. $20); late pick-up fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Vacation care	**Who are they for?** children aged 5 to 12 years, during school holidays; part-time or full-time attendance **When are they open?** 10+ hours per day (e.g. 7.30 a.m.–6.00 p.m.); 5 days per week; school holiday periods **Where are they located?** centre-based care often in or attached to a primary school, community centre or youth club **Who operates them?** local councils or community organisations (often the same organisation that operates outside school hours care) **Who works there?** usually diploma-qualified and Certificate III–qualified childcare educators **What is on offer?** a variety of supervised programs for children, such as bushwalking, zoo visits, craft making, organised sports and movies; range of indoor and outdoor equipment, play materials and activities; opportunities for parental involvement on a roster basis and with fundraising activities **How much do they cost?** fees vary; approximately $40–$60 a day; extra charges for excursions; late pick-up fees apply **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Family day care	**Who are they for?** generally children aged 6 weeks to 12 years; part-time or full-time attendance, with some flexibility **When are they open?** hours vary and are negotiable (e.g. 7.30 a.m.–6.00 p.m.); 5 days per week; 48–50 weeks per year; some offer overnight and weekend care **Where are they located?** home-based care provided in the carer's home, usually a family home with a dedicated room or space **Who operates them?** individuals, private companies, community groups and local councils; coordinated by the Family Day Care Scheme **Who works there?** Certificate III–qualified childcare educators; 1 staff member for every 7 children, with no more than 4 children preschool age or under **What is on offer?** an educational program for children; varied indoor and outdoor equipment, play materials and activities; some attend playgroups, take children to preschool and drop off and pick up children from school **How much do they cost?** fees vary; approximately $6–$20 per hour **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
In-home care	**Who are they for?** families with children aged 0 to 12 years, who can't access other child care because the child has, or lives with another child who has, an illness or disability, the parent has an illness or disability that affects their ability to care, they live in a rural or remote area, the parents work hours when no other approved childcare service is available, or the parent is caring for 3 or more children who have not yet started school; there is limited availability of this service **When are they open?** flexible hours are matched to the family's needs; could be part-time or full-time, casual, outside school hours, vacation or at night or on weekends **Where are they located?** home-based care provided in the child's home **Who operates them?** individuals; private companies, community groups and local councils; coordinated by the Family Day Care Scheme **Who works there?** university degree–qualified early childhood teachers, diploma-qualified or certificate III–qualified childcare educator **What is on offer?** an educational program for children and play activities suitable to their age and interests

	How much do they cost? fees vary; approximately $20–$25 per hour **Is there government assistance?** approved care, so eligibility for Child Care Subsidy; funding under the National Disability Insurance Scheme (NDIS)
Nannies and au pairs	**Who are they for?** generally children aged 3 to under 6 years, but some take children from 2 years of age; children grouped according to age and developmental stage; part-time or full-time attendance **When are they open?** 10+ hours per day (e.g. 7.00 a.m.–7:00 p.m.); 5–6 days per week; 48–50 weeks per year; nannies may live in or out and usually work full-time (e.g. 40 hours per week); au pairs live in and usually work part-time (e.g. 30 hours per week) and do household chores also, such as washing and shopping **Where are they located?** home-based care provided in the child's home **Who operates them?** individuals or private agencies **Who works there?** nannies are usually diploma-qualified childcare educators, and have first aid training; au pairs are foreign nationals staying in Australia for up to a year on a cultural exchange with no specific childcare qualifications **What is on offer?** an educational program for children and play activities suitable to their age and interests; attend playgroups, take children to preschool and drop off and pick up children from school **How much do they cost?** fees vary; nanny approximately $15–$25 per hour living in or $15–$35 per hour living out; au pair approximately $170–$200 allowance per week; agency fees apply **Is there government assistance?** eligibility for Child Care Subsidy if approved care
Multicultural services	**Who are they for?** children and families of specific cultures in particular locations or communities **When are they open?** 10+ hours per day (e.g. 7.30 a.m.–6.00 p.m.); 5 days per week; 48–50 weeks per year; some may have limited hours (e.g. 8.00 a.m.–4.00 p.m.) **Where are they located?** centre-based care in community facilities, such as a sports centre or community centre **Who operates them?** local councils or community organisations; often a management committee of staff and parents to plan for the cultural needs of the children (e.g. adjusting to discipline, eating habits) **Who works there?** university degree–qualified early childhood teachers, diploma-qualified and Certificate III–qualified childcare educators, including staff who speak the language and know the customs of the culture and may have undertaken diversity studies **What is on offer?** an educational program for children; limited indoor and outdoor equipment, play materials and activities; activities (e.g. counting, singing) in other languages; meals that include the appropriate ethnic foods; supply of multicultural resources for childcare centres **How much do they cost?** fees vary; approximately $70–$100 per day **Is there government assistance?** approved care, so eligibility for Child Care Subsidy
Children's resource centres	**Who are they for?** families with children aged 0–8 years and childcare groups to borrow educational resources and access other support services based on community needs and interests (e.g. training, technical assistance, parenting workshops) **When are they open?** 5 days per week; hours vary depending on community and location **Where are they located?** council building, purpose-built facility, attached to hospitals or early childhood health centres **Who operates them?** local councils or community organisations with some government and corporate sponsorship **Who works there?** diploma-qualified and Certificate III–qualified childcare educators; social workers; parents involved as volunteers on a roster basis



THINK ABOUT THIS

Nanny sharing – where two families share the one nanny – is growing in popularity. It helps keep costs down for families. Nanny sharing costs about $12 per hour, compared to up to $25 per hour for your own nanny.

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	What is on offer? a range of age-appropriate educational toys, games and books for young children; teacher's resource books, DVDs, journals and teaching aids; programs to help parents gain the knowledge and skills needed to promote their child's development; family support programs (e.g. early intervention services) **How much do they cost?** family membership fee of approximately $60–$80 per year; organisation membership fee of approximately $120–$150 per year
Respite care	**Who are they for?** respite for families with children aged 0–18 years who have high support needs due to a physical or learning disability; regular or occasional attendance based on need; emergency care also provided **When are they open?** flexible hours are matched to the family's needs; could be a few hours a day, a full day, vacation, or at night or on weekends; sometimes up to 4 weeks **Where are they located?** centre-based care, specific to the individual needs of the child; home-based care in the child's home **Who operates them?** government agencies, community organisations and not-for-profit organisations **Who works there?** diploma-qualified and Certificate III–qualified childcare educators **What is on offer?** designed to give the parents and other carers a break and rest; different recreational activities and outings, both in groups and one-on-one; activities tailored to suit each child (e.g. movie, dinner, sport); personal care, accommodation and meals as required **How much do they cost?** fees vary; means tested, starting at $2 per hour, up to $50 per day **Is there government assistance?** eligibility for those receiving Carer's Allowance; funding under the National Disability Insurance Scheme
Mobile services	**Who are they for?** for families who can't access other child care due to remote geographical location or financial difficulty; generally children aged 2–6 years, but some may offer care for children aged 6 weeks and older; usually part-time or occasional attendance **When are they open?** approximately 6 hours per day (e.g. 9.30 a.m.–3.30 p.m.); weekdays; usually during school term; visit communities on a regular basis (e.g. fortnightly, monthly); flexibility according to community need and availability of the service **Where are they located?** centre-based care in community facilities, such as a preschool or community centre; van or other vehicle that travels to different locations **Who operates them?** local councils, community organisations and not-for-profit organisations **Who works there?** university degree–qualified early childhood teachers, working alongside parents and children in familiar surroundings **What is on offer?** the van has trolleys with equipment (e.g. toys, craft items, playdough, musical instruments); an educational program for children that is age- and stage-appropriate; playtime and social interaction for parents and children **How much do they cost?** fees vary; approximately $12–$25 per day **Is there government assistance?** eligibility for Child Care Subsidy if approved care
Toy libraries	**Who are they for?** families with children aged 0–8 years; part-time attendance to select, borrow and return toys; community organisations and childcare centres can also use the service **When are they open?** limited hours each day (e.g. 9.30 a.m.–1.00 p.m.); 5 days per week; those in local libraries could have longer hours **Where are they located?** may be a mobile van or situated in a local book library, community hall, school, converted house or shop **Who operates them?** usually administered by parent volunteers and may have local council support or some corporate sponsorship **Who works there?** some employ someone to administer the library; mostly parents involved as volunteers on a roster basis **What is on offer?** a range of age-appropriate toys, games and books geared towards the interests and development of young children; some provide toys for children who have a physical or intellectual disability; playtime and social interaction for parents and children **How much do they cost?** family membership fee of approximately $35–$80 per year

Hospital services	**Who are they for?** children aged 0–16 years who spend prolonged periods in hospital because of recurring illnesses or conditions needing many medical procedures **When are they open?** flexible hours are matched to the child's needs, such as a morning session **Where are they located?** centre-based care in the hospital, in a purpose-built area or at a child's bedside **Who operates them?** hospitals, especially specialist children's hospitals **Who works there?** university degree–qualified early childhood teachers or primary teachers, play specialists **What is on offer?** Child Life Therapy, consisting of positive stimulating experiences in play, music, education and self-expression activities that are age- and stage-appropriate to boost confidence and resilience and aid recovery in a fun way; support for procedures and preparation for them (e.g. surgery, imaging, pathology); development of coping strategies (e.g. comfort positioning, breathing and distraction techniques) **How much do they cost?** no extra charge to hospital costs
Playgroups	**Who are they for?** children aged 6 weeks to 6 years; part-time attendance **When are they open?** 1–2 times per week; approximately 2 hours, usually in the morning **Where are they located?** centre-based care in community facilities, such as a school or church hall or community centre; home-based in parents' homes on a rotating basis **Who operates them?** parents and carers, with support and resources from Playgroup Australia for many groups **Who works there?** parents and other carers **What is on offer?** a play-based program for children that is age- and stage-appropriate (e.g. music and singing, imaginative play, outdoor and free play, art and craft, outings); parents fully involved in organising and supervising all activities; playtime and social interaction for parents and children **How much do they cost?** fees vary to cover costs of play materials, refreshments for parents and children, membership of Playgroup Australia (approximately $40 per year) and sometimes the hire of the space
Early intervention services	**Who are they for?** working as early as possible with families with children aged 0–8 years who have a disability and developmental delay to maximise their learning and assist with smooth transition into school; part-time attendance **When are they open?** 10+ hours per day (e.g. 7.30 a.m.–6.00 p.m.); 5 days per week; 48–50 weeks per year **Where are they located?** centre-based care in a purpose-built facility; one-on-one care with some group activities; home-based care in the child's home, preschool or school **Who operates them?** federal government, private companies, community organisations or not-for-profit organisations **Who works there?** university degree–qualified early childhood teachers, behavioural therapists, speech pathologists, physiotherapists, psychologists, dietitians and nurses **What is on offer?** a variety of services for both children and parents; appropriately structured education programs, using a transdisciplinary approach to target the key areas of development for the child (i.e. movement, play, self-care, communication, feeding and swallowing, independence skills); specialist help after diagnosis (e.g. physiotherapy for a child with cystic fibrosis, speech therapy for a child with a repaired cleft palate); programs to help parents gain the knowledge and skills needed to promote their child's development; family support programs (e.g. camps for siblings) **How much do they cost?** fees vary depending on services and resources needed (e.g. behavioural therapist $30–$50 per hour, speech pathologist $50–$100 per hour, psychologist $100–$200 per hour) **Is there government assistance?** funding under the National Disability Insurance Scheme (up to $12 000 over 2 years)



WORK IT OUT

Investigate further the Child Life Therapy of hospital services.

- Describe what it is.
- Outline the specific activities provided by therapists.

The Sydney Children's Hospital Network website is a good place to search for information. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

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CASE STUDY

The Children's Hospital at Westmead Child Care Centre



The Children's Hospital at Westmead Child Care Centre is a work-based long day care centre. It was established in 1995 and is a department of the hospital. The Centre aims to provide quality child care through the collaboration of parents, staff and children.

- *Groups catered for within the service:* primarily children of the staff of The Children's Hospital at Westmead; 55 children aged 6 weeks to 6 years
- *Hours of operation:* Monday to Friday 6.30 a.m.–6.30 p.m., 50 weeks per year
- *Location of service:* The Children's Hospital at Westmead, Corner of Hawkesbury Rd and Hainsworth St, Westmead, New South Wales, 2145
- *Cost of service and funding conditions:* $83 per day, 4 weeks' fees as bond; fees are paid 4 weeks in advance; approved care, so eligibility for Child Care Subsidy
- *Type of program offered:* 2 separate rooms: Wombats Room (0–3 years old) and Possums Room (3–5 years old); indoor/outdoor play, language and literature groups, quiet activities, music and movement groups, craft, books, DVDs and construction play; 'Munch and Move' physical activity program; *Early Years Learning Framework* in the daily curriculum; culturally diverse activities
- *Facilities provided:* 2 fully equipped indoor spaces, with appropriate play and learning materials; sleeping mattresses and sheets in each room; nappy change room with three tables; 8 children's-size toilets and 4 washbasins; shadecloth-covered outdoor space with sandpit, nature table and tiered group learning area; access to technology under supervision (i.e. iPads and laptops); fully equipped commercial kitchen; first aid room and staff office
- *Staff employed and working conditions:* staffing ratios are as follows: 1 adult to 4 children under 2; 1 adult to 5 children 2–3 years; 1 adult to 10 children 3–6 years. There are five full-time staff in the Wombats Room each day, which includes an Early Childhood Education university-trained teacher, three Diploma of Social Science Educators and one Child Care Certificate III–certified worker. In the Possums Room there are three full-time and one part-time staff members, comprising one Early Childhood Education university-trained teacher, two Diploma of Social Science Educators and one part-time Child Care Certificate III–certified worker. There is a cook who prepares the meals for the children and also a full-time administrative officer. The Director has a degree in Early Childhood Education.
- *Family involvement:* Parents' involvement and suggestions are welcome. Newsletters, whiteboards and noticeboards are used to communicate with parents, as well as verbal communication at pick-up or drop-off. Parent–staff interviews are arranged annually to discuss a child's development. Family functions (for example, breakfasts, barbecues) are held at different times of the year.

1. Find examples of other work-based care services.
2. What benefits does the Children's Hospital at Westmead Child Care Centre offer to staff of the hospital?
3. Explain which groups within the hospital would be most likely to use the service, giving reasons why.

Put it into practice

Undertake your own *case study* of a children's service in your local community. Structure your case study in the same way as the one about the Children's Hospital at Westmead Child Care Centre, including:

- a brief introductory paragraph outlining the background of the service and identifying its type
- information organised under the appropriate headings.

Present your case study on an A4 page and then collate each student's case study to create a local community children's services registry.

Apply your knowledge

1. Identify childcare services appropriate for a mother of two-year-old twins beginning shiftwork as a nurse.
2. Explain why family day care services are popular with parents of young babies.
3. Draw a table (like the sample below) to summarise the advantages and disadvantages of the different children's services. The 'Comparing child care options' article at the Care for Kids website will get you started. (A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.)

Children's service type	Advantages	Disadvantages

4. As demonstrated by Figure 7.1:
   - **a** discuss the reasons why it is more common for two- to four-year-old children to attend formal child care
   - **b** explain why under-twos and five- to 12-year-olds are more likely to have informal childcare arrangements.
5. Invite an educator from a childcare centre (for example, an outside school hours care or preschool) or a parent who is involved in a service (for example, playgroup or toy library) to talk to the class about the service.

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Children's services agencies and resources

Agencies and resources

There are a range of agencies that provide important services and resources for children and their families, and for the various children's services operators. These may be government agencies or community agencies. Some community agencies receive government funding to assist in their operation, but most rely on other financial support too. This may be from corporate sponsorship, or through charging a fee to families who use the service.

Agencies support parents and carers by providing resources, advice and education about a range of issues. **Table 7.2** examines some of the many different agencies and resources for children's services.

TABLE 7.2 Children's services agencies and resources

Agency or resource	Description
Aboriginal and Torres Strait Islander Early Childhood Sector Advisory Group Inc. (ATSIECSAG)	• community agency that receives Australian Government funding to advise on early childhood for Aboriginal children, families and the Aboriginal community in NSW • promotes the educational development of Indigenous Australian children through high quality early childhood programs that are culturally appropriate and enhance the self-esteem of children by reinforcing their cultural heritage • ensures that Aboriginal children and their families are involved in the design and delivery of early childhood education programs and have equal access to services • its support activities include consulting on program and policy development, training staff, resourcing and problem solving within various services
Early Childhood Australia (ECA)	• non-government organisation and national peak body for early childhood, advocating for children from 0 to 8 years in the areas of health, welfare, care and education • regular contributor to public policy debate on matters such as early childhood education and care, early years of schooling, child and family centres, programs and support services, inclusion support, social and emotional wellbeing, maternal and child health services and parent education • supports and researches young children and young children's services and produces resources and publications to support those working in children's services • provides a range of quality resources for parents and early childhood teachers and childcare educators
Community Child Care Cooperative	• Commonwealth and State government funded not-for-profit organisation working to inform and inspire early education and care services, and influence government policy, to ensure the availability and accessibility of quality education and care services for children within NSW • provides professional development and support for education and care services and especially assists not-for-profit community children's services
Early Childhood Health Centres	• State government agency, providing a free regular (e.g. fortnightly) service for new parents in NSW and based in local communities • health professionals and registered nurses specialising in child and family health provide information and assistance with baby's growth and development, breastfeeding, coping with sleeping and crying problems, immunisation and safety issues • a home visit is also available to provide health services in the most convenient location for new parents • mothers' groups usually develop from this service, under the guidance of the nurse

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Ethnic Community Services Co-operative (ECSC)	• government-funded and state-wide, community-based, not-for-profit organisation that aims to make services accessible and equitable to all Australians, including people with disabilities and their carers, children, families and frail aged people from culturally and linguistically diverse (CALD) backgrounds • provides support, assistance, resources, advice and training on cultural sensitivity to children's services operators to develop programs that are culturally and linguistically appropriate to meet the needs of those in their communities
Gowrie NSW	• Australian Government-funded, community not-for-profit agency operating for over 75 years throughout Australia (except Northern Territory), providing diverse child care, family support and professional development services • provides professional development, resources, support and advice to individuals and centres about quality child care and early childhood education, including a bookshop, a library, in-service training and a consulting service • operates early childhood centres, outside school hours and vacation care centres and specialist creches for newly arrived migrants, as well as education programs for parents
Australian Children's Education and Care Quality Authority (ACECQA)	• an independent national authority that oversees the implementation of the National Quality Framework (NQF) and collaborates with State and Territory government regulatory authorities in administering it • works to ensure children have the best possible start in life all over Australia and supports the early childhood education and care sector to improve quality outcomes for children and assist them in meeting NQF requirements and standards
KU Children's Services	• community-based, not-for-profit organisation established in 1895, which provides child care and advises on issues relating to the education and care of young children • manages over 150 children's services across Australia including occasional care, long day care, preschool, outside school hours care, vacation care, mobile services, work-based child care and family programs • provides high quality, play-based learning experiences for more than 14 000 children each year
SDN Children's Services	• a not-for-profit community-based organisation, operating since 1905, to provide quality early childhood education and care and disability services for children in Australia • employs qualified and experienced professionals and provides a range of services, including inclusive early childhood education through childcare centres and pre-schools, playgroups, services for children with a disability, parenting and family support programs, and resources and mentoring for childcare operators
Early Years Chapter (EYC)	• established in 2011 by Australian Research Alliance for Children and Youth (ARACY), a national non-profit organisation, it encourages collaborative partnerships between researchers, government agencies and children's services operators to advocate for the importance of early childhood in the wellbeing of Australian children • activities include conducting, promoting and communicating research and resources relevant to early childhood to improve community and professional knowledge, supporting parents and carers in relation to the early years of life, interpreting government policy, developing and implementing quality strategies in early childhood education
Uniting	• operating for more than 100 years, this is the largest non-government provider of community services, with over 550 services in Australia, such as quality early childhood education and care, early intervention programs, disability programs, aged care and support for vulnerable families, children and young people • provides specialised parenting programs and community education activities that have the needs of the child as their main focus • children's services across Australia include long day care, preschool and family programs that are individualised and encourage parents and community involvement

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Contact Inc.	• community-based organisation that has received government and corporate support since 1979 to work in urban and rural communities to address the impacts of isolation on children and their families due to geographical remoteness, cultural or linguistic barriers, limited income or transport, lack of confidence or social contacts, poor health or children with extra needs • provides resources to isolated children, families and communities (e.g. telephone support, books, DVDs), visits communities to support as required (e.g. mobile preschools, parenting classes, activity days), links services and communities so that families can access resources that are relevant to their needs, conducts research, advises government and other agencies, and advocates on behalf of isolated children, families and communities
Parents as Teachers (PAT)	• Macquarie University is the Australian centre for PAT and trains parent educators for this home-visiting program for parents of children from pregnancy to 3 years of age • provides information, support and encouragement to help parents engage with their children to promote their development and wellbeing • over 4000 families have access through play sessions, group meetings, home visits and printed information, in urban, regional and remote areas and in family support and health services • approximately 1000 trained Australian parent educators and supervisors, made up of staff in family support services, early childhood educators, and health and other professionals
My Child	• Australian Government online childcare portal with information on types of child care, childcare costs and fee assistance, and quality care and early childhood education • provides a database to find childcare centres in local communities, articles on relevant issues (e.g. immunisation) and links to other useful websites about children's health and wellbeing, parenting and family support services
Families NSW	• State government department offering a range of information and services for parents and families, including a parent advice line, information on child care, playgroups, child health services, children with disability and schools as community centres, and links to other related support services
Playgroup Australia	• not-for-profit organisation that is over 40 years old • supports community playgroups through volunteers and the work of each of the State and Territory playgroup organisations • resources member organisations to deliver play services for children, families and communities, and advocates for the children and the importance of play to their development and wellbeing
Aussie Childcare Network	• privately owned educational resource website for early childhood teachers, childcare educators and parents, and for students doing early childhood studies in Australia, providing a range of articles, activities, printable worksheets, templates, forums and a community social network • offers resources suitable for children aged 0–12 years
Care for Kids	• started in 2003, privately owned website supplying families with information and articles about early childhood education and care • has a Child Care Vacancy Alert service that connects families to childcare services and helps providers fill vacancies, and an online job advertisement feature for early childhood professionals looking for work

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Newsphoto/Newspix/Carmela Roche



FIGURE 7.3 Playgroups provide opportunities for social interaction for children and their parents

Apply your knowledge

1 Create a class Google Doc, or other sharing document, to examine the support that the following agencies and resources offer families and children's services operators:

- Starting Blocks
- My Time, Our Place
- Australian Childcare Alliance (ACA)
- Australian Community Children's Services (ACCS)
- Early Childhood Intervention Australia (ECIA)
- Families Australia
- Family Day Care Australia (FDCA)
- National Outside School Hours Services Association (NOSHSA)
- Network of Community Activities.



WORK IT OUT

For Question 1, keep your examinations of each agency short, following the example of Table 7.2. Identify whether it is a government, community or other organisation, and outline how it supports children's services.

2 **a** Identify the children's services agencies and resources services that are available to parents and children in your local community.

b Evaluate the availability and accessibility of these services.

3 Response Ability aims to improve mental health outcomes for all Australians. Research the ways in which they support children's services staff with early childhood education resources.

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Choosing an appropriate children's service

Finding appropriate child care is a time-consuming and involved task for parents. Most parents want to choose a service where their child receives quality, professional child care suited to their own and the child's needs. There are a number of strategies that parents can use, including looking at a service's National Quality Standard (NQS) rating and looking at the policies and procedures of the service. Visiting services to observe the children and ask questions of the staff, talking to other parents and looking at reviews online can also be useful methods in gathering information to make a choice that meets both the child's and parents' needs.

National Quality Framework

The National Quality Framework (NQF) improves and standardises the quality of child care throughout Australia, by mandating for reduced staff-to-child ratios, more highly qualified staff and an assessment and rating system for continual improvement. It can be a great help for families to make informed decisions about which service to select for their child.

Childcare services are assessed and rated against the National Quality Standards, which set a high, national benchmark for the quality of early childhood education and care. The NQF applies to most long day care, family day care, preschool and outside school hours care services. Some services, such as mobile services and occasional care, are not covered by the NQF.

Each State and Territory has a regulatory authority responsible for assessing the quality of services and for investigating complaints. In NSW this is the Early Childhood Education and Care Directorate, part of the Department of Education. Services are assessed and rated against quality areas of the NQS, and given a rating, based on these results.

The seven key quality areas are:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management

Factors to consider when selecting a service

Children's needs

Parents must consider their child's temperament, likes and dislikes, interests, development and play preference when making a choice about a service. Thinking about how a child interacts with other children and adults, and her need for individualised attention is also important. The child's personality is an important factor to consider. A shy child may be more able to develop socially in an intimate setting such as family day care or in an informal setting with her grandparents.

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iStock.com/kali9

FIGURE 7.4 What types of care might be suitable for this family's needs?

A more outgoing child is probably better suited to centre-based care where she can interact with a larger and more diverse group of children.

The child's age is a factor in determining her needs. For example, for a very young child centre-based care may be inappropriate because there is less opportunity for one-on-one time. Preschool might be a better choice than a nanny for a four-year-old because she is ready for a more structured learning and play program. Parents need to also consider the child's family situation. An only child, for example, is likely to benefit from the social interaction available at centre-based care, while a three-year-old with twin baby siblings may need structured and individualised care offered by a small community preschool.

Children need access to space and equipment as part of their care. Parents know their child's specific requirements, so they may choose a centre-based or family-based service because it satisfies their child's need for either indoor or outdoor space. If a child loves to play outside, a service that has lots of equipment and opportunities for climbing, playing with sand and water, and exploring nature would be a good choice. On the other hand, for a child who prefers to play inside, parents may look for a service that has a variety of toys, books, blocks, games, puzzles, dress-up clothes, modelling clay, craft materials and musical instruments.

Special needs may also be important factors, such as disability or cultural considerations. For example, a child with cystic fibrosis may need a childcare service that can give her specialised help and a program to suit her situation. In-home care and respite care may be options that the family would be eligible for, or they may visit toy libraries that offer special toys for children with disabilities. A parent who has recently arrived from India may look for a multicultural service in their choice of child care so that their child is familiar with the foods served or is reassured by having a carer who can speak her language.

Parents' needs

The parents' workplace expectation is one influencing factor when selecting a children's service. For a parent with a full-time job, especially if the workplace is a considerable distance


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FIGURE 7.5 Parents may sometimes use formal care, such as occasional care, and at other times use informal care, such as a neighbour

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away, the best option may be long day care. When a parent works part-time or has flexible working hours, family day care or preschool may be options. If the parent is employed on a casual basis and needs child care less regularly, occasional care or using informal care like a neighbour or friend may be appropriate choices.

Socioeconomic status and income also influence choice. For example, parents with a limited income may find community operated services are more affordable than privately owned centres. They may prefer centre-based care over family day care because it provides access to equipment and experiences that they can't provide themselves at home. Alternatively, family day care or informal care from relatives may be the most affordable and best choice.

The operating hours and location of the service are significant factors to consider. For parents working non-typical hours or shiftwork there may be limited options available. They need to find extended hours, work-based care or a nanny to suit their needs. The child care needs to be located where parents can access it and still be able to commute to their place of work or study. This may be long day care or family day care where both parents can possibly share in the day-to-day routine of dropping off and picking up. Alternatively, the care could be provided in the family home by an au pair or grandparent.

Cost of services

Costs of childcare vary widely from service to service and there are often variations in costs based on age, facilities and services provided. For example, long day care centres charge extra if they need to supply nappies, launder sheets and provide meals for children. Some services charge on a daily rate, such as long day care and outside school hours care. Others, such as family day care and occasional care, charge an hourly rate. In some cases, parents pay a reduced fee on the basis of the amount of time they spend as volunteers, such as at children's neighbourhood service or occasional care centre.

For some services parents may receive government funding to help with fee payments. For example, there is funding of up to $12 000 over two years available through the NDIS for families to access early intervention services. Similarly, respite and in-home care can be covered under such a scheme.

The Australian Government offers assistance so that families can access affordable, flexible and quality child care. The Child Care Subsidy is a means tested and activity tested payment that reduces the child care fees parents pay. It is paid directly to a government approved childcare service provider on behalf of families who have children attending the care. Further assistance is offered to disadvantaged communities and at risk children and their families through the Child Care Safety Net.

The approved child care must meet the NQS and have a licence to operate, employ qualified and trained staff and open certain hours. Child Care Subsidy–approved child care includes long day, family day, outside school hours, vacation, occasional and in-home care services. When grandparents or other relatives, friends or nannies register as carers with the Department of Human Services the child care they provide is called registered care. Only individuals can be registered, not services; however, carers or teachers in preschools can be registered.

Policies and procedures

Policies are developed by each childcare service to guide their procedures and assist them in offering quality care. Parents should read through these policies when considering a service and assess their value and suitability. Policies may relate to clothing, communication, behaviour management, priority of access and more. Some common policies and their features include:

- fees – payment methods, issuing of accounts, regularity of payments, overdue accounts and variations to fees
- accidents and emergencies – risk assessment strategies, supervision of children, first aid and evacuation procedures, communication with parents
- sun protection – government regulations met by the service, recommendations of suitable clothing for children, use of sunscreen with parent permission
- health and hygiene – personal hygiene practices, procedures for sick children, immunisation status and exclusion of non-immunised children during an infectious outbreak
- food and nutrition – nutritional requirements met by the meals provided by the service, guidelines for healthy eating for food that children bring in, details of excluded foods (for example, peanut butter due to allergies)
- physical activity – physical activity guidelines, activities provided by the service, supervision of activities.



THINK ABOUT THIS

Under the Australian Government's 'No Jab, No Pay' policy, in order for parents to be eligible for the Child Care Subsidy their child needs to be up to date with immunisations or have a legitimate medical exemption.

Prestige childcare to open in Canberra with a side of kale and quinoa

Emma Macdonald, 13 August 2016

Its owners are billing it Canberra's first 'prestige' childcare centre, with a concierge, hatted-chef to cook meals for children and a million-dollar fit-out making it look more like a hipster resort. And with salmon, kale and quinoa, lamb ragu and gnocchi on the menu, it's going to taste like one too.

Having owned and operated a number of South Coast childcare centres, [husband and wife Stephen and Jane Matthews] made the move to the ACT last year to fill what they saw as a gap in Canberra's childcare market. While prestige childcare centres are nothing new in Melbourne or Sydney, the Matthews say they studied the ACT closely and have tried to appeal to the city's busy professional parents who want their children to have as enriching an experience as they would at home.

Yoga, Mandarin, music and art will be strong curriculum offerings, while a focus on freshly cooked, local and seasonal food will appeal to busy parents who want their youngsters to

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eat healthy and nutritious breakfasts, lunches and dinners but don't have time to pack it themselves.

In fact, the centre will take it one step further and will cook the family's dinner that night – packed in takeaway boxes and ready for pick-up with the child. While the take-home meals will be an extra charge, daily food will be included in fees. The Matthews say they have tried to keep fees competitive and accessible.

They have invested more than $1 million in turning [an] old office building into a light and bright centre for children with balconies extended to provide outdoor learning areas, glass bifold doors opening rooms to the sunshine and ceiling heaters to provide comfort in the sandpit on a winter's day. All of it carrying a definite Hamptons theme.

They have hired South Coast hatted chef Josh Tyler to create a menu for the children that uses BurraBee Farm produce and supplies from the garden beds lining the building. Tyler's wife Anna is a dietitian, and he is busy preparing his menus with Anna's input and the taste-testing advice of his four-year-old daughter Chloe.

She has given a thumbs up to the salmon, quinoa and kale, potato pillows and mini burgers, but she was less keen to try the buckwheat porridge with blueberries – before her adventurous spirit got the best of her and she cleaned the bowl.

Tyler, who will devise menus and take cooking demonstrations with the kids, said he was more nervous cooking for little people than big. 'They can be a bit more direct in their opinions than their parents,' he said.

Meanwhile, parents can grab a professionally made coffee once they sign their children in – with a concierge stationed outside the centre for peak-hour drop-offs.

'We have tried to think of all the ways we can make life easier for busy parents and having someone outside ready to help them bring in bags and children is one of the ways we can help. Then they can sign them in, chat with staff, grab their coffee and get on with things,' Mrs Matthews said.

Source: Emma Macdonald, 'Prestige childcare to open in Canbera with a side of kale and quinoa', *Canberra Times*, 13 August 2016. This work has been licensed by Copyright Agency Limited (CAL). Except as permitted by the Copyright Act, you must not re-use this work without the permission of the copyright owner or CAL

Apply your knowledge

1 Describe the facilities and the curriculum on offer at the new childcare centre.

2 Macdonald says the centre will 'appeal to the city's busy professional parents who want their children to have as enriching an experience as they would at home'. Outline the ways in which this will be achieved.

3 Do you think the centre will be successful? Give reasons for your answer.

4 Investigate the specific eligibility requirements for the:
   a Child Care Subsidy
   b Child Care Safety Net.

5 Investigate how the NQS quality rating system can assist parents in making an informed decision about which children's service to select for their child

6 Visit the website of a childcare centre in your local community and find their parent handbook online.
   - **a** Identify the contents of the handbook.
   - **b** Analyse one of the centre's policies (for example, accidents and incidents or cultural diversity).
   - **c** Discuss the other information available for parents on the website.

7 Nari and Sebastian both work full-time and their 18-month-old son Dominic attends long day care. Dominic has developed conjunctivitis. Outline the choices Nari and Sebastian have in this situation and recommend a strategy for them.

8 Work with a partner to develop a checklist of questions for parents to use in evaluating a childcare service in one of the following situations:
   - **a** visiting a new long day care centre
   - **b** meeting a family day care educator near their home
   - **c** interviewing a nanny recommended by a friend.



WORK IT OUT

The Care for Kids website has some sample questions that will help you with Question 5. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

Regulations for children's services

Regulating children's services involves setting rules for services, and adjusting these rules when necessary, to maintain order in the industry. The regulation of children's services is through national regulations under the NQF and through child protection requirements.

National law and regulations

The NQF, overseen by ACECQA, raises quality and encourages continuous improvement and consistency in children's services. It ensures the safety, health and wellbeing of children in services and improves their educational and developmental outcomes.

The NQF operates under an applied law system, made up of the *Education and Care Services National Law* and the Education and Care Services National Regulations. It sets a national standard for children's education and care in Australia because the same law is applied nationally, but there is also some small variations in each State and Territory. It is a system of national integration and shared responsibility in the administration and regulation of children's services. The regulations apply to most long day care, family day care, preschools and outside school hours care services.

The regulations relating to staff-to-child ratios and the qualification requirements of educators and teachers is outlined in **Table 7.3** for each related service.

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TABLE 7.3 Regulations for ratios and qualifications in children's services

Centre-based services			
Service	Qualification requirements of educators	Age of children	Staff-to-child ratio
All services	At least 50 per cent of the educators must have or be working towards an approved Diploma level education and care qualification	0–24 months	1:4
		25–36 months	1:5
	Other educators must have or be working towards an approved Certificate III level education and care qualification	Over 36 months – preschool age	1:10
		Over preschool age	n/a
Preschool age and under services	Additional requirements		
Less than 25 children	Access to a university degree-qualified early childhood teacher for at least 20 per cent of opening hours		
25–59 children	Access to a university degree-qualified early childhood teacher for 60 per cent of operating hours		
60–80 children	Access to a university degree-qualified early childhood teacher for 60 per cent of operating hours Access to a second university degree-qualified early childhood teacher for 30 per cent of operating hours		
Over 80 children	Access to two university degree-qualified early childhood teachers for 60 per cent of operating hours		

Family day care services	
Qualification requirements of educators	Age of children and Educator-to-child ratio
Educators must have or be working towards an approved Certificate III level education and care qualification	1:7 with no more than 4 preschool age or under, including the educator's own children under 13

Child protection requirements

As we learnt in Chapter 3, the *Children and Young Persons (Care and Protection) Act 1998* sets minimum standards of care and safety and children's service operators must comply with these standards. All those who work with children are required to act in the best interests of the children and ensure their safety and wellbeing. Each type of service has its own regulations. In all formal childcare services, educators are not allowed to use corporal punishment on children in their care, but rather must use moderate and fair discipline. Also, childcare educators must, by law, report suspected cases of child abuse to Community Services.

The *Child Protection (Working with Children) Act 2012* requires that anyone who works in child-related areas or has direct contact with children has a Working with Children Check (WWCC) clearance. The check applies to paid and unpaid workers over the age of 18 working in children's health services, child care and education.

The WWCC screens people to check whether they have a criminal record that endangers the safety of children. Previous offences that would exclude someone from working with a child may include murder or manslaughter, sexual assault, child abandonment or injury, and other abuses against children.

Apply your knowledge

1 Describe the applied law system that regulates children's services.

2 Research further the child protection law in your State or Territory and explain its aims and how it is implemented.

3 Account for the differences in the:
   a educator-to-child ratio regulations according to the children's ages
   b qualification requirements according to the number of children being cared for.

Working in children's services

Working in the childcare industry is demanding but very rewarding. Working with young children is warm, personal work, and always interesting and a lot of fun. There is also a great deal of satisfaction in watching children's skills develop: one child learns to walk, another to speak, a third to sing a song. Furthermore, being a childcare worker is a very sociable job because, as well as working with children, teachers and educators constantly interact with colleagues and parents too.

Skills and qualifications needed

Most childcare professionals have a passion for working with children. They genuinely like children and enjoy spending time with them. In addition, they have a concern and respect for children and an interest in facilitating the development of each individual. For this, carers need to understand how children develop.

Skills

Interpersonal skills are a necessity for working in child care. These include good communication skills, an ability to work calmly in stressful situations, an ability to work within appropriate boundaries and being able to build professional relationships with parents and colleagues. Childcare professionals need to be sensitive towards others' feelings and be responsive and good listeners.

Flexibility and patience are required skills as no day is ever the same when caring for children. A worker could be caring for a child with an intellectual disability, an extremely shy child or an over-energetic, challenging one. In order to successfully care for and manage a variety of children, childcare professionals need to be easygoing, tolerant, nurturing and flexible.

Organisational skills are important to be able to plan for the best use of resources and to design programs to cater for the development of individual children through learning and play experiences. Childcare professionals must know how to meet the needs of young children of all ages. As part of a team, a childcare professional needs to accept responsibility, cooperate, use initiative, make decisions and engage in problem solving.

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Being observant and consistent are essential in children's services. When working with children it is important to watch them carefully, to keep them safe and to be able to recognise how and when they show development in areas. Having consistent expectations of children is also valuable, to assist in their development and socialisation.

The health and stamina of the childcare worker is paramount. Childcare professionals need to be physically fit and active so they can maintain a high level of energy. Childcare work means being constantly on the move, and each day is physically demanding.

Qualifications

The Certificate III in Early Childhood Education and Care is the minimum qualification required for childcare educators. It gives educators the skills and knowledge they need to work with children in a quality way and support their wellbeing, learning and development. It usually involves a six-month full-time or 12-month part-time course of study and work placements to gain experience in the industry. Study may occur, either face-to-face or online, through TAFE, an approved private college or a university, where the course meets the Australian Qualifications Framework standards.

The Diploma of Early Childhood Education and Care qualifies educators to be responsible for designing and implementing curriculum in early childhood education and care services. Diploma-level educators may also supervise volunteers or other staff. It involves one year of full-time or two years of part-time study, with compulsory work placements in the industry. Again, face-to-face and online approved courses of study are available through TAFE, private colleges and some universities.

The Bachelor of Early Childhood Education and Care (Birth–5) is a degree that equips graduates with the skills, knowledge and experience required to teach in early childhood education and care settings – that is, childcare centres and preschools. Participants study child development and pedagogy, ethics and diversity, and develop knowledge and skills in management, leadership and advocacy. The course is four years' full-time, or the part-time equivalent, and is offered through universities and sometimes TAFE. Study options include face-to-face and multi-mode, which is a combination of online study and face-to-face attendance. Placements in early childhood settings occur regularly, and the length of the placement and the amount of responsibility progressively increases until, at the final placement, students teach with little supervision.

Those with diploma-level qualifications who undertake the bachelor receive exemption from some subjects, in recognition of their previous study. Some universities offer a combined early childhood and primary school teaching qualification, covering 0 to 12 years, so that graduates can teach in childcare centres, preschools or primary schools.



WORK IT OUT

Under the *Education and Care Services National Law* children's services must have staff who have current and approved first aid qualifications, anaphylaxis management training and emergency asthma management training. Find out what is involved for each of these and why each is a required qualification.

Apply your knowledge

1. Investigate a range of early childhood and care qualifications. For each outline:
   - **a** the course studied
   - **b** the duration of the course
   - **c** the costs involved
   - **d** patterns of study available (for example, part-time, full-time)
   - **e** institution offering the course (for example, TAFE, university, private college).
2. Write a website article entitled 'So you want to work in early childhood care?' In your article refer to the skills and qualifications needed, plus other suggestions for those who wish to work in the industry. Make your article interesting, with catchy headings, graphics and relevant examples.

Roles in children's services

Roles and responsibilities

Each of the roles and responsibilities of staff at a children's service contribute to high quality education and care for the children at the service. **Table 7.4** explains the responsibilities of a range of workers within the children's services industry.

TABLE 7.4 Roles and responsibilities in children's services

Role	Responsibilities
Director	• manages the direction and quality of the service • provides the link between management, families and staff • oversees the implementation of the vision, policies and programs of the service • may do administrative, teaching and management tasks
Educational leader	• guides and mentors teachers and educators in planning, implementing and reflecting on learning and play programs • may be the director or senior early childhood teacher
Teacher	• develops, plans and implements specific learning and play programs • prepares for and implements activities, cleans up afterwards • maintains ongoing records of the children's development, program and daily information • prepares assessments of children's progress and provides feedback to parents through written reports and interviews • ensures a high standard of hygiene according to policies and procedures • administers first aid or medication according to policies and procedures • supervises educators and volunteers • may act as director on occasion
Educator – diploma	• under the guidance of the educational leader, develops, plans and implements specific learning and play programs • under supervision, maintains ongoing records of the children's development, program and daily information • ensures a high standard of hygiene according to policies and procedures • administers first aid or medication according to policies and procedures • supervises volunteers

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Educator – Certificate III (assistant)	• assists in planning and implementing learning and play programs • prepares for and implements activities, cleans up afterwards • provides support to other educators and teachers • assists in implementing daily routines (e.g. nappy changing, toileting, serving morning/afternoon tea) • maintains supplies and equipment levels for the rooms and outside areas • ensures a high standard of hygiene according to policies and procedures • administers first aid or medication according to policies and procedures
Playgroup leader	• plans and implements appropriate play sessions • demonstrates and advises on suitable play experiences for particular playgroup situations • empowers educators and volunteers to manage their own playgroups and mentors potential leaders in these groups • assesses the safety and suitability of playgroup venues • liaises with and supports playgroups
Family day care provider	• manages the quality of a family day care service through monitoring, supporting and developing family day care educators
Family day care educator	• educates and cares for a group of children in their own approved residence, under the management of a family day care service provider • develops, plans and implements a developmentally appropriate program, ensuring the safety and welfare of the children • maintains ongoing records of the children's development, program and daily information • assists children in their daily care (e.g. nappy changing, toileting, serving lunch or morning/afternoon tea) • maintains a safe and nurturing environment • ensures a high standard of hygiene and administers first aid or medication as approved
Administrator	• hires suitably qualified staff, schedules their training and ensures they meet standards of conduct and performance • acts as the main communication point between parents, teachers and children • recruits new children to the service, through advertising and managing waiting lists • organises enrolments and maintains family records (e.g. immunisation, medical, contacts) • manages the budget (e.g. fees, ordering equipment, menu costs, Child Care Subsidy) • maintains the service's files and document keeping • manages the service's communications (e.g. newsletters, website, minutes of staff meetings, letters to parents) • administers first aid or medication according to policies and procedures

Career paths in children's services

A career in early childhood education and care is one which is stimulating and satisfying, providing opportunities to influence many lives. Early childhood is a growth sector in Australia and throughout the world. Qualifications in the field can lead to rewarding positions and movement in the future to careers offering responsibility and challenge.

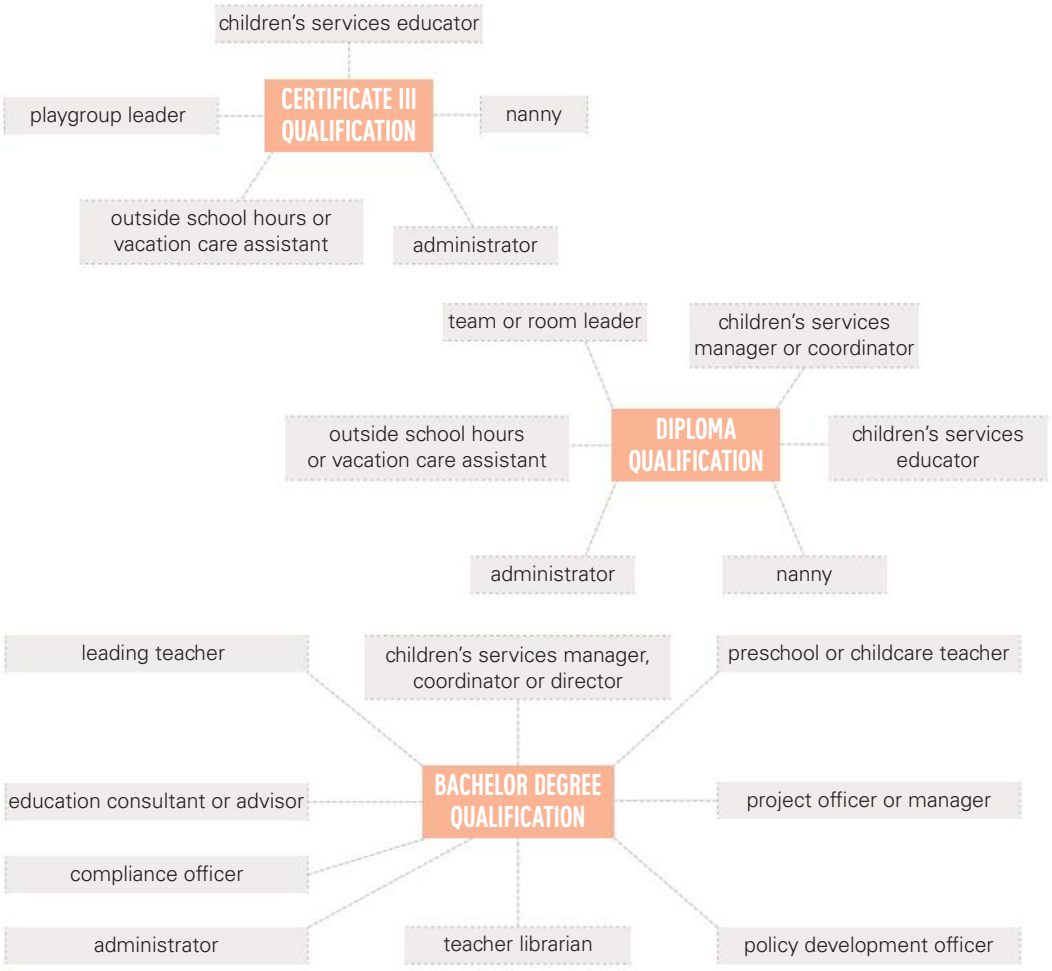


FIGURE 7.6 Where can a career in early childhood care lead?

Put it into practice

Present a reflection on a class visit to a children's service as an *oral report*.

- The visit may be to a local playgroup, toy library, preschool, long day care centre or occasional care centre, depending on what is available for your teacher to arrange. (If you can't visit a service, you could watch a video on the day in the life of a childcare worker or similar.)
- During the visit observe the staff at work and talk with them about the work they do at the service.
- In your five-minute report discuss one childcare educator or early childhood teacher from the service, highlighting their role, the skills they demonstrated and the qualifications they have.

Apply your knowledge

1. Using a jobseeker website, search for different roles within the children's services industry, as outlined in Table 7.4. Develop a full list of the responsibilities that each role involves.
2. Design a flow chart to show a possible career path for a childcare worker who starts as an untrained assistant.

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Contemporary issues

Over the past 20 years the children's services industry in Australia has changed substantially, with a shift from community not-for-profit services to a larger number of privately owned companies providing child care. At the same time the number of children attending childcare services has increased. Australia's education and care sector continues to grow, and improvements in quality and value are taking place. A range of issues relating to children's services today is set out in **Figure 7.7**. Two of the issues are explored in the following pages.



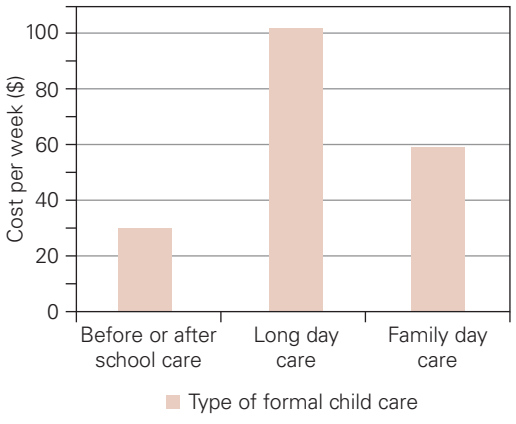
FIGURE 7.7 Contemporary issues in the children's services industry

The cost of children's services

In 2014 the Australian Bureau of Statistics completed the Childhood Education and Care survey throughout Australia. It surveyed families who had children aged 0 to 12 years in urban and rural areas in all States and Territories.

It was found that for 56 per cent of children who usually attended formal child care the usual net cost was less than $100 per week. It is important to note that net cost refers to the amount parents pay after government subsidies have been applied. Long day care is the most expensive service, with a median cost of $102 per week nationally, as shown in **Figure 7.8**. The survey also found that of those children who attended informal child care, 91 per cent of children did so at no cost to their parents.

The Child Care Subsidy is a government payment that provides assistance to families in covering their child care costs. The Child Care Subsidy is paid directly to the approved childcare service by the government. In addition, the Child Care Safety Net provides special support for disadvantaged and vulnerable families, such as low income families that don't pass the activity test for the Child Care Subsidy, as well as children at risk of serious abuse or neglect.



Source: Australian Bureau of Statistics (4402.0). © Commonwealth of Australia 2017. Creative Commons Attribution 2.5 Australia licence

FIGURE 7.8 Children who usually attended formal child care, median cost per week by type of care

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In NSW, the average cost of child care per week is $106 and the average cost per hour is $7. It is estimated by the National Centre for Social and Economic Modelling that even after government subsidies, the average Australian family still pays almost $5000 each year in child care. It is estimated that the average woman returning to full-time work keeps only one-third of her hourly wage, after tax and loss of government benefits and if she is paying for all childcare costs.

Apply your knowledge

1. Using Figure 7.8, identify the median cost of:
   - **a** outside school hours care
   - **b** long day care
   - **c** family day care.
2. Why are long day care costs higher than those for other children's services?
3. Visit the Department of Human Services website and summarise the various ways in which the government assists families with their childcare fees. (A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.)
4. Reports show that child care in NSW is more expensive than any other State or Territory, particularly in areas around Sydney Harbour and the CBD, including Manly, Ryde, Hunters Hill and Canada Bay. Account for these high costs of child care.



THINK ABOUT THIS

'Account for' in Question 4 means you need to state reasons that child care is so costly in these areas of Sydney compared to the rest of Australia.

Access to children's services

Access to children's services refers to the opportunity to participate in early childhood education and care, for those families who wish their children to take part. Full access means that there are places available in childcare services for all children whose families would like them.

However, full access is not always the case. Not all children are able to participate in early childhood education and care equally, as there is a range of barriers that affect children's and families' access to these services. Factors that can limit a child's participation include:

- living in a particular location (for example, a rural or remote area, or a disadvantaged community with few facilities)
- having a low socioeconomic status
- being from an Indigenous family
- having a non-English speaking background
- having a disability or special health care need.

In an attempt to address this inequality and improve access for all families, the Australian Government developed the 'Priority of Access Guidelines'. In situations where there are no

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vacancies and a service has a waiting list the service must follow the guidelines to ensure there is fair access. Services, including long day care, family day care, outside school hours care and in-home care, must meet these guidelines in order to be approved for their Child Care Subsidy entitlements.

The priority guidelines are especially applied to children in the year before they start school, when they are aged four or five, as this is seen as a vital year in a child's development.

The guidelines set out how childcare services must allocate their places where there are more families wanting care than there are places available. The priorities for filling vacant places are as follows:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent or two parents who meet the Child Care Subsidy activity test
- Priority 3 – any other child.

Within each of these categories, priority is also given to children who are from an Aboriginal or Torres Strait Islander background, socially isolated, have a disability or are from a low-income family, a non-English speaking background or a single-parent family.

Under the guidelines a childcare service may have to ask a Priority 3 child to give up a place to make room for a child with a higher priority. The service must make parents aware of this policy when they first enrol and give them at least two weeks' notice if their child has to vacate for this reason.



1 Define *access* in relation to children's services.

2 Explain how each of the identified factors could limit a child's participation in children's services.

3 Why do you think the year before children start school is seen as a high priority in this system?



CHAPTER QUIZ

Total = 55 marks

PART A: 5 marks

1 In a childcare centre the staff to children ratio for two- to three-year-olds is 1 MARK

A 1:4. **B** 1:5. **C** 1:7. **D** 1:10.

2 The approval process that authorises a provider to operate a children's service is 1 MARK

A provider approval.
B service approval.
C provider certificate.
D supervisor certificate.

3 Which of the following qualification requirements applies to a family day care educator? 1 MARK

A must have a bachelor degree in early childhood education
B must have or be working towards a diploma level in education and care
C must have or be working towards a Certificate III level in education and care
D there are no formal qualifications required

4 Which of the following are approved care services for the Child Care Subsidy? 1 MARK

A preschools, nannies and respite care
B family day care, preschools and long day care
C family day care, in-home care and long day care
D preschools, early intervention services and long day care

5 A community-based organisation that manages children's services across Australia and advises on issues relating to the education and care of young children is 1 MARK

A Child Care Access Hotline.
B KU Children's Services.
C Parents as Teachers.
D SDN Children's Services.

PART B: 20 marks

6 Draw a line to match the children's service to its correct description. 4 MARKS

family day care	centre-based care that is usually on site at a workplace, for children aged 6 weeks to 6 years, operating 10+ hours a day
long day care	centre-based care in a purpose-built facility, for children aged 6 weeks to 6 years, operating 10+ hours a day
playgroup	home-based care provided in the carer's home, for children aged 6 weeks to 12 years, with flexible hours
work-based care	centre-based care in community facilities, for children aged 6 weeks to 6 years, 2–3 hours per week

7 Describe the Working With Children Check. 2 MARKS

8 Explain the services offered by Early Childhood Health Centres. 4 MARKS

9 Examine the factors that parents consider in selecting children's services. 6 MARKS

10 Evaluate the role of Early Childhood Australia (ECA) in supporting children's services. 4 MARKS

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PART C: 30 marks

11 a Outline the responsibilities associated with two different roles in children's services. 2 MARKS

b Describe the career opportunities available to early childhood teachers in the children's services industry. 5 MARKS

c Compare the qualifications needed to work in the children's services. 8 MARKS

12 a Describe the role of the Australian Children's Education and Care Quality Authority. 3 MARKS

b Explain the applied law system that regulates the children's services industry. 4 MARKS

c Assess the role of the National Quality Standard in ensuring the quality of children's services. 8 MARKS

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8 YOUNG CHILDREN AND MEDIA

Overview

This chapter discusses the ways in which media influences young children in Australia. It examines the role and impact of television, magazines, computer software, video games and Internet access in children's lives. An investigation of contemporary issues surrounding the media and young children concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- account for the history of children's television programming in Australia
- investigate the variety in children's television programs
- evaluate the ways in which multimedia promotes children's learning
- examine the concerns surrounding the influence of television and computers on the wellbeing of children
- analyse multimedia programs designed for children
- critically examine a contemporary issue relating to young children and media.



WORK IT OUT

Continue your *Exploring Early Childhood* glossary by adding the key terms here.

KEY TERMS

digital natives
those born after the widespread adoption of digital technology, who have grown up using technology like the Internet, computers and mobile devices and thus have familiarity with technology

media literacy
ability to read and understand visual, aural and digital messages in different media forms and the skills to understand and interact with media in a critical and knowledgeable way

multimedia
combination of two or more media forms, including text, images, audio, animation and interactivity, to convey information and entertain

screen time
time spent on screen-based activities each day, including television, movies, DVDs, the Internet, video games and smart devices

stereotypes
broad generalisations or beliefs about specific individuals, groups or ways of doing things that don't accurately reflect reality

viral marketing
advertising technique that persuades one Internet user to pass on information about a company's goods or services to another user

Children's television in Australia

Television and childhood

Television was first broadcast in Australia in September 1956 from the Channel Nine studio in Sydney and it was not long before television became a regular part of life for adults and children throughout the country. Childhood memories of watching memorable events on television with the family or enjoying a range of Australian and international shows are common.

Since the 1970s, drama programs such as *The Sullivans, Against the Wind, A Country Practice, Neighbours, Home and Away, All Saints, Seachange, Packed to The Rafters* and *House Husbands* have formed the fabric of family viewing, combined with popular game shows, such as *Temptation, Pick-a-Box, The Price is Right, Sale of the Century, Wheel of Fortune* and *Family Feud*. Many people's childhood games were built around mimicking their favourite character from comedy programs, like Kylie Mole from *The Comedy Company* or the netball-loving Sharon Strzelecki from *Kath and Kim*.

The Sunday night tradition of the variety show began with *Bandstand* in the 1960s, and was followed by the legendary *Countdown*. *Young Talent Time* ran for 18 years and provided childhood fun for many. In the 1990s TV's new trend, reality programs, took off, with families again sitting and watching together. Many family members on the couch have chosen their favourites, and not so favourites, from *Australian Idol, Masterchef, Dancing With The Stars, The Block, Survivor* and even *Gogglebox*.

More recently we have since seen the introduction of pay TV, multiple channels, digital TV and streaming services. In 2009 the ABC launched its children's channel, ABC Kids, and in 2016 the Seven Network began channel 7flix, with an emphasis on children's and general entertainment. Within the pay-TV realm there are children's dedicated channels, such as Cartoon Network, Nickelodeon, Nick Jr., Discovery Kids, Disney and Disney Junior.

Children's television programs

In 1966 *Play School* began on the ABC. Since its debut the program has run continuously, producing over 2250 episodes and a library of almost 2000 songs from its first 50 years. The format, which has been consistent since the program's inception, is simple and has proved very successful. Every episode includes a story, a short film, songs and regular features such as familiar toys and telling the time with a clock. It has been a huge commercial success for the ABC, with product merchandising and regular concerts and it has also led to spin-off shows, such as *Bananas In Pyjamas* and *Little Ted's Big Adventure*.

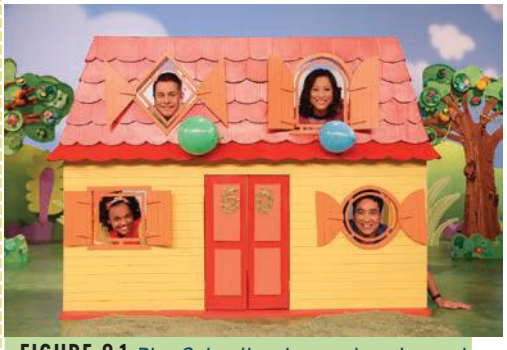


FIGURE 8.1 *Play School* has been educating and entertaining Australian children for more than 50 years

Australia has seen the production of other excellent programs for children too. Notable programs include the educational-based *Romper Room*, *Here's Humphrey*, *Hi-5, The Wiggles* and *Giggle and Hoot*; dramas such as *Skippy*, *The Lost Island, Round the Twist*,

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Ocean Girl, Lockie Leonard, Dance Academy and *My Place;* news and documentary style shows such as *Totally Wild, Simon Townsend's Wonder World* and *Behind the News*; and game shows such as *Video Village, Total Recall* and *Pick Your Face*. Programs like *Hey Hey It's Saturday* entertained children, and families, for many years too. *Hey Hey* began as a Saturday morning children's cartoon show, with Daryl Somers and Ossie Ostrich, and grew into one of Australia's most popular and long-running Saturday evening variety shows.



WORK IT OUT

Many of Australia's children's programs are made possible by the Australian Children's Television Foundation (ACTF). Find out what the ACTF's role is and how it works to promote quality children's television programming. A link to the ACTF website has been provided at **http://eec2e.nelsonnet.com.au**.

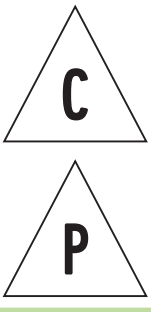
The quality of these television programs is largely due to the Australian Communications and Media Authority (ACMA), which develops standards for children's television and protects children from the possible harmful effects of television. From the Children's Television Standards (CTS), ACMA classifies children's programs as either P (for preschool children) or C (for children aged 6–13 years). Both C and P programs deal with stories, concepts and ideas that are specifically designed to meet the needs and interests of Australian children and enhance their understanding and experience, such as telling the story from a child's perspective or using age-appropriate themes. In addition, the CTS specify that these children's programs must enhance a child's understanding and experience, be entertaining and have overall high production values, such as with script, cast, direction, editing, shooting and sound.

In addition to standards relating to the quality of programs, there are two viewing-time regulations. Commercial television channels must broadcast the following each year:

- 260 hours of C classified programs, within the hours Monday to Friday 7.00 a.m.–8:30 a.m. and 4.00 p.m.–8.30 p.m., and Saturday, Sunday and school holidays 7.00 a.m.–8.30 p.m.
- 130 hours of P classified programs, 7.00 a.m.– 4.30 p.m., Monday to Friday.

ACMA protects children against possible harmful effects during the C and P broadcast times by specifying that:

- no advertisements at all during P programs
- alcohol must not be advertised
- advertising must not encourage children to do dangerous things.



Australian Communications and Media Authority
© Commonwealth of Australia

FIGURE 8.2 C and P programs can be identified by these symbols

As well as locally made programs, Australian children have also grown up with some wonderful children's programs from overseas. In 1971 the American children's series *Sesame Street* began on the ABC and has continued since then. The program has a multicultural cast, looks at different cultures and languages, and addresses issues such as adoption, disability and death. As with *Play School*, there have been spin-off programs, such as *Elmo's World* and *The Electric Company,* which was specifically aimed at improving literacy skills in early school-age children.

Other popular international children's programs over the years include *The Magic Roundabout, Sooty, Art Attack, Bob the Builder, Postman Pat, Thomas and Friends* and *Peppa Pig* from the United Kingdom; and *Blue's Clues, Dora the Explorer, Arthur, Curious George, The Backyardigans* and *Yo Gabba Gabba* from the United States.

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Put it into practice

Work in a team of about six to *design and make* a short television program for young children.

1. Allocate roles to each team member, including director, cameraperson, writer(s) and actors.
2. Plan and write a 10- to 15-minute program for a chosen age group (i.e. children in preschool or the early years of school).
3. Storyboard your program and explain its theme and purpose, including details on what children can learn from the program.
4. Record your program.
5. Formulate questions for children that will enable you to judge how well the program achieved its purpose (for example, 'What did you enjoy about the program?' 'What did you learn?').
6. Show your program to a group of children and ask them the questions you have formulated. Using their responses, assess the success of your program.

Leisure time before television



National Archives of Australia: J2364, 1916/40

FIGURE 8.3 Before television, radio was a popular medium for family leisure time

Television is often listed as the number one leisure activity of Australians in research surveys. It is an integral part of our society today, but only 60 years ago it did not exist. So, how did children and their families spend their leisure time before the invention of television?

Before television, radio was a popular source of entertainment for families. Drama and comedy programs ran regularly, including *Dad and Dave* and shows with Bob Dyer and Jack Davey. Some radio celebrities, like Graham Kennedy and Bert Newton, made the crossover to television in its early days. There were also children's radio shows, such as Charlie Chuckles would read the Sunday newspaper comics out loud over the radio, and children would follow along with their copies of the same comics at home.

Going to the movies was also a popular leisure activity. Cinemas would often show a double feature, with news reels and cartoons screening before the films. Reading was another leisure activity for all family members, with books, magazines, comics and newspapers being read from cover to cover, often over and over again. Letter writing was a common means of staying in touch with friends and family and a treasured weekend activity.

There were other family-based social activities as well. Families went to church together on Sundays and participated in other church and community activities, like dances and fetes. At home families played traditional table games, like checkers, dominoes and backgammon; board games such as Scrabble, Snakes and Ladders, Sorry and Monopoly; and card games like Go Fish, Crazy Eights, Concentration or Rummy.

Children found many ways to amuse themselves in unorganised play activities. Neighbourhood games of cricket, soccer and hockey were common, with makeshift equipment, such as garbage bins for stumps. Almost every child had a bicycle, and hours were spent riding, exploring and role playing with friends until it was dark and time to go home for dinner.

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Apply your knowledge

1. Using an online television program guide, list all C and P programs for one week and describe whether ACMA's time regulations are being met.
2. Outline the popular leisure activities of children before television.
3. As a class, discuss your favourite Australian television programs. Create a table like the sample below and classify the programs mentioned in this Chapter, and others from the discussion.

Comedy	Drama	Game show	Reality	Variety

4. As a class, watch a selection of children's programs (for example, education-based, drama, news/documentary, game show) from the past or present and give each a score out of 10 as to how well it meets ACMA's specifications in regard to:
   - **a** meeting Australian children's interests
   - **b** enhancing children's understanding and experience
   - **c** entertaining children
   - **d** having high production values.

   Compare your scores with others and account for differences.
5. Explain the most significant benefits that have come about from the development of children's television programs.

Children's television viewing habits

Programs and channels

According to ACMA, family movies (those with a G or PG rating) are the most popular programs for children on free to air television. The *Toy Story* movies and *Despicable Me* topped the list. Children's programs, such as *Shaun the Sheep* and *Room on the Broom*, were the next most popular, followed by reality television and variety programs. On pay TV (subscription television) the most popular programs are those on the children's channels, such as *Spongebob Squarepants* and *Phineas and Ferb*, or live sporting events.

The ABC is the most popular channel for children, particularly preschoolers, with programs like *Peppa Pig* and *Octonauts*. It is preferred by 70 per cent of children to other free-to-air or subscription channels.

In fact, across all age groups children are more likely to watch the ABC or subscription television than they are the free-to-air channels (that is, 7, 9 and 10). The ABC channels were the favourite choice of 65 per cent of children aged under 15, with ABC for Kids (ABC2) chosen by 39 per cent as their favourite television channel.

Viewing time

Compared to 10 years ago, Australian children are watching less television. The 2015 ACMA research reports that children aged 0 to 14 years watch an average of just under

two hours of television each day. Preschool children, from newborn to four years, watched the most free-to-air television on average, at one hour and 54 minutes per day. More than 90 per cent of two- to nine-year-olds watch children's programs, as do 72 per cent of 13- to 14-year-olds.

Children's peak viewing time in the afternoon and night is between 7.00 p.m. and 8 p.m., and in the morning it is between 7.00 a.m. and 9 a.m. Since 2001 there has been a 9 per cent increase in the number of children watching television between 11 a.m. and 3 p.m. This is attributed to more 0 to 4 year olds watching special children's channels, such as ABC Kids, Disney Junior and Nick Jr.

Interestingly, there has been an overall decline in the number of children watching television during both the morning and evening peak periods, represented by a drop of 9 per cent in the size of the audience.

Boys vs girls

Boys watch slightly more television than girls in all age groups, just as they spend more time on computers and other electronic devices. **Table 8.1** identifies the findings of the Growing Up in Australia: Longitudinal Study of Australian Children report from 2013 with regard to differences in the viewing habits of boys and girls.

TABLE 8.1 Television viewing hours of Australian boys and girls

Age group	Minutes per day	
	Boys	Girls
4–5 years	152	138
10–11 years	96	87

There are some differences in the types of programs that boys and girls watch too. Boys' favourite programs tend to be cartoons such as *Spongebob Squarepants*, *Scooby Doo*, *Spiderman* and the *Lego* series. Boys also tend to like those programs that have a crossover to video games. Girls prefer *Paw Patrol*, *Charlie and Lola*, *Powerpuff Girls* and *H20: Just Add Water*. Some studies suggest that television programs become increasingly gender-stereotyped as children grow older, for both boys and girls.



THINK ABOUT THIS

Look back to page 211 in Chapter 6 for more detail on how to write and conduct a questionnaire.



1 Design a survey to explore the television viewing habits of children and conduct it with children you know. Find out about the programs they watch, how much television they watch and differences between what girls and boys watch.

Positive aspects of multimedia

Television, and other multimedia forms, can be a positive influence in the lives of young children. Children are exposed to a range of multimedia when they watch television or DVDs, play video or computer games, use a tablet or other smart device, read an interactive book or play with different toys that have an interactive capability. Programs that inform children

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about the physical world around them, such as natural science documentaries, have an obvious educational value. Likewise, children benefit if their screen time involves watching programs or playing games that model desirable behaviour by portraying characters who help, cooperate with and care for each other. Multimedia may provide a starting point for discussion with young primary school children on topics such as separation or death. They can also provide rest and relaxation.



THINK ABOUT THIS

Guidelines separate school-related screen time and recreational screen time, and recommend no more than two hours per day of recreational screen time for children over five years. For younger children screen time should be further limited, with the recommendation that children under two not have any screen time. To assist development, a child's media use should be balanced with creative play, sport and music.

Access to information

Technology provides children with wonderful opportunities to discover and learn about the world. Through the Internet, software applications and other information sources children can learn how to knit, investigate their family tree, 'visit' different countries or identify the bugs they find in their own backyard. They literally have a world of information at their fingertips, with much of this information available to them in ways that are easy for them to grasp.

By presenting information in various formats, multimedia improves a child's experience and helps him understand information more effectively. For example, an electronic encyclopaedia presents information differently to a traditional printed encyclopaedia, with hyperlinks, video clips and audio recordings. Illustrating ideas in these ways also allows children to create new ways of communicating their own ideas. Their access to information is ever expanding, and a child's interest in a particular area may lead to real adventures and careers later on.

Representing groups

In recent years, advertisers have developed campaigns to portray women and girls in new ways, aimed at breaking down stereotypes rather than reinforcing them. The Always #LikeAGirl series celebrates girls for what they can accomplish, not how they look. Even Barbie has a new look and a new advertising campaign called 'Imagine the Possibilities', where young girls are seen as university lecturers, veterinarians, business executives and soccer coaches. The advertisement has been watched more than 20 million times.



WORK IT OUT

Have a look at the Always #LikeAGirl series and the Barbie 'Imagine the Possibilities' advertising campaigns and create a wall space in the classroom to post 'graffiti' about the positive messages in these campaigns. Your graffiti can be written, drawn or printed. Links to these websites have been provided at **http://eec2e.nelsonnet.com.au**.

Many apps that young people use, such as Facebook and other social networking tools, can be powerful in promoting positive messages also. For example, the #breakstereotypes

campaign began on social media – Facebook, Instagram and Twitter. It is an international youth movement aimed at breaking stereotypes related to people's race, culture and religion. They promote a world of equality, tolerance, peace and intercultural friendship through their multimedia campaign of videos, forums and blogs on their website and social media platforms.

Becoming selective viewers



FIGURE 8.4 *No Gender Stereotypes December* calls on consumers and business to take the stereotyping out of gift-giving. What is the value in this?

It is generally accepted that children today have greater media literacy than in the past. They access multimedia from a young age and develop the skills to understand and analyse media, thus becoming selective viewers and users of technology. Young children do need help, however, to learn how to critically evaluate the value and content of television programs, video games, websites, apps and other media. A four-year-old can turn on a television or device and browse channels or sites, but his ability to fully recognise and understand the information presented is limited as he has not yet learnt how to regulate his own behaviour.

Parents need to teach their children how to be media literate so that they can be more selective about what they watch, and can appraise the content of programs to choose those that present reliable, rather than manipulative, information. Parents should discuss right and wrong with their children; express their disapproval about certain content, actions or characters; raise questions about the realism of television or games; and encourage children to talk about what they see or do on technology. Through this type of reasoning parents can assist children to become better problem solvers and develop social skills, such as helping, sharing and empathy.

With their parents, children can learn to analyse advertisements, select appropriate content and identify worthy characters. For example, a media-literate child will recognise the motive of the advertiser using a free gift with a meal to make a child want it more and will also understand that the food is not a healthy choice. He is already becoming an informed consumer.

Developing at an individual pace

Multimedia can provide opportunities for children to explore and develop knowledge and skills at their own pace. The interactive nature of multimedia allows children to get involved on their own terms as they learn information or play games. By selecting different links and choosing different paths, they can control the information available to them and explore what is important to them at that time. For example, interactive media, such as electronic books and reading applications, can help teach preschool or school-age children vocabulary and reading comprehension through a mastery-based approach. Once they can read or have mastered one level on their own, they can move on to the next. Children proceed based on their interest, prior knowledge and skills; they can revisit content; and they can spend more time where they need to as they manipulate the content and navigate the site, program or game.

As children grow and become more comfortable and competent with different media, they develop skills accordingly. For example, problem-solving and critical thinking skills are developed through mastering increasingly complex levels in some computer games. Similarly,

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children can join online clubs such as *Club Penguin*, which can serve as an introduction for learning effective and safe strategies for using social networking sites. Gradually, as they become teenagers, individuals can refine their reading, writing and critical thinking skills using blogs and chat rooms, or become politically and socially aware through watching news and documentaries or reading about contemporary issues online.

Apply your knowledge

1 Define the following terms:
- **a** media literacy
- **b** multimedia
- **c** screen time
- **d** stereotype.

2 Watch the #breakingprejudice first video online and discuss the various stereotypes addressed. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

3 Compare an electronic encyclopaedia with a printed encyclopaedia for ease of use and the information provided.

4 Work with a partner to view several advertisements targeted at children and evaluate them to consider the:
- **a** motive of the advertisers
- **b** effects of consuming the products advertised.

Put it into practice

Complete the following *stimulus question*. Your teacher will explain the details of how long you have to prepare and complete the question.

Critically analyse how multimedia promotes learning in young children.

1 For this response, you need to 'critically analyse' (see the table below).

Key word	What this means	Relevant linking words or phrases to use
Analyse	Identify components and the relationship between them; explain and relate impacts; give reasons	The outcome/consequences/results of this … Therefore … This led to … Accordingly … Subsequently … The key features/characteristics include … In contrast … Because of this … For this reason … Similarly … One effect of this was … This enabled them to … … is effective because/due to … … resulted in … … has impacted positively/negatively because … … which demonstrates … … which meant … … influenced …
To analyse something *critically* means you need to show a level of depth, knowledge and understanding, and reflection		From this it can be concluded/deduced … On account of … The evidence clearly indicates/demonstrates … Although … Ultimately/Finally, it can be seen/argued … However … It can be asserted/claimed … After consideration/reflection …

2 To prepare for the task you need to:
- plan ahead and give yourself time to research and read and find out how multimedia does or does not promote learning in young children

- familiarise yourself with the facts and with the main opinions from other authors and sources
- use information from reliable, objective sources.

3 To structure your critical analysis include the following:

- *Introduction*, which is where you organise your argument. State your position
  - how well you believe multimedia does promote learning in young children
  - outline what you are going to say and why you have taken this view
- *Body*, which is where you develop your argument. Use PEEL for each paragraph to use the reliable evidence you have researched:
  - show your line of reasoning
  - explain the complexities and recognise other arguments or opinions
  - use relevant examples as your evidence
  - link points at the start of each paragraph to bind the response.
- *Conclusion*, which is where you reaffirm your argument. Summarise your position based on the evidence (what you outlined in the Introduction); don't make any new points.

RESEARCH CLUES

- Don't simply repeat quotes or arguments from sources; be sure to relate them back to the point you're making.
- Use clear and unambiguous language; simple and short sentences with plain language will make your argument clear.
- Reference your sources correctly to validate your argument.

Issues and concerns around multimedia

Children of the 21st century have never known life without a computer or the Internet. They are spending more time playing with computers, devices and watching television than children of past generations, and thus, spend less time playing outside with friends and family. Children use information technology regularly and in a variety of ways, such as for sourcing information, entertainment and social communication. As we have just read, technology has many positive aspects for today's young children, but there are clearly real concerns surrounding the use of these tools and what constitutes too much use.

Multimedia as leisure

There is a great variety of multimedia leisure activities available to children, as indicated in **Figure 8.5**.

Content

There are concerns about the content of some television programs, games and computer software and that indiscriminate watching or use of these by children could pose social and

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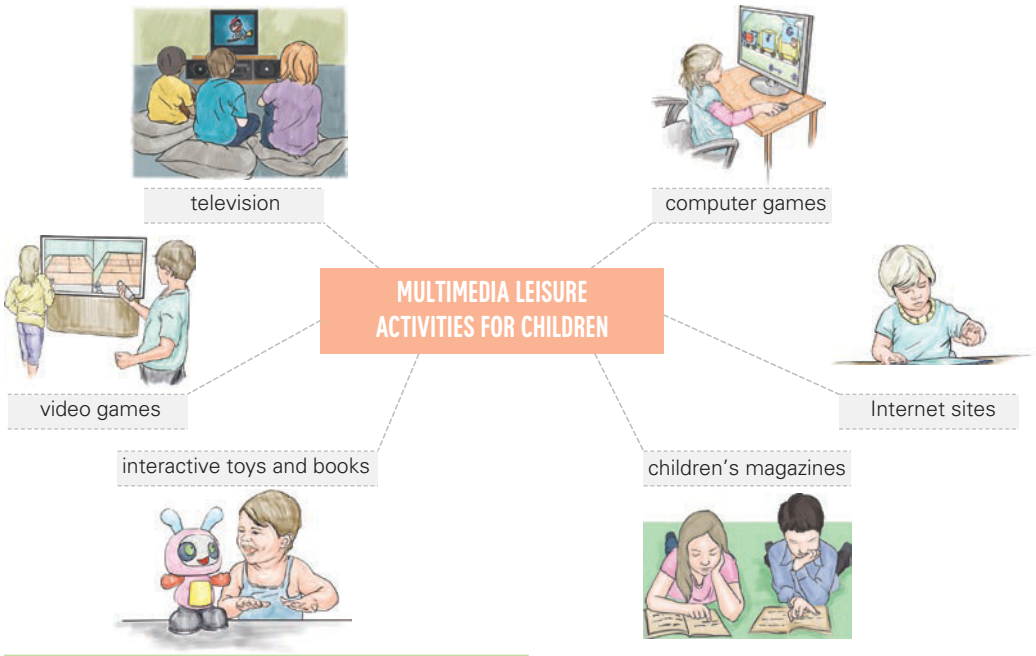


FIGURE 8.5 Multimedia leisure activities for children

emotional risks, such as aggressive behaviour, gaming addiction and cyberbullying. Some children can find it difficult to distinguish between fact and fiction and could pick up negative habits from being exposed to inappropriate content, such as being violent or having problems in socialising with their peers.

Studies on television programming show that the amount of violence on television is increasing. When children watch violent programs it can make them fearful or worried and make them less trustful of others or afraid to sleep alone. Other studies suggest that seeing so much violence on television or in computer games can lead children to become desensitised to it, and they become violent and aggressive themselves, leading to an increase in young people involved in violent crime as well as increased bullying in schools.

Parents should be alert for programs that portray sexual behaviour and the use of alcohol, cigarettes or drugs in attractive ways. Sometimes children don't deliberately watch inappropriate content, but they accidentally access it while searching online, flipping through the channels or opening something sent to them from others.

The Office of the Children's eSafety Commissioner recommends that children access only age-appropriate movies and video games. Generally, films and games classified G and PG are suitable for children under 15 years old to watch, but parents should also consider the age rating, storyline and consumer advice. Television programs with a P or C classification will have appropriate content for children. Those movies, programs and games with restricted classifications, such as M and MA, contain levels of violence, sex or nudity that are not suitable for children.

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WORK IT OUT

Visit the Office of the Children's eSafety Commissioner website (a link has been provided at **http://eec2e.nelsonnet.com.au**) and then:

- outline the role of the Office
- identify what is considered prohibited or illegal content online
- summarise what each of the movie, DVD and game ratings mean.

Advertising

Children are exposed to advertising from an early age, during their television viewing and through their Internet browsing. They are told to buy this, look like that and act a certain way. Children under the age of 12 have not developed critical thinking and therefore are more vulnerable to the demands of advertising. Young children don't generally understand the persuasive nature of advertising; they often misinterpret the messages conveyed, and some can't even distinguish between a television show or game and an advertisement.

Through the Children's Television Standards, ACMA protects children from some of the harmful effects of advertising. The CTS require that there are no advertisements shown during P classified programs, and that during C programs advertising must be presented in a way that children understand, and it cannot mislead or deceive children, demean or discriminate against individuals or groups, or include alcohol or dangerous activities.

There is concern, however, that the advertising of nutritionally poor food plays a real role in promoting unhealthy eating habits, encouraging children to like energy-dense, salty, sugary or fatty foods. Currently there are no laws that restrict the advertising of food to children, with food and drink companies expected to self-regulate in this regard. Many people believe that this self-regulation does not work and that these companies target children in many ways including via:

- the Internet
- social media
- viral marketing
- celebrity endorsements, especially those of sports stars
- product placement in television shows and movies
- competitions
- supermarket promotions and discounts
- apps with brand messages and characters.

Children's preferences

According to the Australian Bureau of Statistics, the most common out-of-school-hours leisure activity for children aged five to 14 years old in 2012 was watching TV, DVDs or videos (15 hours a fortnight), with other screen-based activities – including using the computer, Internet and games consoles – being the next most popular multimedia leisure activity (10 hours). Children tend to prefer to watch television alone, especially as they grow older, but

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they enjoy playing electronic games or using the computer as much with friends as they do alone. Children are less likely to prefer playing on technology with their siblings or parents. Boys show a slightly higher preference for multimedia leisure activities than girls.

In comparison, children spent less time on outside leisure activities. In these types of activities they showed a preference for bike riding (five hours a fortnight), skateboarding, rollerblading and riding a scooter (four hours), especially boys. Other popular activities, particularly among girls, were reading for pleasure (seven hours) and craft (five hours).

Stereotypes and issues of diversity

A worldwide study of children's television programs from 2008 found that stereotypes and a lack of diversity were fairly widespread, including:

- 68 per cent of main characters are male, and there are twice as many male characters as there are female characters in most programs
- 72 per cent of main characters are Caucasian, with very little ethnic diversity being shown at all
- main characters are usually children, teenagers and adults, with the elderly being represented only 4 per cent of the time
- narrators used in programs predominantly have male voices
- girls are more likely to be thin and have blonde or red hair
- characters with a disability or chronic illness are practically non-existent.



WORK IT OUT

Joe Godwin, former director of BBC children's television, said 'All children have the right to see their lives reflected back on screen – regardless of their gender, race, background or ability.' As a class, discuss what this means and whether it is a reality. Refer to specific television programs and characters in your discussion.

Despite initiatives to counteract stereotypes (see pages 269–70 of this chapter) some television advertisements still present gender stereotypes of females being submissive and passive and males being assertive and more competent. The strong influence of advertising may lead to gender stereotyping being established even before children start school if it is not counteracted. Other stereotypes relating to culture or minority groups can also be perpetuated in advertising and television programs.

Family interactions

Technology has changed the way that families interact, for both better and worse. Family interactions are improved by allowing more open and ready communication between members and other relatives. For example, being able to Skype with an uncle and his family living overseas means that cousins can still get to know each other and share experiences often. Similarly, for parents who may be away from home because of work, being able to FaceTime young children to read a story or just say goodnight can be reassuring for everyone.

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Children's absorption in technology – from instant messaging, checking social media, surfing the Internet, listening to music, to watching television or movies – limits how much they communicate with their parents on a daily basis. Mobile technology also means that this lack of communication tends to happen anywhere that there's a mobile phone signal, such as in the car or out at dinner.

Sometimes parents can be just as responsible as their children for not communicating. They are often wrapped up in their own technology, such as checking emails or social media, talking on the phone or watching television instead of talking to, playing with or otherwise spending time with their children.

Parents can be less competent and comfortable with new technology compared to their children, and because of this, children sometimes feel that their parents lack the authority to regulate its use. It is the parents' role, however, to moderate how technology impacts on family communication and interaction. If technology use is monitored and controlled its adverse effects will be minimised and spending time together as a family can even be encouraged. This can be achieved by strategies such as:

- leaving devices in a designated spot and only retrieving them when dinner, or other family activity time, is finished
- establishing rules together around when devices can or can't be used
- eliminating double standards so that limits apply to everyone in the family
- using electronic sharing services to keep family members connected with their music or movies (for example, iTunes Home Sharing)
- connecting with the extended family through video chats (for example, Skype)
- valuing one-to-one interaction, where everyone is disconnected from technology.

Television as a babysitter

Another area of concern is that some parents use television, or other devices, as a babysitting tool, paying little attention to what their children are actually watching, playing or doing. One 2015 survey found that 59 per cent of parents don't feel guilty about using smartphones, tablets and other mobile devices to distract or keep their children occupied and quiet, whether it is on a long car trip, waiting for a doctor's appointment, while preparing dinner or at nap time. This issue is discussed in more detail on page 150 in Chapter 4.



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FIGURE 8.6 Is it okay to use technology to keep children quiet while parents have a good time?

Health impacts

Use of multimedia can affect children's physical, social, emotional and intellectual health. In fact, parents have been known to name excessive screen time as the biggest fear they have for their children's health, higher than asthma or cancer.

Physical health is one of the main concerns. Multimedia viewing and participation tends to be passive, so more time on screens promotes an inactive lifestyle and brings with it associated health problems. Multimedia use in children has been linked to reduced

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fitness, being overweight or obese, and having increased blood pressure and other cardiovascular risk factors. Children also tend to snack on unhealthy foods while watching screens and lose track of how much time they have been on a device. There are also physical health risks associated with poor sitting postures and eye strain from staring at electronic screens for too long.

Sometimes technology use can help to keep children physically active. Wii Sports is a fun way that children can play lots of games, such as baseball, tennis and archery, and it promotes involvement in team sports too. New Smart Trampoline™ technology, tgoma®, developed by Springfree® Trampoline, also encourages families to stay active. Springfree® Trampoline, the Smart Trampoline™, features the tgoma® technology, where sensors in the mat detect movement, and the child's jumps control a range of fun, educational and active games on their tablet via Bluetooth. Their jumping movements are tracked and create their own interactive experiences through exercise.


Springfree Trampoline

FIGURE 8.7 tgoma brings smart technology outside for children

Social health can also be affected, leading to a sense of social isolation. Children who spend a lot of time on screens sometimes have difficulty knowing how to talk to another person and lack the ability to interact with people of all ages. These children have been shown to have problems making social connections and develop fewer friendships.

Emotional health can be affected by screen use too. Links have been made to problems with motivation and reduced self-esteem, and perhaps even depression. Excessive screen time is also associated with poor quality rest and lack of sleep in young children.

Intellectual health or development in children can be adversely affected by multimedia use. Evidence suggests that as children become exposed to screen time at an earlier age there is an increased risk of language delay and limited vocabulary in these children.

Being physically active and limiting sedentary behaviour each day is important for the health and wellbeing of children, and all Australians. Australia's Physical Activity and Sedentary Behaviour Guidelines are based around the evidence of the health impacts of being too passive. With regard to sedentary behaviour the recommendations are:

- children under two years old should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games)
- children aged two to five years should spend no more than one hour a day sitting and watching television and using other electronic media
- children aged five to 12 years should spend no more than two hours a day sitting and watching television and using other electronic media.



WORK IT OUT

ABC News in the United States recently did a story entitled 'Generation iPad: Could device hurt toddler's development?' Search for and watch the video (or use the link provided at **http://eec2e.nelsonnet.com.au**).

- What effects do devices appear to have on an individual's social and emotional development?
- What is the difference in the impacts of passive and interactive media?

Parental guidance

It is important that children have parental guidance in using all forms of multimedia, from watching television to surfing the Internet. Parents can make sure that their child's experiences with multimedia are safe, educational and enjoyable. The following are guidelines that parents of young children might follow for their multimedia use:

- Familiarise yourself with the available programs and decide which are suitable for your child and family (use television, movie and game classifications as a guide).
- Plan the use of screen time, decide how much you are going to allow and involve children in making choices about when and what they will watch or use. They should choose the programs, games and sites they want, rather than concentrating on the time they can use devices.
- Turn the television or device off when the selected programs or agreed use is done.
- Agree on 'screen-free' areas in your home, such as in the bedrooms and dining room.
- Be involved with your child's use of media; for example, visit appropriate websites, open apps or watch television programs together so that you can discuss the content with him and encourage him to be critical. When you can't watch with him, ask him later about what he saw or did.
- Establish family rules about technology use, such as no television during meals or video games only once homework or household tasks have been completed.
- Make sure there is time in your child's day for other important activities, such as reading, sport, homework, playing and helping at home.
- Suggest and take part in different activities with your children, such as going to the park, bike riding, playing a board game and hobbies. Be a positive role model for your children and maintain a healthy balance of activities.
- Model controlled use of technology and don't have double standards. He will notice if you are always telling him to get off his device when you are constantly on one.



CASE STUDY

Nada, Rafi, Lamya and Mini

Nada and Rafi are busy parents who both work full-time. They have two daughters – Lamya, who is five years old and has recently started Kindergarten, and 18-month-old Mini, who attends long day care.

On Sundays the family loves to go on picnics, play in their pool together or visit relatives to share a meal, but on Saturdays Nada and Rafi find they have to spend most of the day catching up on the household tasks they haven't had time to do during the week. They are happy for the girls to watch television or play on their iPads for most of the day, and both girls seem to enjoy the quiet time to themselves.

Lamya and Mini often spend Saturday morning watching Nickelodeon or Nick Jr., and then Lamya likes to watch one of her favourite movies, either *Toy Story* or *Barbie in the Pink Shoes*. After that she might colour in or play a game on her iPad, like *Minecraft* or *Café Playland*.

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Although Mini may sit with her sister, she prefers to watch episodes of *Peppa Pig* or *Octonauts* on her iPad at the ABC Kids site. She has her own favourite episodes that she watches over and over again. Sometimes Mini falls asleep with her iPad in hand, but she will quickly wake up when she hears the *Spongebob* theme song start.

1. Outline the issues surrounding Mini's television viewing habits.
2. How typical are Lamya's viewing choices for a five-year-old girl, with regard to the programs she watches and the time she spends watching television and on the iPad?
3. Describe the positive and negative impacts of the girls' television viewing and time on the iPad.
4. Suggest alternative ways for the family to spend their Saturdays.

Put it into practice

Debating is a formal way of arguing. People prepare arguments in a structured logical way and present them objectively. The affirmative and negative (pro and con) sides are argued by two teams, taking alternating turns to present.

You are going to conduct a class *debate* on the following topic:

Too much television and computer use is bad for a child's wellbeing.

Points to help the class prepare:

1. Each team has three members.
   - The opening speaker gathers the main arguments into an introduction and presents two arguments for their team.
   - The second speaker rebuts or answers the arguments of the other team, and presents two or three arguments for their team.
   - The final speaker rebuts the arguments of the other team, focuses on the two main arguments of their team and shows why their side has won those arguments.
2. Each speaker will need to:
   - introduce – say who you are and what your side is (pro or con team)
   - preview – outline the arguments you will cover
   - argue – name it, explain it (the reasoning – why your argument is true), give evidence (the facts, examples or authority that supports your reasoning)
   - remind – remind the audience of the arguments you covered.
3. The second and closing speakers also need to:
   - rebut – begin by restating what the previous speaker from the other team said and disagreeing with their arguments.
4. Other roles for the debate:
   - chairperson
   - timekeepers
   - adjudicator (one or two)
   - audience members.
5. Each speaker has eight minutes to speak, with a warning bell at six minutes.

To prepare for the debate:

- Organise ideas and four or five valid arguments for each team. You will need to research before writing up the arguments.
- Divide the arguments between the first two speakers and structure the speeches.

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Apply your knowledge

1. Identify examples from a variety of multimedia forms of food and drink advertising that targets children.
2. Construct a multimedia display that examines how today's media portrays stereotypes. Consider current films, television dramas and sitcoms, songs and music videos, advertising campaigns, newspapers articles, magazine features and books.
3. What are the impacts on children's health of an increase in multimedia leisure activities?
4. Develop a 'Screen time rules' checklist that parents can display in the kitchen. It should list all the things young children must do before they can use technology.
5. Research from Monash University indicates that while watching live sport children see thousands of alcohol and gambling advertisements, which is the only time such ads are allowed to be screened during the day. Outline the potential impacts of this exposure on a child.
6. Investigate gaming addiction and cyberbullying and explain why they are of a concern for parents of young children.

Educational multimedia

Characteristics of educational multimedia

Providing quality educational television programs, games, software or websites in order to promote the cognitive and social development of children requires understanding how children learn. Effective educational multimedia involves children actively, enabling them to relate their knowledge to new situations and to make relationships between concepts. It engages and empowers children as creative, curious and capable participants.

Let's consider the characteristics of quality educational programs, software and other multimedia by looking at their purpose, audience and features, as represented in **Table 8.2**.

Television

Educational television programs, for both preschoolers and school-age children, can be valuable. They can broaden young children's knowledge, stimulate their imaginations and increase their general vocabulary. Well-designed programs can provide opportunities for children to learn about all kinds of things, and in doing so increase their range of interests, such as music, discovery and history. Television increases awareness of human problems, like pollution and homelessness, and promotes acceptance of diversity in relation to race, ability, illness and individual preferences.

Young children often ask to watch the same programs over and over again. They learn from repeatedly being exposed to the same thing, such as new words or good role models. Watching the same show over a few days can improve children's memories and they are better able to transfer what they have learnt to the real world.

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TABLE 8.2 Characteristics of quality educational multimedia

What makes quality educational multimedia?

Purpose	Audience	Features
 Shutterstock.com/Monkey Business Images	 iStock.com/ArtfolioPhoto	 iStock.com/AnthonyRosenberg
• clear and explicit treatment of educational content • age- and development- appropriate content, language and action • chronological narration and action, with the most important story aspects shown • engages children cognitively and maintains their attention • positive messages and lessons (e.g. how to get along with others) • exclusion of negative messages (e.g. violence, stereotypes) • uses a narrative structure within an educational context	• encourages children to engage actively with the content through participation and interaction • characters speak directly to children and invite them to participate (e.g. sing a song, spell along) • provides entry points for different types of learners • children are in key roles and the action is seen through their eyes (e.g. happy or sad, resilient, discovering) • provides good role models for children • reflects children's own culture, everyday experiences and interests	• focuses on only a small number of ideas in each episode • engaging or action-filled visuals • repetition of ideas, actions and behaviours • use of humour (e.g. jokes, funny stories) • characters that children can relate to or are familiar with • high production values (e.g. excellent writing, music, acting, camera work, animation) • innovation that appeals to and creates wonder in children (e.g. surprises and fun)

We have already discussed several educational programs that young children like to watch, like *Play School* and *Sesame Street*. *Caillou* is a preschooler who shows typical behaviours of a three-year-old, so children relate well to him, and young children can learn about classical music and fine art by watching *Little Einsteins*. For school-age children, the ABC produces a range of educational programs, such as *Behind the News*, *Curious Cat* and *Mortified*.

Games

Educational video games can offer advantages to learning. They can provide a framework for inquiry and project-based learning, can improve children's attention at school, enhance visual–spatial skills and boost children's working memory.

Some games that children enjoy using are building games, like *Minecraft* and *SimCity*. There are versions of these games that can be used to teach children mathematical concepts like perimeter, area and probability, and can also be applied in English lessons. In *Bot Colony* children practise their language skills by talking with intelligent robots in an adventure game. *Animate Me!* allows children to create 3D animations of cartoons in a simple and intuitive manner. *Kahoot!* is a popular classroom tool where teachers or students write quizzes on topics to create an engaging learning space. Other popular games are *Bridge Constructor*, *Scribblenauts* and *Big Brain Academy*.

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The types of educational games that a child likes to use:

- have activities that let him feel he is doing something 'real', like preparing a meal, writing and mailing a letter, or making a newsletter and printing it
- encourage him to explore and create, such as in a fantasy world where he can feel powerful, capable and in control
- allow him to make original art where he can experiment with colours and textures or animate objects
- involve playing and experimenting with music, such as rhythmic patterns and songs, that he can then perform and record
- have multiple levels so that he can explore and move on to more challenging levels at his own pace
- allow him to make choices, such as with characters and their behaviours
- involve him playing with others so he can talk about what he is doing and share the experience.

Websites and apps

Good educational websites allow children to learn in a safe, fun and interactive environment. Many of these sites are free and offer a range of ideas, from online teaching games, to printable sheets, videos and more. Children like sites that have variety, where they can get some reading practice, watch an animation, listen to a song, print a page to colour or play a game. There are well established sites that children can access through a computer, tablet or smart device, and there are several good apps that they can use also.

National Geographic Kids is a great site where children can watch animal cameras, share photos of nature, learn about different animals and countries, do science experiments and much more. The site caters for children from three years old to high school age. Sites like *KIDZ Page* and *BrainPOP* have lots of pages and variety to help children develop maths, language and other skills. There are online games, activities, colouring and jigsaw puzzles that can be grouped into holiday topics or into subject areas like maths, English or social studies. Other popular sites are *ABC Splash, Cool Math, Turtle Play, Light Up Your Brain* and *Knowledge Adventure*.

A popular app is *First Words*, which helps preschool children learn words through shapes and sound. *Itsy Bitsy Spider* is a brightly coloured app that helps teach about the environment, nature and animals. These types of apps encourage children to touch and explore, as do *Bugs and Buttons* and *Dr Seuss's ABC*.

School-age children can practise their programming skills at different levels using *Robot School: Learn to Code*. There are also apps to help children organise and complete their homework, others to remind them to do their homework and some that give help for specific subjects.

The role of multimedia in learning

Today's children are digital natives and they expect to use technology in their learning at school and elsewhere. Thus multimedia plays a very important role in assisting children to

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learn. It offers a more realistic learning context, allows children to take control and caters for the different learning needs of individual children. Because it involves learning by doing, children have a better attitude towards learning and are more motivated. When the content is specifically designed for a child's age or development level, and when that content is interactive, more effective learning can occur.

Television

Television begins to play a role in children's learning once they are able to comprehend it, from about two years of age onwards. It can teach positive lessons about the arts, nature, emotional understanding and self-control, and practical and social skills and safety. From around the age of five, children become more interested in television characters who are like themselves. As they gain language, have more life experiences and develop cognitively, they are able to deal with more complex and diverse content. By the time they start school, children become more interested in adult programs.

High quality television programming can have lasting, positive effects on children, in the areas of cognitive, emotional and social development. With a purpose and a clear understanding of the audience, educational programs can be highly effective and successful. For example, the producers of *Play School* have carefully considered the ability of their target audience to understand the content and they have a simple strategy to their presentation. The program offers children challenges so they will watch it repeatedly, but it is not too difficult to understand so that they won't watch it at all.

The portability of television programs, now available on smartphones and other devices, means that learning can take place in a variety of places and at different times. Children don't have to wait to watch a program, as long as they have access to wi-fi or a data network. Learning is now more fluid and instantaneous as a result.

The Internet

Children who have access to the Internet from a safe, organised learning environment learn more than those who don't. They learn to read faster and better, they develop self-confidence, and they remember what they have studied for much longer than through more traditional learning methods. Online learning can be self-paced, so children can slow down to learn something new or practise a skill, and then move faster when they are more comfortable. Similarly, when they can choose the content they're interested in, children will be more actively engaged and their learning is improved.

The Internet enhances learning by enabling children to talk to people all over the world. They can make virtual visits to many different places, like the Great Barrier Reef and the pyramids of Egypt, or learn a new skill via video. Remote or isolated children can work with others, in the same way as those sitting in a room together. Different learning styles are accommodated as children can learn visually, verbally and by doing. Knowledge and understanding can be shared, built on and evaluated in an immediate and dynamic way.

To maximise their learning from the Internet, children need to ask critical questions. Teachers and parents need to explain that they should not just copy and accept information, nor rely on the first or most striking website for their information; they

should research broadly and look at different sources. Children need help to learn how to organise information and rewrite it in their own words. Starting with child-friendly search engines and directories is a good idea, such as Kids.net.au, Aga-Kids, KidzSearch, KidRex, SquirrelNet and Kiddle.

Going online can pose risks for young children, so they also need to learn to be wise Internet users. Teachers and parents need to talk about protecting personal information, and about not sharing names, contact details or anything that could identify them to someone else online. Cyber-safety education can prepare children and help them avoid accidentally viewing inappropriate content, being over-exposed to advertising or responding to pop-ups that could corrupt their computer. They will learn not to click on pop-ups, to never talk to strangers online and to be safe and good digital citizens.

Computers

The computer has an important role to play in children's learning. Personally meaningful learning opportunities can be created because computers:

- motivate young children, increasing their on-task time for learning
- provide consistent and frequent feedback
- allow children to work independently at their own pace
- provide access to the Internet and all it has to offer learning
- provide opportunities to observe, manipulate and investigate
- allow children to use tools and materials that are not necessarily available in the classroom or home
- provide an empowering alternative for learning, such as with computer simulations.

A very useful tool for young children is the ability for text to be converted to speech through the read-aloud feature of computer software programs. It can assist visually impaired children, reluctant readers and those with literacy problems. It directly supports the development of key literacy skills such as fluency and reading comprehension, while also increasing engagement and motivation.

Apply your knowledge

1. Identify the features of educational games that children use.
2. If today's children are *digital natives*, their parents are referred to as *digital immigrants*. Define this term and add it to your glossary.
3. Outline three benefits that each of the following offers to a child's learning:
   a television **b** the Internet **c** computers.
4. Select two specific children's multimedia programs or websites (e.g. the television program *Caillou* or the website *KIDZpage*) and for each describe its:
   a purpose **b** audience **c** features.
5. Analyse a current educational app, considering:
   a who it is designed for
   b how it is used
   c the effectiveness of its role in children's learning.

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Children benefit from the right sort of screen time

Catherine de Lange, 26 March 2014

It is an issue many parents will have grappled with. Is the peace you get by handing your child a touchscreen or sitting them in front of the TV worth the undefined damage you worry it's causing? The subject resurfaced last week with one study claiming that screen time was linked with increased BMI and another finding it adversely affected children's emotional well-being.

The headlines may have struck a chord, but each study faced different criticisms. So just what can we say about screen time?

First of all, lumping all screens into one category is not helpful. When you separate the different types of screen out, the effects start to vary. Passively watching TV is not the same as learning to read on a touchscreen, which is not the same as killing monsters on a console. For instance, a recent longitudinal study of 11 000 British children found that those who watched TV for 3 hours or more a day at age 5 had a small increase in behavioural problems two years later compared with those who watched for under an hour. But they found no effects at all for those who played computer games.

Watch and learn

It's not just the type of screen that matters, but what is on that screen. 'The best research suggests that the content children view is the best predictor of cognitive effects,' says Heather Kirkorian who studies cognitive development at the University of Wisconsin-Madison. 'Children will learn from what they watch, whether that means learning letters and numbers, slapstick humour or aggressive behaviour,' she says, adding that children who watch age-appropriate, educational TV programmes often do better on tests of school readiness.

When it comes to physical effects, a number of studies have found similar results, which shows that increased screen time is associated with a rise in BMI. But it can be hard to tease apart whether screen time actually causes the effects or whether they are linked in some other way. 'It is impossible to determine with certainty that TV is causing obesity, and it is likely that other factors are involved in the complex problem of childhood obesity,' says Kirkorian.

The rise of portable devices has compounded the issue. Rosie Flewitt who studies Early Years and Primary Education at the Institute of Education in London says touchscreens are particularly motivating for children, allowing them to use a tool they can see is important to adults. 'There is an unquestionable body of research showing that new technologies can engage children,' she says. Her own studies have shown that children who struggle to learn using books often made more progress with iPads.

Motivating multimedia

Flewitt's research in schools also found that iPads made children more cooperative and helped quieter kids to speak up. She thinks that is partly because children receive immediate feedback, and because the devices are multimedia. 'You don't need to be able to read words to access knowledge – you can follow icons, hear words spoken,' she says.

A survey of more than 1000 parents with children aged 3 to 5 and their teachers, backs up the idea that tablets can promote learning. The study found that all the children enjoy reading

more when they look at stories using books and a touchscreen compared to just books. Importantly, the performance of children from low socio-economic backgrounds who use both at home is less likely to be below average at school than if they only look at books.

What is becoming clear is that it's not the technologies themselves we should be worried out but how they are used and how people interact with them. The advantages seen in the school environment can be translated into the home – if you choose your children's digital distraction wisely.

A lot of it is common sense. Don't unthinkingly hand over your device. There are educational apps whose benefits are backed up by research, says Flewitt. Consider the type of screen time, says Etchells. Five hours sitting in front of the TV is not the same as 5 hours of some TV, a couple of hours playing on Dance Dance Revolution or some other kind of active game, followed by a Skype session with a grandparent.

And take heart: this generation's iPad is another's Jane Austen. 'It's a new era,' says Flewitt. There is a lot of scepticism just like there was when novels took off in the 18th century, she says.

Source: Catherine de Lange, 'Children benefit from the right sort of screen time', *New Scientist*
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Apply your knowledge

1 How does the type of screen time and the content influence children's behaviour?
2 What does the article suggest about the link between multimedia and obesity?
3 Outline the benefits of new technologies, like iPads, for children.

Contemporary issues



FIGURE 8.8 Contemporary issues for young children and media

From a very young age, children in our society come into contact with television, video games and other multimedia. Certainly, media can be educational and entertaining, but parents need to monitor their children's use and exposure to various media forms to ensure their safety and wellbeing are not adversely affected. A range of contemporary issues relating to children and the media is set out in **Figure 8.8**. Two of the issues are explored in the following pages.

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THINK ABOUT THIS

The Australian Council on Children and the Media (ACCM) is a national community organisation where parents and caregivers can access lots of information and advice regarding the impact of the media on children. ACCM promotes a safe and healthy media environment for children. A link to the ACCM website has been provided at **http://eec2e.nelsonnet.com.au**.

Australian vs international content

Since 1961, there have been requirements set regarding Australian content on television. The current standard, the Broadcasting Services (Australian Content) Standard 2005, is part of the Commonwealth *Broadcasting Services Act 1992*. The standard applies to commercial television channels and aims to ensure that Australian identity, characters and cultural diversity is represented on television.

Overall, the standard requires all commercial free-to-air television channels to screen at least 55 per cent Australian-produced programs each year between 6 a.m. and midnight. As part of this, at least 96 hours of new Australian C-classified drama must be broadcast over a three-year period, with at least 25 hours broadcast annually. A minimum of eight hours of repeat Australian C-classified dramas must also be shown each year.

While this standard does not apply to the ABC, as the national public broadcaster, the network has imposed its own quota: a minimum of 25 per cent local content in children's television programming. This high quota is not economically viable for the commercial and pay-TV networks. The ABC screens programs made overseas, particularly successful BBC children's programs, but they consistently and actively develop new local content too, and schedule approximately 27 hours of these programs each month.

On the free-to-air and pay TV channels, international programs are the most popular. As an example, on Foxtel's Disney the three highest-rating children's shows are productions from the United States: *The Lion Guard*, *Doc McStuffins* and *Sophia the First*. In the same week, on ABC Kids, after the United Kingdom's *Peppa Pig* (which is hugely popular worldwide), the second- and third-highest-rating series are local shows: *The Legend of Pirate Hootbeard* and *Play School*.

Research indicates that although most children, particularly younger children, don't care where television is made, as long as it is good quality, they are more likely to watch Australian programs over foreign ones if there is a choice. Australian children like to be able to identify with characters and stories that occur in familiar contexts. They like to recognise places on the screen, see characters that remind them of themselves or friends, and enjoy stories that they feel could actually happen to them.

Apply your knowledge

1. Create a word cloud for the most popular children's television programs that you have learnt about throughout this chapter.
2. Search online to identify the aims of the *Broadcasting Services Act 1992*.
3. Explain why having a local content quota is important, particularly for children's television.

Merchandising and children's television

Merchandising is very important to television networks. When children really love a program, they want to extend the experience beyond the screen, as do their parents. Branded books, clothing, toys, games, stationery and other products allow this to happen, and children's relationships with the characters are reinforced.

Another form of merchandising and profit-raising is to extend the program experience with live appearances. *Play School* has been staging live concerts for many years. More recently they have started to take their popular toys, like Little Ted and Jemima, out on the road to zoos, schools and venues around the country in their own *Adventure* series shows. These appearances also provide opportunities to sell merchandise such as CDs, DVDs, soft toys and books.

It is argued that merchandising and innovating in these ways can help to revitalise programs and make them into a bigger brand. This has certainly been the case with *Play School*. It can also help to establish new programs in the market. Within a few months of first airing, *Giggle and Hoot* was a massive hit and parents of preschoolers began ringing the ABC asking where the merchandise was. It was soon available through ABC shops and online.

International companies and corporations such as Disney, Nickelodeon and the BBC dominate the market in children's television merchandising. They are very aware that the parents are the ones making the purchases for their children. For this reason, they produce high quality programs, often in conjunction with early childhood specialists, so that parents are reassured that the programs have both developmental and entertainment value for children. Parents are more likely to buy a collectable doll, or download an app for their child, if they see worth in the original television program.

For the networks, merchandising is a profitable means to generate program awareness and build brand or network loyalty. They sign contracts with specific manufacturing and advertising companies, allowing them exclusive licences to produce and distribute their branded products, for a guaranteed royalty payment. The royalties earned through licensed merchandising can then be reinvested by the network for the production of further episodes or new programs.



1. Select a popular children's television program, and investigate the range of merchandise available for it and the cost of each item.
2. Outline the advantages and disadvantages of merchandising.
3. Create a collage of merchandising attached to television programs targeted at teenagers or adults. Discuss how it is the same or different to children's merchandise.

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CHAPTER QUIZ

Total = 55 marks



PART A: 5 marks

1 The most popular locally produced children's television programs for preschoolers in Australia are 1 MARK

A *Giggle and Hoot* and *Hi-5*.
B *Play School* and *Peppa Pig*.
C *Peppa Pig* and *Sesame Street*.
D *Play School* and *Giggle and Hoot*.

2 Those who have grown up with technology and are familiar with it are referred to as 1 MARK

A digital immigrants. **B** digital natives. **C** media-literate. **D** stereotypes.

3 The Australian guideline on sedentary behaviour that recommends no more than one hour a day of screen time applies to children 1 MARK

A under two years.
B aged two to five years.
C aged five to 12 years.
D of all age groups.

4 The organisation that is responsible for developing standards for children's television is the 1 MARK

A Australian Broadcasting Corporation (ABC).
B Australian Children's Television Foundation (ACTF).
C Australian Council of Children and the Media (ACCM).
D Australian Communications and Media Authority (ACMA).

5 Cyber safety education is important in teaching children to 1 MARK

A never talk to strangers online.
B be self-paced in their learning.
C respond to pop-ups on their computer.
D provide all their contact details online.

PART B: 20 marks

6 Why is repetition important in children's television programming? 2 MARKS

7 Describe leisure activities that were popular in Australia before television began. 4 MARKS

8 In what ways can quality children's television contribute to learning? 4 MARKS

9 Describe four strategies that parents can use to effectively guide the multimedia use of young children. 4 MARKS

10 Explain the concerns about the impacts of multimedia on children's physical health. 6 MARKS

PART C: 30 marks

11 **a** Describe multimedia for children. 4 MARKS

b Examine how children become selective viewers of multimedia. 5 MARKS

c Evaluate the role that multimedia plays in positively representing particular groups in society. 6 MARKS

12 **a** Identify the three characteristics of quality education programs in multimedia. 3 MARKS

b Describe the types of educational games that children like to use. 5 MARKS

c Evaluate the role of computers in children's learning. 7 MARKS

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9 CHILDREN'S LITERATURE

Overview

There is a wide range of literature designed for children that can contribute to their learning or simply be read for leisure. This chapter focuses on the criteria to use in selecting different types of texts for children of different ages. It also considers how books can be shared with children, from birth to the early years of school. An investigation of contemporary issues surrounding children's literature concludes the chapter.



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Learning objectives

After studying this chapter, you will be able to:

- recommend books that are suitable for babies and toddlers
- examine the features of books for toddlers
- explain the purpose of books suited for preschoolers
- investigate the favourite books of children
- critically evaluate the criteria for selecting books for children of different ages
- develop a collection of poetry for children of different ages
- identify the criteria for selecting non-fiction books for young children
- participate in a reading activity with young children
- critically examine a contemporary issue relating to children's literature.



WORK IT OUT

Add the key terms from this chapter to your *Exploring Early Childhood* glossary.



KEY TERMS

emergent literacy
the understanding that a child's knowledge of reading and writing skills begins at a very early age, well before they learn how to read and write words

gender-stereotyping
fixed ways of thinking about people, based on whether they are female or male

phonological awareness
ability to recognise that words are made up of a variety of small sound units (phonemes) and to hear, identify and manipulate words into segments known as syllables that begin with a sound (onset) and end with another sound (rime)

preview
give a general description of what a book looks like and will be about

Babies, toddlers and books

Books for babies

For a newborn, a book is just an interesting object. By three months of age, a baby can focus on pictures for a brief time, so brightly coloured books with simple illustrations of familiar objects or animals are recommended. As babies begin to grasp, they will like small and light but sturdy books with only a few pages. Books should be non-toxic and washable because babies love to explore with their mouths.



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FIGURE 9.1 High-quality reading means involving baby actively

Between six and 12 months is a good time for parents to start reading to a baby sat on their lap. Parents can show the baby pictures and talk about them, with the baby touching, pointing at and chewing the book. Cotton, plastic and cardboard books are good, as are books that babies can interact with, like those with flaps to lift and look under, different textures to feel or holes to look through. As parents vary their voice volume and expression and make gestures, babies will begin to imitate the sounds and may want to turn pages too. Their attention span is limited, though, so short books are recommended. Spending time on each page allows the baby to focus, and turning the pages models how to use a book.

Books for toddlers

Toddlers like interactive books too, such as those with pop-ups, tie the ribbon, open the door, feel the animal fur and so on. They can name and point out familiar objects, like dogs, cars and babies. Books with simple rhymes are good as they can repeat the rhymes with their parents. Non-fiction books can be introduced to toddlers, especially those about vehicles and animals.

It is a good idea to introduce the child to as great a variety of books as possible, including different colours, sizes, shapes and lengths. Books with simple illustrations are suitable for toddlers to look at while the story is being read, while those with more detailed illustrations are suitable for both looking at and talking about. In addition, books with a variety of subject matter, such as fantasy, real-life stories, factual information and rhymes, should be introduced early to help children experience a wide range of reading.

Reading to babies and toddlers

Reading aloud and sharing stories assists a baby's development in many ways, from a very early age. This practice is enjoyable for both parents and babies, and offers some valuable bonding time together. Reading helps the language development of a baby by building a range of literacy skills. She will become familiar with sounds, words, phrases and tones. She will come to enjoy books,

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and being read to aloud sets up good reading patterns for life. A baby's imagination is stimulated through reading and she learns about the world around her.

Choosing books for babies and toddlers

Babies and toddlers enjoy books that have good rhymes, rhythm and repetition, and these things also help them learn. As children grow they will develop interests that can guide parents in choosing appropriate books. Popular topics for babies and toddlers include cars and trucks, fairies and princesses, pets, sea animals, making new things and baby animals. **Table 9.1** provides a guide for good book choices for babies and toddlers.



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FIGURE 9.2 A bedtime story is a great way to establish a good reading routine

TABLE 9.1 A guide for choosing books for babies and toddlers

Age	What to look for in a book	Suggested titles
Babies up to 12 months old	• bright colours and simple pictures (e.g. faces, fruit, animals) • different textures (e.g. soft, fluffy, rough, smooth) • waterproof and soft materials	• *Brown Bear, Brown Bear, What Do You See?*, Bill Martin Junior • *Everywhere Babies*, Susan Meyers • *How Many Kisses Do You Want Tonight?*, Varsha Bajaj • *I Went Walking*, Sue Machin • *That's Not My Lamb*, Fiona Watt
Babies aged 12–18 months	• lots of illustrations of familiar objects (e.g. food, transport, babies, animals) • simple interactive features (e.g. lift-the flap, textures to feel) • sturdy books that can be held and have easy-to-turn pages (e.g. cardboard, plastic)	• *Choo Choo Clickety-Clack*, Margaret Mayo • *Dear Zoo*, Rod Campbell • *Guess How Much I Love You?*, Sam McBratney • *Spot* series, Eric Hill • *Where is the Green Sheep?*, Mem Fox
Toddlers	• relate to their experiences (e.g. playtime, going to the zoo, family outings) • interactive features (e.g. lift-the flap, pop-up, movable pieces, animal noises) • different shapes and sizes, with thick paper pages to turn	• *Good Night Moon*, Margaret Wise Brown • *Hairy Maclary* series, Lynley Dodd • *Peepo!*, Janet and Allan Ahlberg • *The Very Hungry Caterpillar*, Eric Carle • *The Wheels on the Bus*, Penny Dann

Apply your knowledge

1 Outline how books can contribute to the following areas of a child's development:
- **a** physical
- **b** social–emotional
- **c** cognitive
- **d** language.

2 What benefits does reading to children offer parents?

3 Work with a partner to select some of the suggested books from Table 9.1. Discuss the features of each book you select.

Preschoolers and books

Preschoolers have a longer attention span than babies and toddlers, so the book choices for them can be more diverse. Illustrations are still important, but more complex and interesting text can be introduced, with sentences, rhymes and dialogue helping to build their literacy skills.

Choosing books for preschoolers



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FIGURE 9.3 Children love to select their own books for reading

Younger preschool children particularly like stories to be read over and over again, word for word, often with no changes. Their love of ridiculous and silly stories grows and the wilder, more dramatic and fanciful a story is, the better. Once they reach five years of age, children will show preferences for particular types of stories; they may even have one favourite story that they love having read to them, which they may memorise. They will begin trying to read themselves, so offering books with simple text, or familiar stories, is a good idea. Preschoolers also enjoy looking at complex pictures and pointing out fine details in what they see. A book can now hold their attention for a long time.

Preschool children enjoy many different types of books. Some features to look for when choosing books and suggested books with these features are outlined in **Table 9.2**.

TABLE 9.2 A guide for choosing books for preschoolers

Features	Suggested titles
• familiar experiences (e.g. going to preschool, family holidays, getting a new pet)	• *I Like it When*, Mary Murphy • *Annie Rose is my Little Sister,* Shirley Hughes
• characters children can identify with (e.g. same age, similar personality)	• *Are We There Yet?*, Alison Lester • *Alexander and the Terrible, Horrible, No Good, Very Bad Day,* Judith Viorst
• stories about animals or toys that act like people and do things that they do (e.g. travel on the bus, make a mess, go to a party)	• *Maisy* series, Lucy Cousins • *Corduroy*, Don Freeman
• funny, ridiculous, silly and even slightly rude stories	• *Far Out Brussel Sprout,* June Factor • *The Day the Crayons Quit*, Drew Daywalt
• simple stories with rhythm and repetition, and exaggerated stories	• *The Cat in the Hat*, Dr Seuss • *Possum Magic*, Mem Fox
• stories with suspense or surprises along the way and unexpected endings	• *The Monster at the End of This Book,* Jon Stone • *It's Time!,* Kathleen W Deady
• labelled diagrams and intricate illustrations	• *See Inside Your Body*, Katie Daynes • *Animalia*, Graeme Base
• information that reflects their interests, including non-fiction (e.g. inventions, dinosaurs, fairies, sport, animals)	• *Hippos Are Huge!*, Jonathan London • *The Way Things Work Now*, David Macaulay
• graphic and comic-strip formats	• *Long Tail Kitty,* Lark Pien • *Fly Guy* series, Tedd Arnold

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Linking reading to learning

Through various experiences in language discovery, both oral and written, children develop into conventional readers and writers. They may copy Mum to write a shopping list, point out a street sign they recognise or browse through a magazine at preschool. Through regular and active interactions with print, children are motivated to learn to read and write, as they discover that these skills will help them do many things in life.

Before they can begin to read independently, children need emergent literacy skills. From being read aloud to, children learn to listen and talk, which helps them build a large vocabulary of words and know how to use these words. They develop phonological awareness and learn the letters of the alphabet. They learn basic literacy concepts such as that print is spoken words that are written down and have meaning. By watching others read, children can learn that to read you move from left to right and top to bottom of a page, and from the front to the back of a book.

The actual abilities to read and write, however, are only developed with planning and instruction. Children learn to recognise letters and words, follow writing rules and build meaning from text.



Design and make a book for a preschooler. You can use an appropriate software program to produce your book, and then print and bind it. Think carefully about the characters and plot you choose, as well as how you will combine language and illustrations.

Write an information sheet for booksellers to explain the following about your book:

- its purpose
- why children will enjoy it
- how it links to a preschooler's learning.



1. Why do you think Dr Seuss books are so popular with preschool children?
2. Work with a partner to select some of the suggested books from Table 9.2. Discuss the features of each book you select.
3. Watch some online videos on emergent literacy and phonological awareness. From your viewing, describe the link between reading books and how children learn to read and write.

Children in the first years of school and books

Experiences of literature before school

As we have seen, a child's journey of learning to read and write begins long before she starts school. Every child will have her own language and literacy experiences before beginning school, from the different family celebrations and holidays, playgroup and childcare interactions, and other literature encounters that she has experienced.

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There is great diversity in children's oral and written language experiences before school. Some children may already be able to read some words or even a full book, while others may have good speaking skills and strong oral language, but have little experience with books. Some children may have a range of writing and reading materials available to them, while others may not. For some, English may be an additional language, while some children's experiences of stories are not from books but through oral storytelling. Some children will see their parents reading and writing often; others only occasionally. Whether a child's experience is with oral or written language doesn't really matter, as long as it is a positive experience, such as talking with their parents about what is happening around them or the parents reading about familiar experiences.

Reading with children before they start school encourages them to have a positive attitude to books and reading and lets them think of themselves as successful readers, but even those children starting school with few experiences of print literature have watched, listened to and interacted with adults and other children. All children have been learning language since birth, and by the time they reach school age most are ready to master reading and writing skills.

Books for school-age children



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FIGURE 9.4 Books about Disney characters are popular with young children

As children move through the early primary school years, a smaller print size becomes appropriate as they learn to read with increasing fluency. The need for a greater amount of detail and information develops, along with individual reading habits and preferences, especially for particular authors or genres such as adventure or fantasy. For some children, non-fiction books such as sports tales or stories of family life become the preferred choice, over fiction stories.

At this stage of development many children become intensely interested in a particular topic, for example sharks, and want to read any type of book or other text that they can find on the subject. Books based on popular television programs are often common choices for children who want to follow the adventures of their favourite characters. Disney characters such as Dory, Elsa from *Frozen* and other princesses, and Teenage Mutant Ninja Turtles are good examples.

School-age children begin with early reader books in Kindergarten as they start to read out loud alone, such as:

- *Abigail*, Catherine Rayner
- *Duck! Rabbit!*, Amy Krouse Rosenthal
- *Little One Step*, Simon James
- *One Fish, Two Fish, Red Fish, Blue Fish,* Dr Seuss
- *We Are in a Book*, Mo Willems
- *Henry and Mudge* series, Cynthia Rylant.

By Year 1 children are often reading more fluently and confidently, and move on to books with more words and even early chapter books, which may include:

- *Clementine*, Sara Pennypacker
- *Dory Fantasmagory,* Abby Hanlon

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- *The Enormous Egg*, Oliver Butterworth
- *The Year of Billy Miller*, Kevin Henkes
- *Bad Kitty* series, Nick Bruel
- *Ivy and Bean* series, Annie Barrows.

In Years 2 or 3 children are likely to progress to a wider range of chapter books. These may be classics or modern stories, or even graphic novels, such as:

- *Charlotte's Web*, EB White
- *The 39-Storey Treehouse*, Andy Griffiths
- *Flat Stanley* series, Jeff Brown
- *Kumiko* series, Briony Stewart
- *Jack Russell: Dog Detective* series, Sally and Darryl Odgers
- *Binky the Space Cat*, Ashley Spires.



THINK ABOUT THIS

The Australian Kids and Family Reading Report, conducted by Scholastic in 2015 among Australian children, found the following for six- to eight-year-olds:

- 93 per cent say their favourite books, and the ones they are most likely to finish, are the books they choose themselves
- 67 per cent like a book that makes them laugh
- 55 per cent enjoy books that let them use their imagination
- 51 per cent like books that have smart, strong or brave characters who they want to be like.

Learning through books

The more that children read, and the greater variety of text types that they read, the better readers children become and the greater value they place on books. Reading increases their confidence level, and they are better able to manage their feelings, use language and further their learning. What children learn about books when they start to read is summarised in **Figure 9.5**.

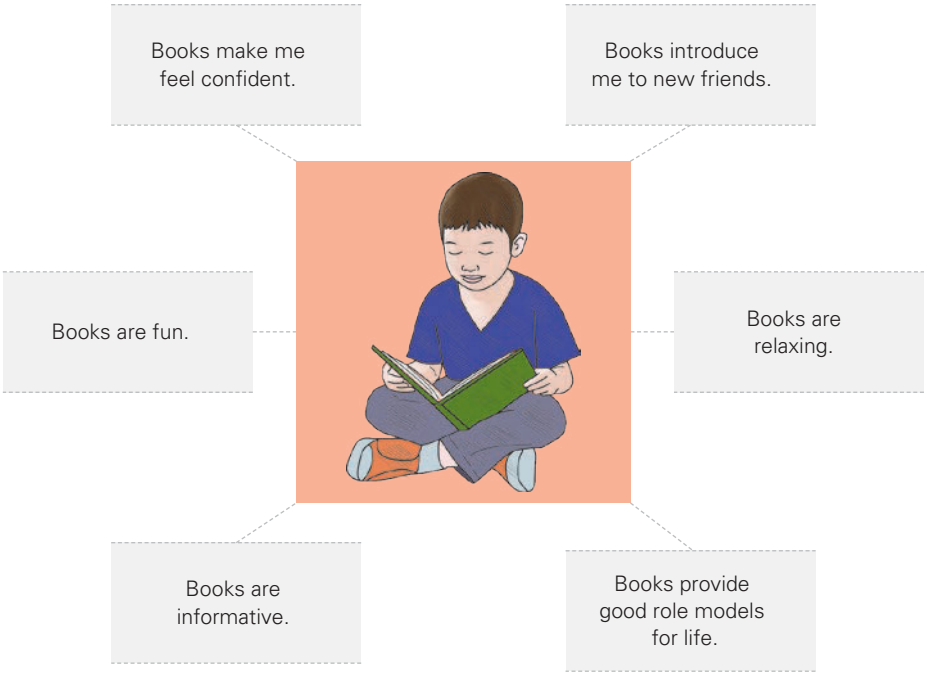


FIGURE 9.5 What do children learn about books? Can you add any more ideas?

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Children will read and reread the same book independently for several days because it's fun and rewarding. They recall words they have seen before and figure out others by remembering the sequence and meaning of the story. They learn there is more to reading than merely pronouncing words correctly. They ask questions when they don't understand what they have read or to learn more about a subject that interests them.

Value can be found in non-fiction as well as fiction books. Children learn that they can find the answer to a question by looking in a book. They begin to use books as a resource to find useful information and learn about the world. They see that good reading skills are important for success at school and in many areas of their future lives.

Children who can read independently will begin to read for pleasure, especially when they can read books they choose themselves. They will perhaps read more at home, finding a quiet place to lose themselves in a book and relax for half an hour or more. They are soothed by a story they love, forget the stresses they feel through the rhyme and repetition as they read or take comfort in knowing that their anxiety is shared by the character that they love so much.

Through the stories they read, children can explore different character traits and learn about important qualities in people, like friendship, cooperation, respect and perseverance. Books can provide good role models for their own behaviour, contributing positively to their social and emotional development.



1 How does the reading material chosen by preschoolers differ from that chosen by children of early primary school age?

2 Design a dust jacket for a book that is suitable for a child in Year 2. Include a title, author, biographical information about the author, a blurb (summary of the book) and appropriate images.

3 Research further the Scholastic Australian Kids and Family Reading Report (a link to the website has been provided at **http://eec2e.nelsonnet.com.au**) and answer the following:
   - **a** What are the most powerful predictors, in different age groups, for making children frequent readers?
   - **b** Why do children like to be read aloud to at home?
   - **c** Compare children's use of print and eBooks.

Picture books for children

Children of all ages enjoy picture books, and there are some beautifully crafted books available. These special books can open doors to adventures, make-believe and a world of new information for children – and adults – of all ages.

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Features of a picture book

Plot

A simple but clearly developed plot is good. Children will be drawn in by an original story that uses a lot of imagination, and the stronger and more unique the plot is, the more children will become involved in the action.

Setting

Picture books rely on the illustrations to establish the setting. They establish the location of the story with regard to time and place, and they also create a mood or explain the historical background.

Characterisation

In picture books, characters do not need to be fully developed, but characters with specific traits are important, from talking animals that act like people to lovable and identifiable characters who accomplish big things and gain independence.

Theme

Just as the characters have to be identifiable to children, the theme of the story should also relate to their needs and understanding.

Writing style

The words in picture books need to be carefully selected to set the mood and enhance the images. They need to catch a child's attention and hold his interest when read aloud.

Illustrations

The illustrations are obviously crucial to the picture book story; they extend and support the plot, setting, characterisation, theme and writing style. They need to be clear, varied and full of movement.

Put it into practice

Write a *critical review* of a picture book designed for a young child. Select a book for a toddler, a preschooler or a six-year-old for your review.

RESEARCH CLUES

- Look back at page 17 in Chapter 1 for ideas on how to structure your review.
- Be sure to use PEEL.
- Be critical – discuss the strengths and weaknesses of the book with regard to its plot, setting, characterisation, theme, writing style and illustrations.

Poetry for children

Types of poetry

Studies indicate that by replicating the rhythm of words and creating rhyming words children increase their phonological awareness, which then leads to reading and writing mastery. Children begin to associate written letters with the sounds they hear in the words when they participate in word games, rhyming and skipping, or when they recite nursery rhymes and act them out.

Poetry exists in a number of markedly different forms. Many of these forms cross cultures and history. The types of poetry that children enjoy reading, hearing and repeating include:

- nursery rhymes – traditional short, simple poems or songs for children (for example, 'Hot Cross Buns', 'Little Bo Peep', 'B-I-N-G-O')
- lullabies – soft, soothing songs for children, with repetitive lyrics (for example, 'All Night, All Day', Brahms' 'Lullaby', 'Hush Little Baby')
- nonsense rhymes – humorous verse that uses absurd ideas and words (for example, Carroll's 'Jabberwocky', Milligan's 'On the Ning Nang Nong')
- riddles – questions or statements that describe something without actually naming it, aiming to get unexpected or clever answers (for example, 'This gets wetter the more it dries. What is it? A towel.'; 'What has a face and two hands but no arms or legs? A clock.')
- tongue twisters – sequences of words that are difficult to pronounce, especially quickly and repeatedly, because of alliteration or similar consonant sounds (for example, 'She sells seashells by the seashore')



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FIGURE 9.6 Action rhymes are lots of fun and can be played together

- action rhymes – poems that are sung or spoken and include body movements to tell a story, such as clapping and hand movements (for example, 'Incy Wincy Spider')
- counting rhymes – poems involving counting up or down, that are sung or spoken and often include actions (for example, 'Monkeys on the Bed', 'This Old Man', 'One Potato, Two Potato')
- skipping rhymes – rhyme chanted by children while skipping with a rope (for example, 'Apples and Pears', 'Teddy Bear', 'Three Six Nine')
- limericks – comic verse consisting of five lines in a specific pattern of rhyme and rhythm
- songs – poems or words set to music and meant to be sung (for example, 'The Wheels on the Bus', 'Alouette', 'Ring a Ring o' Roses').

Apply your knowledge

1 Copy the following table and complete it for each of the different types of poetry.

Type of poetry	Description	Example

2 Share with your class a favourite poem that you learnt as a child. Explain why you liked it.

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3 Find a poem for a child that comes directly from a specific culture.
- **a** Identify the elements in the poem that reflect the culture.
- **b** Explain how the poem can enhance a child's experience of the world.

4 Compose a limerick that reflects the interests of preschoolers.

5 Under the heading 'Non-Fiction Books for Children', make a set of dot-point notes based on your own reading and research on:
- **a** what makes a good non-fiction book
- **b** how non-fiction books convey facts.



WORK IT OUT

Try to give around four dot points for each part of Question 5. Here are a few to get you started.

Some factors that contribute to what makes a good non-fiction book:
- well researched, logical and accurate
- engaging writing style and reader-friendly tone.

Some ways that non-fiction books convey facts:
- visual elements are important – illustrations, layout, formatting and page design will help young readers make connections with facts
- white or clear space on a page – the text and picture layout need to work together and allow children to look over the page easily with no confusion.

6 In a small group:
- **a** examine 10 non-fiction books for children aged five to eight years
- **b** develop a set of criteria to use in selecting a good factual text for young children.

Put it into practice

Create a class collection of poetry for children. Conduct *Internet research* to investigate a range of poetry types appropriate for different age groups of children. Organise the texts accordingly and present them clearly, using a Google Doc or other sharing document. With each poem, include an evaluation using the template below:

Name of poem:	**Author of poem:**
Date of publication:	**Type of poem:**
Recommended age group:	
This age group will like the poem because …	
Opinion	Evidence
I think the poem is about …	I think this because …

Sharing literature with children

Reading aloud

Sharing stories in books with a child builds her emergent literacy skills, as she becomes familiar with sounds, words and language. Regular and routine sharing of books demonstrates the value of books to a young child and can help her go on to read productively throughout her life.

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FIGURE 9.7 Whether reading to a single child or a group of children, be sure they can see the book and are actively involved in the reading

When reading aloud to one child, it is good to have the child sit on your knee or snuggle in a comfortable chair or beanbag with you so that she feels emotionally secure. The child should be able to see your face and the pages of the book easily. This also means that you can involve the child in the sharing of the book more fully. She can help turn the pages, point to familiar words or favourite illustrations and become more immersed in the reading experience.

Sharing a book doesn't always mean reading the story aloud. Parents and children can simply look at books together. The child will learn by watching her parent how to hold a book the right way and how to turn the pages to move through the book.

Together, parent and child can point out pictures and words, develop their own story and play with the language in books.

Reading stories with a group of children can help to build relationships between the reader and the children, and among the children themselves. It can be very important in developing children's social, communication and interpersonal skills. They learn to listen respectfully to others, share ideas in turn, appreciate others' ideas and recognise diversity in a group.

It is important that the children can see the book, so it is best to sit them in a circle or in front of the reader, who can turn the book for them. It is still possible to involve the children in the reading, but it might mean taking more time to share the book, so that each child can talk about what interests them, come up and point to their favourite picture or tell you what they like about a particular page.

An important part of sharing a book with children is to preview the book with them. With a young baby or toddler, this involves talking to her about how the book looks and exploring the parts of the book with her, such as the spine and the front and back covers. For preschoolers and school-age children, previewing the book before reading can help to improve their enjoyment and understanding of the book. Talk with the children about the author and illustrator, and maybe show a few pictures and the font used from the book to help familiarise them with what will come. Talk about the cover and the title of the book and ask what the story might be about. If you have read the book before with the child, or children, they can recall parts from the story and perhaps talk about their favourite character.

CASE STUDY

Billy

Three-and-a-half-year-old Billy loves it when his teacher at child care reads stories. He always comes home and tells his parents, Gemma and Kevin, all about it. Gemma and Kevin also enjoy reading aloud to Billy, but sometimes they find that he loses interest in the story when they read to him. He fidgets and tries to turn the pages before they finish a page, or wants to swap for another story halfway through.

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Billy is normally a very active boy. He loves to play soccer in the backyard with Kevin, and enjoys going to the beach with his parents and cousins. His favourite television program is *Play School* and he loves to copy some of the craft activities with Gemma's help. He does love to cuddle with his parents before bed and settles well at night.

Gemma has spoken to Billy's teacher about reading aloud and she told Gemma that she has a routine time and place for storytelling, she lets the children take turns in choosing a story and they always talk about the book before starting, to help focus the children and build their anticipation.



1. Identify the positive strategies that Billy's teacher uses when reading aloud to a group of children.
2. Recommend strategies that Gemma and Kevin could use when reading aloud to Billy at home.
3. Suggest some book titles that you think would be good choices for Billy.



Select an appropriate book and organise to read it aloud to a child or small group of children. At the end of the reading, have a short conversation with the child or children about the book. Prepare and present an *individual report* to the rest of the class on your experience, which examines the following questions:

1. How well did the book hold the child(ren)'s attention? Discuss the reasons why it did or didn't.
2. What did the child(ren) have to say about the book?
3. What did you learn from this experience?

Storytelling

The sharing of stories is a social and cultural activity that aims to entertain, educate, preserve cultures and traditions and instil moral values. The best storytelling often involves improvisation, actions and dramatic embellishments to keep the audience enthralled and to convey meaning. Children particularly love it when an adult tells them a story, either with or without a book. Storytelling helps to develop a child's skills in listening, imagining and understanding. It also promotes literacy and language in children, getting them ready to start reading.

A key element in successful storytelling is to plan. Choose a good space and time to tell the story, where there are no distractions and everyone is comfortable. It is also good to warm up the audience prior to the storytelling and introduce the story that you will tell. Using familiar structures can help to relax the audience and allow them to enter the world of imagination and fun safely, such as beginning with 'Once upon a *time* . . .'

When planning stories for young children, identify their interests and choose a story accordingly. For example, most toddlers love to be told stories about themselves and those they are close to, such as grandparents, friends and even pets. These stories about family and culture help them form a sense of identity and belonging. They also learn to picture the past and develop their memories. Preschoolers like real-life stories with complex characters, varied settings and involved plots.

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Young children really enjoy hearing stories about life and family. These may be stories that are improvised or created about events in their own lives, such as the time they went on a farm-stay holiday and saw the cows being milked. Stories about heroes who are their age or about things they like to do, such as getting dirty, are also popular. Using imaginary characters to explore issues lets children feel safe yet adventurous.

Some other tips for successful storytelling include:

- using actions and rhymes to involve children in the story
- being expressive, and using different voices, pace, tones and sounds
- using puppets, finger play or props like hats or scarves
- encouraging children to clap or sing at different points, or repeat phrases, or make sound effects (for example, a lion roaring)
- using the children's names for characters in the story
- asking the children questions to involve them (for example, 'Why do you think the bird hid in the tree?', 'What do you think is going to happen now?')
- expressing feelings and sharing children's reactions (for example, 'Oh, how sad for Alice to be lost.')
- being energetic, acting silly and having fun with the story.

Rhymes and poetry

Rhymes and poems are portable playthings. Parents and children can share them anywhere to fill in time, relieve boredom or cheer up. For young children a rhyme or poem is a complete experience that suits their short attention span; it is a compact story with a beginning and an end, with playful language and fun content. Children enjoy the repetition and predictability of rhymes and find them easy to memorise.

Sharing a playful rhyme or dramatic poem can help inspire a love of poetry and offers a great way for parents and children to bond, just like sharing other children's literature. Rhymes and poetry for children can be found in:

- picture books (for example, *In the Dark, Dark Wood*, Jessica Souhami)
- anthologies (for example, *Number Rhymes to Say and Play!*, Opal Dunn)
- traditional books (for example, *Now We Are Six*, AA Milne).

Apply your knowledge

1. Using a Venn diagram, compare strategies for sharing a book with one child and with a group of children.
2. Go to the Raising Children Network website and find the storytelling video in which Anne E Stewart talks about telling stories with children. (A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.) Watch the video and answer these questions:
   - **a** In what ways can storytelling be beneficial to a child's development?
   - **b** How can parents and carers involve children in storytelling?
   - **c** What are good subjects for storytelling?
   - **d** What aids can help to tell stories?
3. As a class, create a rolling story to tell to a group of children. On a paper roll draw the scene for each part of the story, adding characters and other details as you like.

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Contemporary issues

As we have seen throughout this chapter, literature has great value to children, for their development and also for their entertainment. Books stimulate curiosity and discussion, provide inspiration and assist in the development of literacy skills and language development. Reading a variety of books exposes a child to a broad range of language features and vocabulary and extends her knowledge. A range of contemporary issues relating to children's literature is set out in **Figure 9.8**. Two of the issues are explored in the following pages.



FIGURE 9.8 Contemporary issues for children's literature

Gender and literature

Books help paint a picture of our society. Reading children's books from an earlier era gives us an insight into how families placed different expectations on their children, based on the gender rather than on ability or inclination. *Betty and Jim*, a series of texts once used to promote reading in early primary school, portrayed the mother's role as staying home to care for the children while the father was the 'worker', who earned money. The books reflected the accepted attitude that the daughter would follow her mother to become a stay-at-home mother, whereas the son would grow up to go off to work and become the main breadwinner.

Many contemporary studies of children's literature have found that the majority of children's books are still dominated by male figures and that many popular stories continue to reflect stereotypes of masculine and feminine roles. Girls tend to be portrayed as sweet, dependent and passive, while boys are typically strong, adventurous and capable. Girls who are active and independent are the exception, and even they often need help from others to achieve their goals. If children are given books that promote this kind of gender stereotyping they may find it difficult to make informed choices about their own career and future domestic roles. The language and characterisation in children's reading needs to ensure that such gender-stereotyping is not perpetuated.

Children's books still promote gender stereotypes

Tricia Lowther, 8 March 2014

Why do we give books to children? Common answers to that question involve the use of words like 'expand', 'open' or 'broaden', followed by 'minds', 'hearts', 'horizons' or 'imaginations'. Sad then, that many books for children do just the opposite; they peddle stereotypes, close minds to new experiences and offer limited horizons.

The Let Books Be Books campaign . . . asks children's publishers . . . to stop labelling children's activity, story and colouring books as for boys or for girls.

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Children are individuals. They should feel free to choose their own interests, not feel that they're supposed to like or reject certain things.

Campaign supporters regularly share photos of 'boy' and 'girl' books with predictably lazy stereotypes on the cover. These are usually colouring, sticker and activity books, although 'Stories for Boys' and 'Stories for Girls' are also common. Classic novels, great for all children to read, are bundled together with the words 'girls' or 'boys' slapped on the box. Separate cookery books seem particularly ridiculous; the suggestion being that boys eat pizza and burgers, while girls prefer pink iced cupcakes. We've even seen 'girls' and 'boys' versions of The Bible.

Typical themes for boys include robots, dinosaurs, astronauts, vehicles, football and pirates; while girls are allowed princesses, fairies, make-up, flowers, butterflies, fashion and cute animals. There's nothing wrong with these things, but it is wrong when they are repeatedly presented as only for one gender. Girls can like pirates and adventure, boys can like magic and dressing up. Why tell them otherwise? Why tell them that boys and girls should like different things, that their interests never overlap, that there are greater differences between genders than between individuals?

It's accepted practice to target products at one segment of the population, but when it comes to children's books it's morally questionable to promote gender stereotypes. Children take messages about what's 'for girls' or 'for boys' seriously.

'Books should give children the chance to explore new things and ideas, and labelling books, and certain subjects, as only for one gender prevents them from doing this,' says Alexandra Strick, of children's literature project Inclusive Minds. Her co-founder Beth Cox, adds, 'These books reinforce stereotypes about what it means to be a boy or a girl, and therefore make children who don't conform to these stereotypes more vulnerable to bullying and at risk of low self-esteem'.

The campaign also aims to raise discussion on wider issues around gender and children's books, such as the fact that male protagonists still outnumber female characters by two to one in children's picture books, or the belief, often expressed by publishers, that boys won't read books with girl leads.

These issues are connected to a wider culture of inequality. The founder of For Books' Sake, Jane Bradley, says, 'From gendered children's colouring books to chick-lit book covers illustrated with pink cursive fonts, handbags and cupcakes, the publishing industry aggressively reinforces conventional gender roles to its readers from childhood onwards. This gendered marketing normalises and perpetuates limiting, antiquated stereotypes, and we believe it's time for the publishing industry to put it where it belongs; in the past'.

Kerry Mason, co-director of the not-for-profit social enterprise Letterbox Library agrees. 'This campaign is testament to a growing voice of dissent. Increasingly, parents and teachers feel that children's own book choices are being limited by publishers' gendered marketing campaigns.

'At Letterbox Library, we have spent the last 30 years selecting books which give children the widest possible choices in what they read. Our selection is increasingly being threatened by a type of marketing which uses book labelling and covers which restrict a book's readership. We simply cannot stock books marketed in this way. Gendered marketing is anti-choice and, for us at least, there really is no profit in it. Nor is there much respect for children in it!'

Source: Tricia Lowther, 'Why are children's books still promoting gender stereotypes', March 8, 2014. New Statesman Limited UK

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Apply your knowledge

1. Outline the aims of the Let Books Be Books campaign.
2. Discuss ways in which children's books 'peddle stereotypes'.
3. Investigate children's books that challenge gender stereotypes. Write a critical review for one of these books.
4. Imagine that you are writing a work of fiction for a five-year-old. For your story, outline three scenarios that promote gender equality and avoid gender-stereotyping. In your planning, consider plot, setting, characterisation, theme, writing style and illustrations.



WORK IT OUT

Look back to page 17 in Chapter 1 for help in structuring your review.

Books across generations

Children's books in Australia have reflected the changing social landscape and reveal a great deal about Australian life across the generations. From the poetry of CJ Dennis to that of Steve Herrick, the novels of Nan Chauncey through to Emily Rodda, and the illustrations of Tommy McRae to Libby Gleeson, a rich and vibrant collection of Australian literature exists. The tough Australian larrikin was born in children's books from the earliest days, and continues to delight children today in new settings.

Writers began to create specific literature for children only when mass printing began in the mid 1700s. In the 1800s Australian colonial children read British children's books, but by the early 1900s, children's books featured Australian characters and began exploring the experience of being Australian. Ethel Turner's novel *Seven Little Australians* is set in the 1880s, and follows the adventures of the Woolcot children in Sydney and on their wool station. The real-life nature of the book was appealing and it clearly defined naughtiness, youthfulness and optimism as Australian characteristics.

Some Australian characters are animals. Many children's authors tried to find ways to create a sense of belonging in the strange, non-European bush landscape. Norman Lindsay wrote and illustrated *The Magic Pudding* in 1918, and May Gibbs' *Snugglepot and Cuddlepie* was published the same year. In 1933 *Blinky Bill* by Dorothy Wall appeared, a story about a koala and his human and animal bush friends who are cheeky and have little respect for authority. These books are all considered classics and still available today.

In 1896, *Australian Legendary Tales*, the first published collection of Aboriginal Dreaming stories, became popular with both children and adults. It was reprinted five times over the next 100 years, and was followed by other Indigenous Australian anthologies. David Unaipon's *Legendary Tales of the Australian Aborigines* is a series of stories he collected in the 1920s. It was published under various publishers' names from that time, but not under Unaipon's name until 2001.

After the end of the Second World War, children's literature flourished. The Children's Book Council of Australia was founded, and specialist bookshops and libraries were established. There was a cultural shift in Australia, and children's books took inspiration from this at the time. Ruth Park's *The Muddle-Headed Wombat* books grew out of the radio serial that ran from 1951 to 1970. She also wrote many successful Australian stories about warm yet tough characters, both adults and children, such as *The Harp in the South*.

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Other books of the time also portrayed optimistic, resilient and practical characters, such as Alan Marshall's 1955 autobiographical story of his triumph over polio during childhood, *I Can Jump Puddles*. Other important authors from this time include Ivan Southall who wrote more than 30 children's novels, along with non-fiction books, including his *Simon Black* series, and Colin Thiele, award-winning author of *Storm Boy*, *Blue Fin* and *Sun on the Stubble*.

From the early 1970s, picture books for children became popular, starting with Banjo Paterson's *Waltzing Matilda*, illustrated by Desmond Digby. Colour printing had become affordable and technological development led to further innovation in visual arts and graphic design. The production of children's books increased steadily overall, and by the late 1980s more than half of them were picture books.

The range of picture books is vast, from personal stories to stories of the outback, wildlife, conservation, urban life, friendship, a child's world, and pure imagination and fantasy. Indigenous Australian picture books are particularly beautiful art forms to share, such as the 1972 *Stradbroke Dreamtime* by Oodgeroo Noonuccal (then Kath Walker), Dick Roughsey's *The Rainbow Serpent* from 1976 and Elsie Jones's *Story of the Falling Star* from 1989. In 2011 the Picture Book of the Year was *Mirror* by Jeannie Baker. It has no text at all and tells two stories, one set in Australia and the other in Morocco, with each double-page mirroring the stories.

Multiculturalism has featured as a social issue in children's books from the mid 1970s and an increasing diversity has been evident in children's stories from that time onwards, with many stories told from the perspective of Australians from minority cultures. Good examples are Melina Marchetta's best-selling *Looking for Alibrandi* from 1992 and *The Little Refugee* by Anh Do.

Gradually the range of genres for children has become wider and the stories more culturally diverse. Australian writers of children's literature include John Marsden, Morris Gleitzman, Sonya Hartnett and John Larkin, with their dramatic and gripping stories. For more ridiculous and humorous stories children can read works by Paul Jennings and Andy Griffiths. Other popular authors are Gary Crew, Jackie French, Isobelle Carmody and Deborah Abela. Picture books continue to entertain with authors and illustrators such as Shaun Tan, Mem Fox, Pamela Allen, Graeme Base, Bob Graham, Alison Lester and Junko Morimoto.

Apply your knowledge

1. Why do you think stories like *Blinky Bill* continue to be popular today?
2. Using the Australian authors, poets and illustrators mentioned here, generate a word cloud.
3. Visit the Children's Book Council of Australia website and note down the Book of the Year award winners for each category. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.
4. Create a timeline tracing children's literature across the generations in Australia.

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CHAPTER QUIZ

Total = 55 marks



PART A: 5 marks

1 A children's poem that is sung or spoken and uses body movements to help to tell a story is a(n) 1 MARK

A action rhyme. **B** limerick. **C** nursery rhyme. **D** tongue twister.

2 Because babies like to explore objects with their mouths, a good material choice for a baby book is 1 MARK

A cardboard. **B** linen. **C** paper. **D** plastic.

3 The ability to recognise smaller units of sound in words and break words into syllables is 1 MARK

A cognitive awareness. **B** emergent literacy. **C** phonological awareness. **D** previewing.

4 Yuki is six years old and has almost completed Kindergarten. His parents have read to him every night since he was a baby. Yuki can write short sentences and has been reading short books fluently for a few months now. Which of the following types of books would be suitable for Yuki to read? 1 MARK

A early reader books
B chapter books
C books with simple pictures
D sturdy, easy-to-hold books

5 Children enjoy rhymes and poetry and find them easy to memorise because they are 1 MARK

A complex and historical. **B** graphic and suspenseful. **C** informative and true to life. **D** repetitive and predictable.

PART B: 20 marks

6 Identify criteria for selecting a good factual book for young children. 4 MARKS

7 Outline the features of books that preschoolers enjoy. 4 MARKS

8 How can parents and carers involve children in storytelling? 3 MARKS

9 In what ways do children's experiences with literature before starting school affect their literacy? 3 MARKS

10 Explain the factors that make a good picture book. 6 MARKS

PART C: 30 marks

11 **a** Outline strategies parents can use when reading to babies and toddlers. 4 MARKS

b Describe the features to look for when choosing books suitable for babies and toddlers. Use examples to illustrate your answer. 5 MARKS

c Discuss the impact books have on a child's physical, social–emotional, cognitive and language development. 6 MARKS

12 Critically examine a contemporary issue relating to children's literature. 15 MARKS
In your examination:

- identify the issue
- explain how the issue relates to young children
- analyse the impact of the issue on young children.



WORK IT OUT

To help structure your response for Question 12, look at the guide on page 153 of Chapter 4.

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10 FOOD AND NUTRITION

Overview

This chapter investigates the importance of healthy feeding practices for children's development. Breastfeeding and bottle-feeding for babies are compared and the selection and preparation of food for children of different ages is discussed. The chapter closes with the study of contemporary issues related to nutrition and health in young children.



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Learning objectives

After studying this chapter, you will be able to:

- explore the issues associated with breastfeeding and bottle-feeding
- outline the circumstances of weaning
- investigate early solid food for babies
- compare home-prepared and commercially prepared baby foods
- discuss the types of foods suitable for toddlers and young children
- critically examine a contemporary issue relating to nutrition and health in young children.



WORK IT OUT

Continue your *Exploring Early Childhood* glossary by adding the key terms here.

KEY TERMS

anaphylaxis
most severe type of allergic reaction, which is rapid in onset and can be life-threatening

colostrum
thick, yellowish fluid secreted by the breasts immediately after a baby's birth; the first milk produced by the breasts

foremilk
milk that the baby receives at the beginning of a breastfeed, stored in reservoirs (lactiferous ducts) behind the nipple

hindmilk
milk the baby receives in the latter part of a breastfeed, produced during the feed as he sucks on the breast

lactation
production of milk in the mammary glands of the breasts

oxytocin
hormone that causes the muscles of the mammary gland to contract to enable milk to be ejected; essential for the let-down of milk

prolactin
hormone that stimulates milk production

weaning
gradual introduction of foods other than breastmilk or formula into a baby's diet

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Breastfeeding





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FIGURE 10.1 Survey the class to find out who was breastfed or bottle-fed as a baby

Health professionals recommend that women breastfeed, as it is the best option for the baby, but for those women who do not breastfeed formula is a safe and nutritious alternative. Both methods of feeding have their advantages and both provide the nutrition that babies need for growth and development in the first few months.

Advantages

Like other mammals, human mothers produce breastmilk specially to feed their babies. Most women plan to breastfeed because they know it is the natural way to feed and provides the best nutrition for their baby. It also has benefits for the mother. The advantages of breastfeeding are as follows:

- Breastmilk is safe, sterile and at the correct temperature.
- Breastfeeding is portable, convenient and inexpensive. There is no formula to buy, ingredients to mix, bottles to sterilise or bags of equipment to pack and carry.
- The mother can express milk and the baby can be fed this from a bottle if she needs to be away.
- Breastmilk satisfies both hunger and thirst so there is no need for extra drinks.

Research suggests the health advantages of breastfeeding are as follows:

- The milk is ideal for babies, providing all the nutrients they need in the correct proportions. The composition of the milk changes as the baby's needs change, and as the baby develops.
- The antibodies in the milk help to protect the baby from infections and illness in the first few months of life. Breastfed babies are less likely to suffer from diarrhoea, chest or ear infections, asthma and urinary tract infections.
- The baby more easily digests breastmilk than formula and constipation is unlikely.
- Breastfed babies tend to have less nappy rash, thrush and fewer cavities than bottle-fed babies.
- Breastfeeding helps the jaws to develop as the baby makes full use of his sucking reflex, leading to better teeth formation and earlier speech development.
- Breastfed babies are at a lower risk of obesity and diabetes later in life. In addition, sucking from the breast requires more energy than bottle-feeding, so the baby feels tired after feeding and tends to settle better for sleep.
- It is believed that breastfeeding promotes bonding between mother and baby because of the close personal contact involved.
- Breastfeeding helps the mother's uterus to return to normal size after childbirth, as a result of the secretion of hormones that control the production and release of milk. This means that she is likely to return to her usual shape faster.
- The oxytocin released during breastfeeding helps to calm and soothe the mother, and feeding also gives her an opportunity to sit and rest.

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WORK IT OUT

The power of breastfeeding can be seen in the film *Born in a concentration camp* by Eva Gruberova and Martina Gawaz. (A link to this video has been provided at **http://eec2e.nelsonnet.com.au**.) It tells the story of seven babies who were born in 1945 in Dachau, a German concentration camp, and who survived with few medical problems. Their mothers managed to conceal their pregnancies and once the babies were born they breastfed, with two of the mothers acting as wet nurses to help those who couldn't. Watch the amazing documentary to learn more about this story.

Physiology

The tissue of the breast contains blood vessels, lymph glands, fat cells and a milk gland (mammary gland) composed of about 25 lobes arranged around the nipple. During pregnancy, through the action of hormones secreted by the ovaries and placenta, the gland gets ready to produce milk for breastfeeding. Relatively early in the pregnancy the breasts become larger and the nipples and areolae (the darkened area around each nipple) begin to change in appearance.

Each lobe has a lactiferous duct (milk duct) that brings the milk from the lobes to the nipple around the time of birth. Behind the nipple each duct has a reservoir (lactiferous sinus) for the milk that flows along the duct. Every duct ends in a tiny hole in the nipple.

A baby's sucking reflex is fully developed about an hour after birth. If the baby is given the breast she sucks automatically. The first liquid from the breast is called colostrum. It is high in protein, fat and antibodies and stimulates the baby's digestive system into action. Over the next three days the milk changes or 'comes in', becoming thinner and paler in colour. From day 7 to 14, the milk is called transitional, and after 2 weeks it is called mature milk.

There are two hormones secreted by the pituitary gland, oxytocin and prolactin, which have the major influences on milk secretion. When the baby takes milk from the breast, this stimulates the production of prolactin, which in turn causes the milk gland to make more milk. The more the baby feeds, the more milk is produced. **Figure 10.3** illustrates the hormonal stimulation of milk production during breastfeeding and the involvement of the hypothalamus and the pituitary gland.

Two kinds of mature breastmilk are taken during a breastfeed. The baby takes foremilk first. This thinner milk quenches his thirst and contains lactose, which

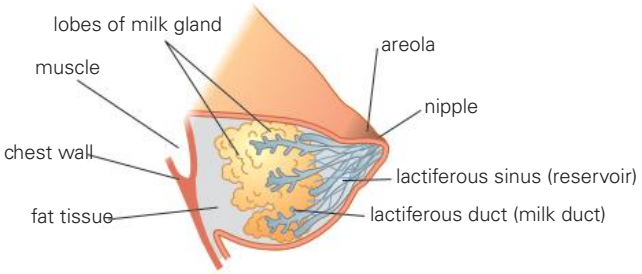


FIGURE 10.2 Structure of the human female breast – the mammary gland

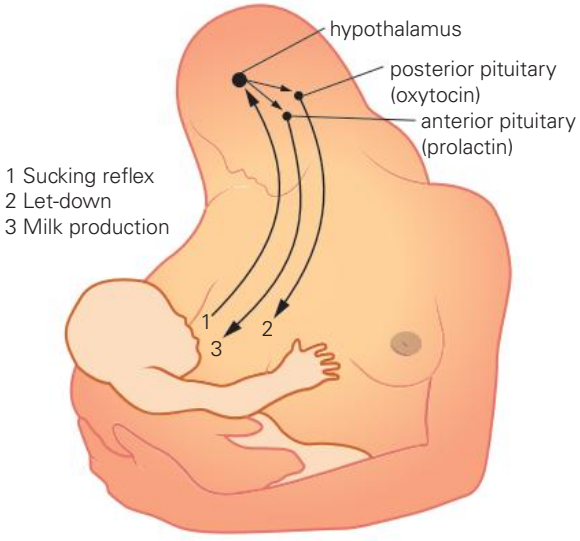


FIGURE 10.3 Milk production and the let-down reflex

makes it slightly sweet. His continued sucking also stimulates oxytocin, which causes the let-down reflex. This reflex causes the tiny muscles around the lobes of the milk glands to contract, squeezing the milk out into the lactiferous ducts, through the reservoirs and then along the ducts again to the holes in the nipple. This hindmilk is creamier and contains the nutrients the baby needs. It is higher in kilojoules, so it is efficient in satisfying the baby's hunger.

It is important that the mother allows the baby to feed from one breast for as long as the baby wants to ensure that he receives both foremilk and hindmilk. Babies who are moved from one breast to the other after 10 minutes or so will receive too much lactose (which may cause colicky pains) and not enough richer milk (causing them to be hungry soon after the feed).

Preparation

The baby sucking at the breast is the most effective way of maintaining lactation; however, there are also some steps that a mother can take before and after the birth of her child to prepare for breastfeeding.

Prenatal preparation

The breasts prepare for feeding during pregnancy and it is important that the mother-to-be also prepares herself. As the breasts increase in size most women need to move up one or several bra sizes. A well-fitting bra can ease discomfort and is especially important in the last trimester.

In Chapter 1 we looked at the importance of a healthy, well-balanced diet during pregnancy. A pregnant woman's diet must supply all the nutrients needed for the development of her growing baby and her own blood and breast development. Eating a good supply of protein and drinking plenty of water is recommended.

Prenatal classes can help to allay women's fears about breastfeeding. In these classes women can learn how breastmilk is produced, how to breastfeed and how to manage any problems. A midwife or lactation consultant provides advice and answers parents' questions.

Postnatal preparation

After the birth, the breasts change as the milk comes in and the colostrum is replaced by larger quantities of milk. A maternity bra, which opens at the front, offers good support and is convenient for feeding the baby. Most women also find they need a supply of breast or nursing pads, which fit into the bra cup, as leaking milk is common. The pads should be changed regularly so that the nipples stay dry, as this will help prevent soreness and reduce the risk of infection.

Certainly, a breastfeeding mother requires additional energy but if her diet has been adequate and varied during her pregnancy, few changes will be needed. A diet rich in protein, iron, calcium and vitamins is recommended. Four serves of calcium-rich foods daily can be supplied by two glasses of milk, a tub of yoghurt or a couple of slices of cheese. Extra vitamin C can be supplied by eating one orange, a few slices of pineapple or melon, or drinking a glass of fruit juice.

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Vegetarian mothers can meet the nutritional needs of a breastfeeding mother as long as they include a variety of foods in their diets, such as legumes, eggs, dairy products, wholegrain breads and cereals, and fruit and vegetables, both fresh and dried. A vegan diet, which contains no animal products, may not be able to supply the baby's vitamin B_{12} needs, so the mother may require a vitamin B_{12} supplement, as advised by her doctor or dietitian.

It is also important that lactating women drink lots of fluids. It does not increase the volume of milk produced but it is necessary for successful breastfeeding because it keeps up the mother's fluids and helps prevent fatigue. It is a good idea for the mother to have a glass of water, milk or juice handy to drink during the feed as she may become thirsty. For safety reasons it is not a good idea to have a hot drink near the baby.

There are no foods that interfere with milk production, but oral contraceptives that contain oestrogen may reduce milk supply, so low-dose preparations, as found in the mini-pill, are recommended. Caffeine does pass into breastmilk, so tea, coffee and cola drinks should be limited. Alcohol and energy drinks should be avoided when breastfeeding.



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FIGURE 10.4 Baby's mouth should be wide open, like for a yawn, to ensure a good 'latch on'



WORK IT OUT

Visit the Raising Children Network website and watch the video 'How to breastfeed: getting a good attachment'. Develop a list of tips for successful attachment and breastfeeding. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

Successful breastfeeding is very dependent on motivation and the mother feeling comfortable about feeding. Similarly, the baby needs to be comfortable for effective feeding. Here are hints for a mother to follow:

- The mother should be comfortable and prepared before starting to feed. Have cushions to support the back, a cool drink ready or whatever else is needed. A pillow on the mother's lap to rest her arm on while she supports the baby may help.
- The baby should be held with his chest touching the mother's chest and with his mouth in front of the nipple. He shouldn't have to turn or try to lift his head to feed. The baby will open his mouth, and once it is wide open he should be brought to the breast so that he 'latches on' correctly – his mouth should cover most of the areola.
- Plenty of time should be allowed for feeding, especially in the first few months. Let the baby feed for as long as he likes on one side, and then offer the second side. Some feeds may take around 40 minutes.
- Experiment with different positions. For example, at night or first thing in the morning, lying down to feed may be more restful than sitting in a chair.
- Wearing shirts or tops that button down the front offers convenience and means that the mother can feed easily and discreetly almost anywhere.

Problems

There can be problems with breastfeeding, but most are temporary and can usually be easily treated or overcome. Some cause a more serious setback and may lead to suspending breastfeeding for a while or stopping it altogether and changing to bottle-feeding, using formula.

Soreness

Sore nipples can make breastfeeding very painful and create anxiety for the mother. The problem is usually caused by poor positioning, so that the baby clamps on to the end of the nipple only and sucks hard but does not get much milk. If the baby does not latch on properly, he should be taken off the breast and reattached so that his mouth covers as much of the areola as possible. Feeding the baby in another position, for example lying down, or in the 'rugby hold' position, where the baby is tucked under the mother's arm, may also help.



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FIGURE 10.5 The rugby hold can help to relieve soreness

Thrush, a painful fungus infection that sometimes develops in a baby's mouth, may also cause sore nipples. An anti-fungal cream, prescribed for the baby by a doctor, is the appropriate treatment. Washing the breasts carefully with non-perfumed soap before and after feeding helps to reduce the risk of thrush.

Massaging lanolin or moisturiser into the nipple and areola after feeding may also relieve soreness and prevent cracking. The cream may need to be wiped off before the next feed. Exposing the nipples each day to the air, and to the sun for a few minutes, helps them to become strong and less likely to crack.

Oversupply

In the first few days after birth many women find that their breasts are very full and uncomfortable. An oversupply of milk may cause their breasts to become swollen, hard and quite painful. This is called engorgement and can usually be prevented by feeding the baby frequently; the mother can also express a little milk between feeds for her own comfort, if needed.

Cold packs, warm showers, alternating warm and cold showers, physiotherapy or a mild analgesic recommended by a doctor may also help to relieve the pain and discomfort. The oversupply usually settles in a few days.

Low supply

Sometimes a baby feeds frequently but still cries and fails to put on weight. This may be due to the baby having a growth spurt and will usually be temporary; however, it may indicate an inadequate supply of milk, although this is relatively uncommon. The baby should be checked

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by an early childhood nurse, who will outline the possible reasons why the baby is not thriving and suggest remedies, such as the following:

- The baby may not be feeding often enough. Frequent feeding, with no less than three hours between feeds, will help fill the baby up and stimulate milk production.
- The baby is not emptying at least one breast at each feed. Allow baby to feed until he releases himself from the first breast, and then let him feed for as long as he needs to from the other.
- The baby may not be sucking properly because he was preterm, is sick, latches on poorly or has abnormal mouth development. A doctor or lactation expert can offer advice and suggest strategies.
- Inverted nipples are making it difficult for the baby to get a firm hold for feeding, therefore, he doesn't suck properly, and less milk is produced. The mother will need to help the baby latch on by shaping her breast with her hand and compressing the area for sucking.
- If the mother is taking certain medications or herbs her milk production can be affected, for example pseudoephedrine (found in cold medications) or large amounts of sage, parsley or peppermint. Finding an alternative treatment for the health ailment is recommended, and expressing milk can help to build the milk production again.
- Something may be interfering with the let-down reflex, such as the mother being anxious, embarrassed or ill. Using relaxation techniques, drinking more fluids and applying warm packs to the breast can help. A doctor may be able to prescribe oxytocin nasal spray to help get the milk that is being produced to the baby.
- The mother may be too tired from household or paid work tasks. She should try to have a 'catch-up' day of complete rest, followed by two or three days of taking it easy and then return to a normal, yet manageable pace.

A milk bank can provide breastmilk for some babies, such as hospitalised preterm, sick and high-risk infants, as an alternative to formula, when the mother's milk is unavailable or if the mother is struggling with her supply. In Australia there are currently public and community-based milk banks. Each service collects breastmilk from nursing mothers who have been screened for any medical problems, pasteurises the milk and donates it to new mothers who need it to feed their premature and unwell babies. The milk bank service helps reduce the length of stay for babies in hospital, improves their survival rates and reduces the overall stress placed on families.



Alamy Stock Photo/Blend Images

FIGURE 10.6 Using a one-handed pump to express milk is an easy method – some women can even express one breast while the baby feeds from the other

Expressing milk is a useful skill for all new mothers to learn, for when they need to build their supply or they expect to be away from their babies for more than a few hours at a time in the first few months. This may be because the mother is going to work, studying or leaving

baby with a sitter while out or in an emergency. Milk can be expressed at a convenient time by hand or by using a special pump, which may be hand operated or electrically controlled, and stored in the refrigerator in sterilised containers for 72 hours, or frozen for about three months.

Influences on the mother's choice

Cultural attitudes

A mother's attitude towards breastfeeding is largely dependent on the cultural attitudes that surround her. In Australia most women have a positive attitude towards breastfeeding and see it as an important part of motherhood. After giving birth, however, a significant number of women begin formula-feeding before their babies reach six months of age, often due to negative cultural or societal attitudes towards breastfeeding and the mother's return to paid work and a lack of support.

Legislation in Australia prohibits discrimination against breastfeeding women, but this law is not always aligned to social practice and community attitudes. Some women are still asked to stop or leave public spaces if they are breastfeeding. Unsupportive attitudes from community members and businesses can be embarrassing for women and perhaps lead them to give up breastfeeding altogether. Societal values should promote breastfeeding as the norm so that women are supported and have free choice about feeding where and when they choose.

For mothers returning to the workforce when their babies are young, there is little assistance available to help them to continue breastfeeding. Few workplaces offer on-site child care, or provide breastfeeding breaks or appropriate places to express and store breastmilk while at work. Some workplaces now offer flexible working arrangements, but they rarely have breastfeeding policies to assist mothers.

Physical factors

Even with a lot of support and effort, some mothers cannot breastfeed. A small percentage of women are unable to breastfeed without supplementing with formula, and a few can't feed at all. In these cases, formula-feeding is essential for the health and growth of the baby.

Domperidone, a drug that is often used to treat gastric problems, can also be used to increase prolactin levels, which stimulates cells in the breast to produce milk. Taking domperidone can help some mothers increase their supply, usually in a matter of a few weeks, with no known risks to the baby.

Physical reasons that a mother may not be able to breastfeed include a prolactin deficiency, insufficient mammary gland tissue or damage to the milk ducts in the nipple due to an accident or breast surgery – such as a breast reduction or enhancement – or even nipple piercing. The mother may have hormonal or endocrine problems, such as polycystic ovary syndrome (PCOS), thyroid imbalances, diabetes or high blood pressure. Other conditions that prevent breastfeeding include a seriously debilitating illness such as kidney or heart disease, a serious infectious disease such as HIV/AIDS or tuberculosis, conditions requiring medication

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that would be passed into the breastmilk (such as anti-cancer drugs or sedatives) and drug dependency on alcohol, heroin, cocaine or amphetamines.

Social–emotional factors

Some women experience anxiety, apprehension and a lack of confidence when they start to breastfeed. For example, they may worry about whether the baby is getting enough milk, they may feel stressed by the demands of breastfeeding or they may experience conflict between the nurturing role of their breasts and their sexual role. Others are embarrassed about exposing their breasts or think that it will be unpleasant to feel the baby sucking at the breast – and some public attitudes don't help.

These anxieties often pass when breastfeeding becomes established and a woman feels comfortable in her new role as mother. Fortunately, most women who are at first anxious or embarrassed are able to join the many mothers who enjoy breastfeeding and find it immensely satisfying.

Health professionals recommend that women who are anxious or embarrassed try to breastfeed, at least for the first few days or weeks, so that the baby receives some antibodies and the problem gets a chance to be resolved. If the problem remains, however, formula-feeding is often the better alternative, as the mother's anxiety may lead to problems with milk production and the baby's ability to feed. The baby feels the anxiety of the mother as he is brought to the breast, and this can interfere with his feeding.

Some mothers with postnatal depression (PND) struggle with breastfeeding. It is not always the breastfeeding that is the problem, and there is no one solution for every woman. Breastfeeding may have a positive impact on her PND if she feels that breastfeeding is something that is going right and that she can do for her baby, and if she sees it is a time she can sit, relax and bond with her baby. For some mothers with PND, breastfeeding can be less than a positive experience, however, and her symptoms can improve by ceasing breastfeeding. This may be the case if a woman is feeling that breastfeeding is too physically or emotionally demanding, that she can't manage the pain of feeding or her baby's dependence on her, or that she can't provide enough for her baby and her baby doesn't like it or her.

Support networks

There are various support networks for breastfeeding mothers. In hospital, mothers have access to midwives and lactation consultants who can help establish a good feeding pattern before mother and baby go home. Once they are home, help can be sought from the Child and Family Health Nurse, the Australian Breastfeeding Association or the family medical practitioner. These health professionals and experienced counsellors can advise or visit and help mother and baby achieve a successful breastfeeding relationship.

Similarly, informal support networks can provide new mothers with information, advice and support with regard to breastfeeding and other issues. Such networks have been in existence for centuries, through family structures, workplaces, neighbourhoods, rural villages and religious facilities. For example, a woman's older sister may be able to help her when she has sore nipples by recommending Lansinoh cream that she used herself.

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Apply your knowledge

1 Identify the signs that indicate a breastfeeding mother has
   a an oversupply **b** a low supply.
2 Why might mothers choose to express milk?
3 Samara's mother says she moves the baby from one breast to the other after 10 minutes. Describe the likely consequences of doing this.
4 Using labelled diagrams, describe
   a the structure of the breast **b** the let-down reflex.
5 Plan a week's diet for a breastfeeding woman.
6 Mastitis is a condition where there is inflammation of the breast tissue, usually resulting from a blocked milk duct that won't clear. Conduct research to outline the symptoms, treatment and prevention of mastitis.
7 Explain the positive and negative influences on a woman's choice to breastfeed.

Bottle-feeding

Women who can't breastfeed, or choose not to, should be assured that commercial baby formula will adequately nourish their babies. Millions of healthy, happy babies have been raised on formula and bottle-feeding can be as loving an experience as breastfeeding.

Advantages

Bottle-feeding with formula offers the following advantages to the baby, the mother and other family members and friends:

- Others can easily be involved in feeding the baby, promoting wider bonding and relieving the mother when she might be tired or overwhelmed.
- There is no risk of being embarrassed about her breasts being exposed in public, and no chance of being asked to move.
- The mother does not need to modify her diet and can continue to take medication or drink alcohol without affecting her baby. (Her ability to care for a baby if she is abusing drugs may be hindered, though.)
- The mother has greater freedom and can leave home for extended periods without the baby. This may suit women who are returning to paid work or who want to go out at night.
- The amount that the baby drinks can be easily monitored. A glance at the bottle quickly shows how much the baby has taken.
- The time between feeds is usually longer. Infant formula tends to be more difficult to digest than breastmilk, so the curds stay in the baby's stomach longer, making him feel fuller for several hours.

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- There is no limitation on birth control methods.
- The mother can dress without having to consider the practicalities of breastfeeding.

Disadvantages

Bottle-feeding with formula is certainly an acceptable alternative to breastfeeding, but it does have disadvantages, too:

- There is a greater risk of gastroenteritis among formula-fed babies. Bacteria that cause gastroenteritis may be transmitted to the baby if correct hygienic techniques aren't used to mix and store the formula or clean and sterilise the equipment.
- Commercial formulas are quite expensive, as there are many production steps involved in their manufacture. Parents also need to be prepared and always having a spare tin on hand so as not to leave the baby short. As well as the formula, there are costs involved in purchasing sufficient bottles and teats, sterilising equipment and insulated bottle carry bags.
- Going out with a bottle-fed baby means an extra bag to pack. The bag will need to contain sterilised bottles and teats, the formula powder and boiled water if there is no access to any during the outing. It may be possible to take the bottles made up, but only if the outing is brief and the bottle can be kept cool. The bottle usually needs to be warmed before being given to the baby.
- It may take some experimenting to find the formula best suited to the baby. Some babies with a lactose intolerance react to formula based on cow's milk and may need to have a soy-based formula. Certain formulas cause constipation in some babies, or perhaps the baby just does not like a particular brand or type of formula.
- Parents need to be prepared when travelling. They may not be able to buy the usual formula if they go interstate or overseas, so they may need to do some research first, or take enough formula with them for the length of their stay.

Preparation

Types of formula

With the help of a Child and Family Health Nurse or family doctor, parents can decide the most suitable formula for their baby. Formula can be bought ready to use in liquid form, which is handy when travelling or going out; it may also be available in a liquid-concentrate form. Formula is usually purchased, however, in powder form and needs to be mixed with boiled water. All infant formula available in Australia must meet strict standards under the Australia New Zealand Food Standards Code. There are many types of formula available, including cow's milk, goat's milk, soy-based, AR (anti-regurgitation) or thickened, hydrolysed protein and lactose-free formulas, as well as follow-on milks and growing-up milks.

Equipment

Figure 10.7 shows the equipment recommended for bottle-feeding, whether the baby is bottle-fed exclusively from birth or later, or as part of supplementary feeding.

For making up formula:
Bottles – plastic varieties in 120 mL and 240 mL are recommended for safety and weight; printed measurements help with preparation and gauging how much baby has drunk; 6–8 bottles suggested.





Teats – rubber or silicone (more durable), with varied flow rates for different ages; traditional bell shape or orthodontic shape that resembles a nipple.
Measuring jug, spoon or knife – to ensure correct measuring of formula and water amounts.



For cleaning and sterilising:
Bottle brush – nylon bristle brush.
Bottle and teat steriliser – electrically operated or placed in the microwave oven to sterilise the bottles and teats with steam. Alternatively, this equipment can be boiled on the stove or cold water chemical tablets may be used.









FIGURE 10.7 Equipment needed for bottle-feeding



THINK ABOUT THIS

Bisphenol A (BPA) is a synthetic compound added to some plastic products for strength, including some baby bottles. Unfortunately, BPA can be dangerous to health and is being phased out by Australian manufacturers and retailers.

Making up bottles

Making up bottles of formula quickly becomes routine, but it is important always to wash hands before starting and to follow the manufacturer's instructions carefully. **Figure 10.8** shows the steps in preparing a bottle correctly.

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1 Wash hands thoroughly.



4 Pour required amount of water into the bottles. (Bottles should be on a flat surface to ensure that the amount of water is accurate.)



2 Boil water. Allow to cool.



5 Measure exact amount of powder using scoop provided. Level with knife or equipment provided. Do not pack powder down.



6 Add powder to measured water in bottle. Screw top on and shake.



3 Check expiry date on container. Read the instructions.



7 If not using bottle immediately, cover, cool quickly and store in fridge.

FIGURE 10.8 Making up a bottle of formula

If too much powder formula is added, a strong feed is produced and the baby receives too much protein and too much mineral content. This may lead to the baby becoming overweight and other problems.

On the other hand, if the bottle is too weak, meaning that not enough powder formula is used, the baby may become malnourished and lose weight. This is dangerous. It also means that the baby will be hungry and cry.

Cleaning and sterilising

Several methods of sterilising are outlined in **Figure 10.9**. Each is effective if used correctly. It is a matter of preference which one parents choose.

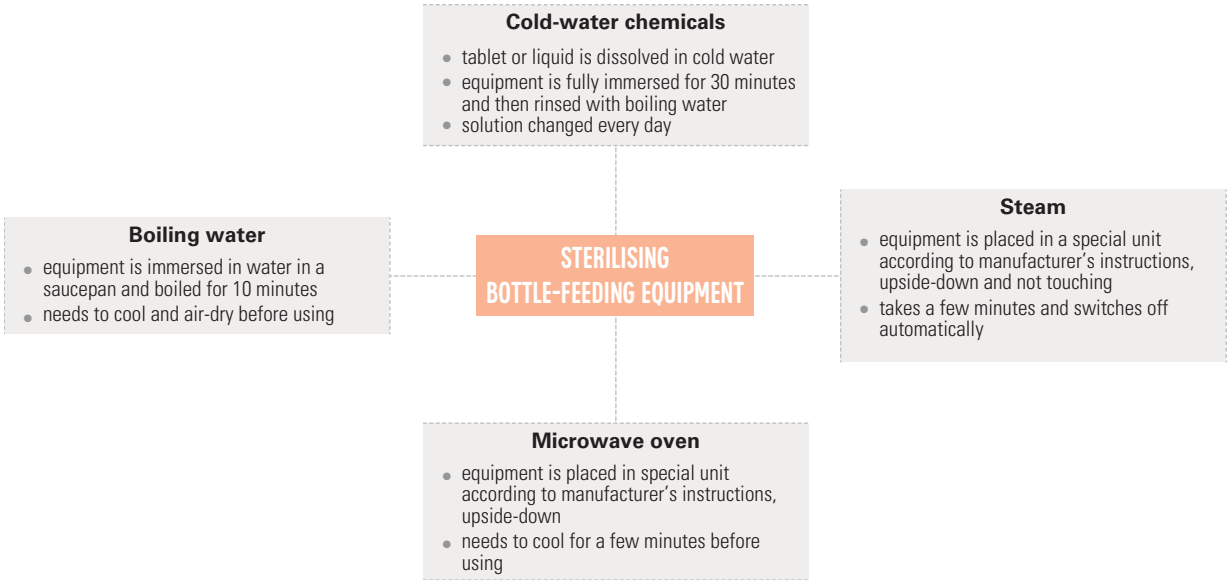


FIGURE 10.9 Methods for sterilising bottle-feeding equipment

Everything involved with the baby's feeding should be kept as clean as possible. Sterilising the equipment kills bacteria and thus reduces the risk of illnesses such as gastroenteritis. The following are rules for safe formula-feeding:

- Wash hands thoroughly before and after cleaning and sterilising equipment.
- Before sterilising, wash bottles and teats in hot, soapy water and scrub with a bottle brush. Then rinse off all detergent with hot water. Bottles and teats will be easier to clean if they have been rinsed in cold water immediately after use.
- Always check the expiry date on the formula container and discard when the date has passed. Don't buy dented, leaking or otherwise damaged cans or other containers.
- Use only clean utensils for opening and measuring formula.
- Keep prepared bottles of formula refrigerated until ready to use, but don't leave them for more than 24 hours before using.
- Do not reuse leftover formula. If the baby does not finish a bottle, discard what is left and make a fresh bottle for the next feed.
- Be sure that the water used to make up bottles of formula has been boiled. This may be boiled tap or bottled water.

Feeding

Feeding a baby should be an enjoyable experience for both the caregiver and the baby. It is best to feed in a quiet place with no distractions and to give the baby total attention, making eye contact regularly during the feed. This will help the baby to feel secure and loved.

The following are hints for successful bottle-feeding:

- Warm the bottle by standing it in a jug of warm water or using a bottle warmer. Do not warm it in the microwave oven, as it can overheat very easily. Before feeding, test that the milk is slightly warm by allowing a few drops to fall onto the back of your hand. Some babies, however, are happy to have their bottles cold.

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- Collect everything needed to feed, such as washcloths and bibs, and sit comfortably in a chair, using a cushion for support if necessary.
- Touch baby's lips to introduce the bottle. He will open his mouth in anticipation. Place the teat in his mouth and keep the bottle angled so that the teat is full and the baby is not sucking air.
- Let the baby feed at his own pace and take as much time as is needed. The baby will know when he has had enough, so allow him to decide when to stop. Do not force the baby to finish a bottle if he does not empty it.
- Take small breaks for burping and to switch arms. This is especially important for younger babies, although for older babies one or two breaks may be enough. There are two common ways to burp a baby – either hold him to the shoulder or support him sitting, then gently rub his back. Have a cloth ready in case he regurgitates.

Milk allergy and intolerance

A milk allergy means that a baby's immune system has a reaction to the proteins in cow's milk, on which many formulas are based. The symptoms of milk allergy can vary. Some reactions are mild, but sometimes they become more serious over time. Initial symptoms may include wheezing and trouble breathing, coughing, vomiting and diarrhoea, itchy or swollen eyes, hives and swelling. Other reactions involve gagging, refusal to eat, irritability and skin rashes like eczema.

A doctor can advise the mother on which formula is most suitable if her baby has a milk allergy. For example, hydrolysed formulas are less likely to cause a reaction because the proteins are broken down.

Lactose intolerance is different from a milk allergy. It occurs when the body has trouble digesting the lactose in milk because the enzyme lactase, which breaks down lactose, is missing. Symptoms include nausea and stomach cramps, bloating and wind, and diarrhoea. Lactose intolerance can be very uncomfortable, but is not life-threatening.

Apply your knowledge

1. Outline the reasons why a woman might bottle-feed her baby.
2. Create a table with the headings set out below, and list the advantages of breastfeeding and bottle-feeding for mother and baby.

Feeding method	Mother	Baby
Breastfeeding		
Bottle-feeding		

3. Illustrate two ways of burping a baby.
4. Examine the advantages and disadvantages of each of the sterilising methods described in Figure 10.9.
5. Differentiate between milk allergy and lactose intolerance.
6. As a class, create a table like the one below and assess a range of formulas available in Australia.

Formula	Cost	Size	Appearance	Nutritional content
e.g. Karicare Goat's Milk Formula				

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Weaning and first foods

Babies begin weaning when their nutritional needs change, although breastmilk or formula should be a baby's main source of nutrition up until the age of one. The World Health Organization (WHO) recommends introducing solids from six months of age, but every baby and circumstance is different and it depends on the mother's preference and the baby's development. The best way to wean is gradually, over time, to allow both parents and baby to adjust.



THINK ABOUT THIS

The word *weaning* comes from the Anglo-Saxon word 'wenian', which means 'to become accustomed to something different'.

Circumstances for weaning

Mother-led weaning

In some circumstances a mother may decide that she has had enough of only breastfeeding or bottle-feeding her child and is ready to move on. She may be going back to work soon and feel it is time to introduce solid foods while she has time at home. She may wish to become pregnant and breastfeeding could be preventing ovulation, so reducing the frequency of feeds can help. A woman may choose to start weaning one baby from the breast when she is pregnant with another because she is feeling tired or unwell.

If a mother is sick and has to take certain medications, she may decide that this is a good time to start weaning off the breast and on to the bottle and solid foods. She may have been advised to wean for medical reasons, such as depression or breast cancer. If a woman is experiencing stress from having endured significant ongoing breastfeeding problems such as mastitis, weaning may be a good option for her. Despite lots of support and assistance she is just not able to enjoy or continue breastfeeding. This may be the case if a mother experiences a reduced milk supply or feels that the quality of her breastmilk has reduced and her baby is failing to thrive.

Baby-led weaning

Sometimes the baby will decide he wants more than just a breastfeed or bottle-feed. This is usually gradual, rather than a sudden refusal. He may begin waking more often during the night, demanding to breastfeed or bottle-feed more often, showing interest in what others eat, crying and reaching for foods that he sees.

Some babies start biting while feeding when they get teeth from about six months of age. This can be very frustrating and painful for the mother and may also indicate that the baby is not as interested in milk feeds. When baby pinches, slaps or pulls a parent's hair during feeding, this can also be a sign of less interest in breastfeeding or bottle-feeding.

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From six months onwards, a baby begins to require additional nutrients that can't be supplied by breastmilk or formula so solid foods should be introduced. However, breastmilk and formula milk should remain baby's main source of nutrition until he is one year old.

Put it into practice

Conduct an *interview* with a mother about feeding and weaning babies. Your interview may be face-to-face or over the phone. Combine the interview data of each class member to identify the:

- percentage of babies who are breastfed or bottle-fed
- age at which mothers begin to wean babies
- foods that babies are most commonly introduced to first
- reasons mothers wean their babies.

RESEARCH CLUE

Look back at page 77 in Chapter 2 for ideas on preparing, conducting and presenting your interview data.

Introducing solids

Weaning is the opportunity to introduce new tastes and textures to baby, encourage the development of his jaw and teeth and establish good eating habits for the future. It is a gradual process. Initially new foods should be introduced one at a time and foods should be kept simple. As the baby grows and becomes more independent he can be given the same foods as the rest of the family and everyone can enjoy mealtimes together.

Solid foods should be introduced at around six months, but not all babies will be ready at this age. If the baby pokes out his tongue and pushes the food out of his mouth he is not ready. When he is ready for weaning he will no longer display this tongue-poke reflex. Other indicators that a baby is ready for solids include being able to hold his head up unsupported, sitting unaided, imitating eating behaviour with his mouth and reaching out for food.

Table 10.1 identifies the foods to choose and avoid at different stages of weaning. It also outlines some helpful hints to make the process easier.

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TABLE 10.1 Introducing solids to babies at different stages

Stage 1: 6 months	Stage 2: 7–9 months	Stage 3: 10–12 months
 iStock.com/michellegibson	 iStock.com/NataliaDeriabina	 Shutterstock.com/Alina R
Suitable foods		
• smooth in texture, pureed or finely mashed • iron-fortified rice cereal with breastmilk or formula • banana, pear, apple, pumpkin, potato, turnip, avocado and carrot • begin with two tablespoons a day, using a soft spoon and gradually increase	• soft, lumpy in texture, roughly mashed or minced • wider variety with well-cooked meat, chicken, fish, rice and pasta • add strawberries, grapes, spinach, tomatoes and beans • grated cheese, cottage cheese and yoghurt • soft bread	• variety of textures for biting and chewing • finger sandwiches, steamed vegetable sticks, pieces of fruits, strips of well-cooked meat, cheese slices, toast with spread, boiled eggs • soups, stews and casseroles
Foods to avoid		
• honey • added salt, sugar and other flavourings	• honey • whole nuts and other hard foods that pose a choking risk • juices and sweetened drinks • added salt	• honey • whole nuts and small hard foods, like lollies • tea, coffee, cola and soft drinks
Tips and hints		
• Offer solid food after a breastfeed or bottle-feed as breastmilk or formula still provides most of the nutrients needed. • Use a high chair with a harness, or sit baby upright.	• Baby may gag a little as he gets used to lumpy foods, so only offer small amounts on the spoon at first. • Put some food on the highchair tray so that baby can feel foods and begin to feed himself or let him hold his own spoon while being fed with another one.	• Offer baby solid food before a breastfeed or bottle-feed, as food is now becoming more important for nutrition. • Baby can eat most foods the family eats, although hot curries and strong tastes may not be suitable. • Make mealtimes social events with baby sitting at the table with everyone else.
• Give baby the same food for 3–4 days running to let him get used to the flavour and to see if he has any allergic reaction. • Be patient and don't force baby to eat. • Expect a mess and lots of spitting out at first as baby gets used to eating. • Don't blow on baby's food or share the same spoon, to avoid transferring bacteria.	• Offer baby drinks of cooled, boiled water in a cup he can hold himself. • Stay calm if baby throws or plays with his food so that he doesn't turn it into a game for attention.	• Give baby 3–4 milk drinks a day from 12 months on. • Babies can be fickle and like something one day, and not the next. • Always supervise baby when he is eating as choking could still happen.

Home-prepared foods vs commercial foods

Preparing foods for baby at home can give parents a sense of satisfaction, and they will know exactly what goes into the meal their child is eating. Home-prepared foods are usually cheaper and provide a greater range of tastes and textures than commercial foods and this makes eating more interesting. Socially, it is also good for the baby to have whatever the rest of the family is eating.

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Preparing foods at home is time-consuming, though. To save time and energy it is possible to make up large quantities, divide them into single servings and label them to be frozen for use later. The foods can be kept for about three months in the freezer and thawed in the refrigerator or in the microwave oven.

Commercially made baby foods offer a variety of meals for growing babies. They are more expensive than preparing foods at home and may contain additives (flavours, colours, thickeners and stabilisers) to improve their appeal and shelf life. A diet containing pre-packaged foods is not harmful, however, and they can be very useful when travelling, on holidays or when the rest of the family is having a hot curry or other heavily seasoned food that the baby may not like.

The can, jar or pouch label lists ingredients, so it is possible to avoid those foods with added sugars, salt or other substances that parents don't wish the baby to have. Having commercial baby food in the pantry, along with small cans of salt-reduced baked beans and spaghetti, is a good idea if parents are time-poor or don't have the skills to prepare their own foods for baby.



Conduct a class *debate* on the following topic:

Commercial baby food falls short of homemade fare!

RESEARCH CLUE

Look back to page 279 in Chapter 8 for points to help prepare for a debate.



1 Identify the factors that indicate a baby is ready for solid foods.

2 Write a set of guidelines for parents to follow to minimise the risk of their baby choking at mealtime.

3 Suggest good solid food choices for each of the following situations:
- **a** Six-month-old Annabelle is about to have her first solid meal.
- **b** Mum Margie is going to lunch with girlfriends and needs to pack something suitable for eight-month-old Levon to have at the cafe.
- **c** Malik turns one next week and his parents are celebrating by taking him to visit his grandparents. They will be spending the night there so his parents need to make sure they have food for his breakfast, lunch and dinner, as well as morning and afternoon snacks.

4 Watch the animation on introducing solids at Me and My Child website and produce a fact sheet for parents from what you learn. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

5 Honey is not recommended for children under 12 months of age. Investigate the reasons for this.

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Food for toddlers

Types of foods

Children at this stage usually eat a wide variety of foods and may still be enjoying breastmilk, although formula can now be replaced by whole cow's milk. As the child grows out of toddlerhood his appetite fluctuates. When he is growing or very active he will eat well, while at other times he may refuse to eat because he is not hungry.

It is important to remember that toddlers have a limited stomach capacity. A usual day will see a toddler eating four or five small yet nourishing meals and snacks from a wide range of foods, including sandwiches and toast, fresh and dried fruits, meat and fish, cheese, yoghurt, cereal, soup, salad, pasta, and noodle or rice dishes. Having fresh fruit available and visible, like in a bowl on the kitchen bench, can help them make good choices, or have carrot, cucumber and celery sticks in an easy-to-reach container in the fridge for them to get their own snacks.

Toddlers like to be independent and feed themselves, and are sometimes in a hurry to move on to their next activity, so meals that are easy for them to pick up or eat are good ideas. There are lots of recipe books and websites that can offer inspiration for parents to find nutritious and tasty ideas for a fussy eater. Some good ideas are:

- salmon patties with garden salad
- stir-fry honey soy chicken noodles
- zucchini frittata
- ham and pineapple pizza muffins
- lamb cutlets with tzatziki dip
- vegetable pikelets
- spaghetti bolognaise bake
- apple porridge.



Alamy Stock Photo/JIM POWELL

FIGURE 10.10 Offer baby drinks during the day in a cup he can handle easily

Toddlers need a good fluid intake as they become more active and eat more food. Cow's (or goat's) milk is important for protein, and for the calcium needed for strong teeth and bones. Soy milk may be used as an alternative if an allergy to other milks has been established or if the family has a vegan lifestyle, but calcium absorption from soy is less efficient. Water is the best drink to supplement milk, as it is the best thirst-quencher and does not contain sugar. In summer, ice blocks made from water and juice can quench thirst and provide a new food experience.

Nutritional needs

Toddlers have two special nutritional needs – foods for growth and foods for energy. For their normal rapid growth they need a good supply of protein, fats, minerals and vitamins. Carbohydrates, fats and protein meet their energy requirements. **Table 10.2** is a guide for feeding toddlers that will ensure a well-balanced diet.

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TABLE 10.2 Recommended daily food servings for toddlers

Food group	One serve equals	Number of serves per day
Fruit	• 1 medium apple, banana, orange or pear • 2 small plums, kiwifruit or apricots • 1 cup diced or canned fruit drained	1
Vegetables	• sweet potato, corn or half a medium potato • ½ cup of cooked broccoli, spinach, carrots, pumpkin • 1 cup green leafy or raw salad vegetables • ½ cup cooked, dried or canned beans	2½
Dairy	• 1 cup (250 mL) milk • 2 slices cheese • ¾ cup (200 g) yoghurt • ½ cup ricotta cheese	1½
Bread, cereals and grains	• 1 slice of bread, preferably wholegrain • ½ cup cooked rice, pasta, noodles, quinoa or polenta • ½ cup porridge or wheat cereal flakes • 1 crumpet, English muffin or scone	4
Meat, fish, poultry, eggs, nuts and legumes	• 65 g cooked lean beef, lamb, veal or pork • 80 g cooked lean chicken or turkey • 100 g cooked fish fillet • 170 g cooked tofu • 2 large eggs • 1 cup cooked lentils, chickpeas or canned beans • 30 g nut pastes and nut spreads	1
Unsaturated spreads or oils		2–3 teaspoons

'Sometimes' foods include sweet biscuits, cakes, pastries, chocolate, lollies, cordial, soft drinks, crisps and deep-fried foods. They are not recommended for toddlers. They are high in sugar, salt and fat and offer little nutritional value. They reduce the appetite and lead to poor eating patterns. If eaten to excess they can lead to children becoming overweight, and foods high in sugar may cause dental caries.

Source: http://raisingchildren.net.au/articles/dietary_guidelines_children_2-3_years_pip.html

Preparation

Toddlers are usually keen to help in the kitchen. Involving them in preparing their own food is a good way to keep them interested. A fussy or poor eater may be more willing to try new tastes if he has had a hand in making meals. It is also a great learning experience. When it is safe, and there is time, toddlers can be encouraged to stir a mixture in a bowl, set the table, spread filling on a sandwich, wash vegetables in a colander, sprinkle grated cheese or herbs on a dish or roll out pastry.

There are other ways of making mealtimes more interesting and fun for toddlers, including:

- packing a picnic with the toddler's help and eating it in the garden or at the park
- holding a 'dinner party' for the toddler and his favourite teddies at the dining table



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FIGURE 10.11 Involving toddlers in planning and preparing meals can help to avoid feeding problems

- making a campsite under the dining table or in the garden
- inviting his friend for lunch (a friend with a healthy appetite!)
- growing vegetables (for example, tomatoes, beans, herbs) in the garden and picking them with the toddler
- involving the toddler in planning and shopping for meals.

Feeding problems

Most parents occasionally encounter problems related to their children's diet. Sometimes children are just not interested in eating, while refusal of certain foods, or demands for others, may lead to long-term problems like obesity.

Refusing to eat is the most common feeding problem in toddlers. Often growth rates have slowed and so has appetite, or the toddler may refuse food because he has learnt that it is a good way of getting attention. He may be going through a stage where he refuses to cooperate, becomes distracted easily and dawdles over meals. His likes and dislikes can change daily. All this can be very frustrating for parents, and patience is needed.

Medical professionals agree that healthy young children will never starve if left to decide for themselves how much to eat. However, if forced to eat they may actually enjoy making a fuss and upsetting everyone. The advice to parents is:

- never force a child to eat or use threats or bribes
- stay calm and positive to avoid battles
- make mealtimes pleasant and relaxed family occasions whenever possible
- offer a wide variety of foods presented in appetising ways
- serve small portions only
- be sure that cutlery, bowls and cups are the right size and design for the toddler
- remove meals that are refused
- make sure that the toddler is not filling up on too much juice or milk between meals, and time snacks carefully.

Being overweight or obese is a significant health issue for some children. It is damaging to their health, and if children put on extra weight when young they are likely to be overweight as adults too. The solution usually lies in sticking to a well-balanced eating plan, avoiding low-nutrient foods, providing interesting activities for the child to participate in each day and encouraging plenty of physical activity. Parents need to model healthy eating and regular exercise to promote positive choices for their children.

Dental health

Teeth usually begin to appear at about six months. The first signs of teething are slightly inflamed gums and lots of dribbling and chewing on just about everything. Some babies don't react at all during teething, while others seem uncomfortable or sore. By the time the baby turns one he will probably have eight teeth (four top and four bottom), and the molars and incisors will soon follow.

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The best way to protect a toddler's teeth is to provide a healthy, varied diet. Foods that actually help protect teeth from caries include milk, cheese and yoghurt as well as those foods that need chewing and therefore increase the flow of saliva, which has a cleansing effect. Drinking tap water, which is fluoridated in most populated areas, is also important.

Severe tooth caries may occur in toddlers when sugary substances remain on the teeth, such as if bottles containing sweetened liquids – juice, fruit drinks, flavoured milks – are given frequently, or if the child falls asleep with the bottle. Limiting sweet drinks and avoiding sweet and sticky foods is recommended.

Toddlerhood is the time to start dental hygiene. The child can have a soft toothbrush and chew on it to get used to the idea of brushing. A recommended children's toothpaste should be used rather than adult varieties, which sometimes contain too much fluoride for child use. Trips to the family dentist (for a ride in the chair) should begin early so that a positive attitude to dental care can be established. A specialist children's dentist is a good choice if a preschool child develops a dental problem.

Apply your knowledge

1 Outline how parents can help to prevent their toddlers from
   a becoming overweight
   b developing dental caries.
2 As a class, brainstorm ways of creating a positive and enjoyable environment for mealtimes and make a classroom display of your ideas.
3 Using Table 10.2, plan a day's menu for a toddler. Select one main meal item and develop a recipe for it. Put all the students' recipes together and compile a recipe book for toddlers.

Food for older children

Natural foods

Many people choose to be vegetarians for health, ethical, environmental or cultural reasons. Others look to foods that are produced more naturally, such as organic foods, often for similar reasons. If parents choose these types of lifestyle and eating, then their children will be eating the same way too.

Most vegetarian diets are suitable for growing children as they provide a nutritious alternative to a diet that includes meat and other animal products. Parents do need to take care with children on all types of vegetarian diets, to ensure they eat enough of all the nutrients needed for healthy growth, especially protein, iron and vitamin B_{12}. Meat provides the most easily absorbed source of protein but as long as children eat a variety of dairy products, eggs, grains, legumes, pulses, tofu and other soy-based foods their diet can meet their protein requirements. Vegan diets are those most commonly associated with significant nutritional problems in children and are generally not recommended for babies and young children. Parents can seek advice from a health professional about a balanced diet and possible supplements.

Organic foods are grown and produced without the use of synthetic chemicals such as pesticides and artificial fertilisers. They do not contain genetically modified (GM) components and have not been exposed to irradiation, while some mass produced foods will have. Organic farmers are concerned about environmental sustainability and animal welfare issues. One such example is farmers who produce certified organic eggs from free-range hens, rather than from caged (battery) hens.

The word 'organic' is not regulated in Australia; however, buying products from certified growers and producers is recommended. Organic farms can be certified once they have followed set organic principles for three years. There is a wide range of organic produce available, including fruit and vegetables, grains, meat and meat products, dairy foods, dried legumes, eggs, honey and some processed foods. Organic foods can be bought from supermarkets, health food shops, through the Internet and at fresh food markets.

School lunches

Lunch is the meal most commonly eaten away from home. In some childcare centres and schools a daily hot meal is served, but by school age most children will be eating a packed lunch or buying it at a school canteen.

Packed lunches

A packed lunch need not be any less nutritious than one served at home. It should contain:

- carbohydrate, for example bread, flatbread or crackers
- protein, for example ham, chicken, egg or beans
- fruit or vegetable, for example a salad, a piece of fresh fruit or some dried fruit
- dairy product, for example yoghurt or cheese
- drink, preferably water.

If children have perishables like chicken or yoghurt in their lunch boxes, it is important for the food to be refrigerated during the day; otherwise, the food could spoil by lunchtime and food poisoning might result. Putting cold food into insulated bags and bottles with a frozen block can be an appropriate alternative.

Put it into practice

A lunch packed for school can contribute up to one third of a child's daily intake of nutrients. So it's important to pack a healthy lunch, but also one that is creative and interesting so that children will want to eat. Make your own packed school lunch *product* for a primary school-age child. Be sure to wrap the items properly and take measures to keep the food safe. Compare the different lunches in the class and justify your choices.

RESEARCH CLUE

Have a look at some parenting websites for ideas. The Healthy Kids Association, Kidspot and Raising Children Network are good places to start. Links to these websites have been provided at **http://eec2e.nelsonnet.com.au**.

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School canteen

Most primary schools have some type of canteen facility. Some have limited opening hours and days, and some offer only healthy lunches, while others offer a very wide range of foods for recess and lunch. Parents need to find out what is on offer at the school canteen so that they can help their child make healthy choices and also learn about spending money wisely.

Some schools run a lunch-order system that allows children to write their orders on a lunch bag at home and bring it to school in the morning. With this system, children can be involved in writing the order and selecting the foods they want to eat, and parents have an opportunity to educate their children about eating well.

A canteen may be particularly helpful if it is able to provide hot food in cold weather and cold food and drinks in hot weather. If it is well run and has a healthy eating policy it is a good alternative for busy parents who do not have time to prepare their children's lunches; if not, it may be best to avoid it.

Special occasions

Food is usually an important part of family, religious, cultural and social celebrations. Young children soon learn to revel in special occasion eating, which is likely to offer lots of foods that are different from those they eat every day. Meals for special occasions should have lots of colours, flavours and textures. Rules about nutrition can be relaxed a little, but it should be remembered it is easy to serve tasty, nutritious food that is festive as well.



FIGURE 10.12 A child's party is a time for special occasion foods!

The food for a children's party needs to be planned carefully by parents and carers. The general guidelines can be summarised as follows:

- The food chosen should be appropriate for the age group and served in small, easy-to-eat portions.
- Have at least some of the food the child wants. He may be very upset if the food is too different from what other children have or if his favourites are not served.
- Serve some attractive healthy food, which need not be boring. Homemade baby pizzas, celery boats filled with cream cheese, a fruit platter or perhaps a salad made to resemble a clown's face will attract children to the table.
- It is okay to relax the normal rules about avoiding low-nutrient foods. Children will enjoy cocktail frankfurts wrapped in bread triangles, party pies, fish fingers and fairy bread.
- Drinks are important as children will get thirsty running around and playing games. Avoid cordial and fizzy drinks as they often don't quench thirst, and offer fruit punch or water with frozen fruit pieces instead.
- Be sensitive to the preferences of other parents whose children will be attending the party, for example, by being sparing with red food colouring, which parents may feel is not suitable for their children.
- Cater for the special needs of any individual children, such as having a gluten-free birthday cake if a guest suffers from gluten intolerance.
- Don't overestimate children's appetite for sweet foods. Most children enjoy savoury foods that are attractively presented and easy to eat at a party, so mini sausage rolls, pinwheel sandwiches and quiches will be popular.

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CASE STUDY

Soen

Four-year-old Soen and her family moved to Australia from South Vietnam and have settled happily into their new lifestyle.

Vietnamese meals are characterised by fresh, tasty foods with accompaniments such as chillies, fish sauce, lime wedges, fresh herbs and dipping sauces. When they lived in Vietnam Soen's grandmother and mother would visit the market every day to buy fresh foods. Since coming to Australia they have found an excellent little shop just a few kilometres away that stocks lots of fresh vegetables, many Asian spices and foods such as rice, noodles and sauces. Soen often goes with her mother on her twice-weekly trip to the shop.

The family members eat a lot of fish, as they did in Vietnam. Soen's grandmother still dries fish each month and ferments some to produce her own *nuoc mom*, or fish sauce. Nearly every dish they eat is flavoured with this delicious homemade sauce. Some of the mothers of Soen's friends have asked Soen's grandmother to make some of the sauce for them, so now she keeps the mothers supplied.

Whenever they can the whole family eats together. The prepared foods are placed in the middle of the table for everyone to share. Breakfast usually consists of a large bowl of noodle soup, called *pho*. Soen's father and her two older brothers are not at home for lunch, so Soen's mother packs them something to take. Soen's father works as a groundsman at the local TAFE college and her brothers go to the primary school at the end of the road. Some days they have pastries and spring rolls, but on other days they might have a fresh bread roll with chicken or bean curd. Soen and her mother and grandmother often have cooked vegetables and noodles, or more soup.

The evening meal is the most important meal of the day, when all the family gathers to talk about the day's activities. A large bowl of rice forms the basis of the meal, and three or four other dishes of fish, chicken, pork and vegetables accompany it. Green vegetables, such as Chinese cabbage, bok choy and beans, are very popular. The family uses chopsticks for serving the food and eating.

Some nights Soen's mother serves dessert, such as sticky rice, cake or tapioca. If she has been busy and has not had time to cook a special dessert, then ice-cream is always a popular alternative.

Each year the family celebrates with friends the Tet festival for the lunar New Year, just as they did back home. Soen loves this celebration, when she and her friends have lots of Tet cakes made from sticky rice and sweet delicacies made from bananas.

1. To what extent has the Australian lifestyle influenced how the family shops and what they eat? Support your answer with evidence.
2. Evaluate the nutritional value of Soen's diet.
3. Compare your diet to Soen's, and suggest possible reasons for any differences.
4. The Tet festival is a popular Vietnamese celebration. Research another cultural occasion celebrated by the Vietnamese community and describe the foods traditionally associated with it.

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Food allergies

The Australian Society of Clinical Immunology and Allergy (ASCIA) report that 1 in 20 Australian children have a food allergy, and hospital admissions for anaphylaxis due to food allergy in newborn to four-year-olds have increased by five times in the last decade. The most common foods to cause allergies are milk, eggs, shellfish, nuts, wheat and some fruits, especially oranges and strawberries. Many children grow out of allergies as their immune system matures. Food allergies do not appear to be hereditary, although if one child in a family has a food allergy, there is a slightly higher risk that his siblings will also have the allergy, but overall this risk is still relatively low.

As we learnt earlier in the chapter, an allergy occurs when the immune system reacts to a substance, in this case a food. Allergic reactions range from mild to severe, but the symptoms are usually obvious, as identified in **Figure 10.13**.

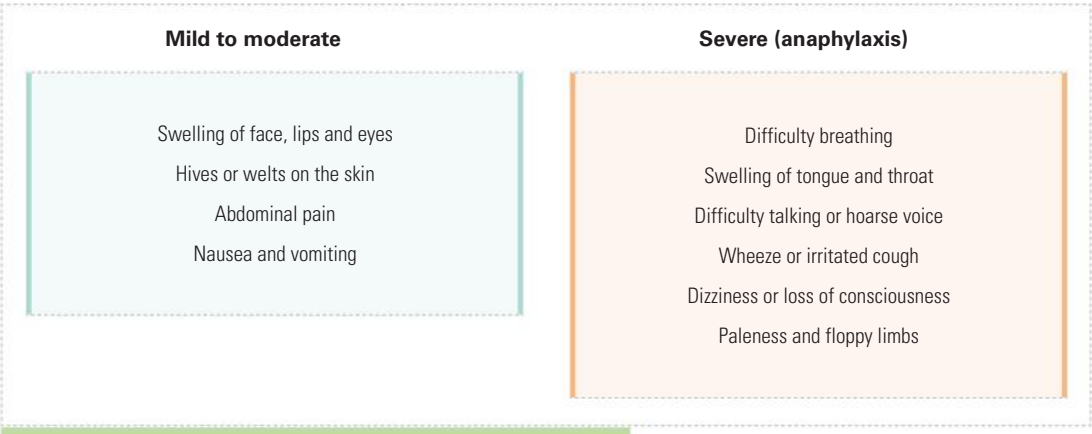


FIGURE 10.13 The different symptoms of food allergies in children

The diagnosis of a food allergy involves confirming which food or foods cause the reaction and then eliminating that food from the diet. Doctors will conduct skin prick allergy tests or blood tests to help to confirm or exclude possible trigger foods. Any type of elimination diet should be done under medical supervision so as to fully identify the cause and avoid malnutrition and other complications.

Apply your knowledge

1 Outline the advantages of primary school children having a:
- **a** packed lunch
- **b** lunch bought at the school canteen.

2 Describe the foods that your family enjoys on the special occasions that you celebrate.

3 Propose ways that multicultural approaches to food choices can be promoted at
- **a** home
- **b** primary school.

4 Plan a day's menu suitable for the following children. For each child include breakfast, lunch, dinner and snacks. Justify your menu choices for each child.
- **a** Five-year-old Peter is in Kindergarten at the local primary school. Today is Friday and after school he has soccer training.
- **b** Lilias is six years old and is homeschooled. Her family are lacto-vegetarians.

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Contemporary issues

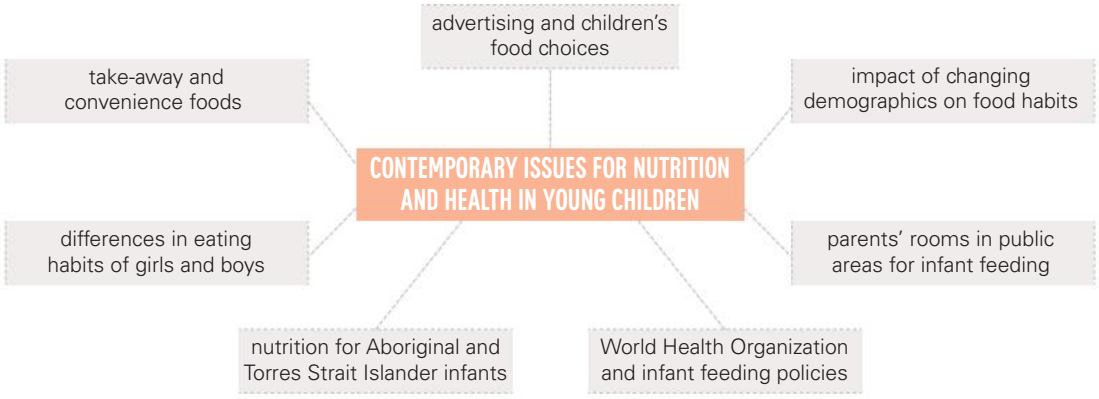


FIGURE 10.14 Contemporary issues for children's food and nutrition

Parents' rooms

Baby Care Room awards



Australian Breastfeeding Association

FIGURE 10.15 Baby Care Certificate indicates the availability of baby feeding and changing facilities

The Australian Breastfeeding Association has launched a national campaign to award the Baby Care Certificate to community premises which provide facilities to enable mothers to feed and change their babies and toddlers when they are away from home.

The Baby Care Certificate is awarded when a room meets the Essential Criteria for a Baby Care Room. Various features determine if the room is awarded 2, 3 or 5 stars.

TABLE 10.3 Essential criteria for a Baby Care Room

Essential criteria
Designated room for baby care separate from general toilets
Convenient, quiet, option to feed in privacy
Comfortable seating
Clean
Safe and clean to change nappies
Hot and cold water and hand drying
Waste disposal
Smoke free
Accessible by mums, dads, grandparents and carers

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No advertising of artificial formula or toddler follow-on formula
Clearly marked and easy to find
Extra features in a Baby Care Room (used to determine no. of stars)
Easy pram or stroller access, including twin prams
Doors easily managed (either light to open by hand or push button access)
Private or lockable feeding areas
Toddler toilet with low mirror and basin
Notice board
Tissues or hand washing lotion or cleansing lotion or cotton balls provided
Nappies provided or dispenser machine
Ability for fathers to access without needing to enter private breastfeeding area
Secure play area for older children
High chair
Air conditioned
Comfortable lighting and ventilation
Food preparation area separate to nappy change area
No bottle symbols on signage
Box of toys for toddlers
Drinking water or cup dispenser or tea and coffee facilities
TV
Access to toilets, but separate from general toilet area
Change bench within arms' reach of taps
Public telephone
Kettle or microwave
Power point access for breast pumps or charging mobile phone
Piped music
Other

A ** Baby Care Room meets all the essential criteria and **some** of the extra features
A *** Baby Care Room meets all the essential criteria and **at least five extra** features
A ***** Baby Care Room meets all the essential criteria and **at least ten extra** features

Source: Australian Breastfeeding Association

A Baby Care Room is always a safe, comfortable, convenient and welcome place to go. A 3-star Baby Care Room is a great place to go, and a 5-star Baby Care Room is fantastic!

Baby Care Room accreditation is done by your local ABA group. If you would like to know more about obtaining a Baby Care Room award for your premises or if you would like to nominate a room for this award contact your local support group or ABA head office.

Source: Australian Breastfeeding Association

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Apply your knowledge

1 Visit the Australian Breastfeeding Association and identify the 3-, 4- and 5-star Baby Care Rooms in your local area. A link to this website has been provided at **http://eec2e.nelsonnet.com.au**.

2 Evaluate the essential criteria for a Baby Care Room and determine which five you feel are most important.

World Health Organization and infant feeding policies

Public health policies worldwide promote and protect breastfeeding because it is recognised as the optimal source of nutrition for infants. Both the World Health Organization (WHO) and Australia's National Health and Medical Research Council (NHMRC) recommend that mothers exclusively breastfeed their baby for the first six months.

UNICEF reports that in developing countries breastfeeding rates for babies from newborn to five months have increased from 38 per cent in 2000 to 50 per cent in 2012. In developed countries, there is a lot of variation in breastfeeding rates, but overall few women meet the WHO recommendation. In Australia most women do start out breastfeeding but only approximately 17 per cent exclusively breastfed for the first six months of their baby's life.

WHO estimates that 800 000 children's lives could be saved each year worldwide if every child was breastfed immediately after birth and given only breastmilk up until six months of age, and breastfeeding was maintained as part of their diet to the age of two. WHO reports that if they are educated and informed, and have the support of family, health professionals and the community, virtually all mothers can breastfeed.

The NHMRC has set the following recommendations for Australia:

- Infants should be exclusively breastfed until around six months of age and then solid foods should be introduced.
- Breastfeeding should be continued until 12 months of age or for as long as the mother and child want to continue.

Apply your knowledge

1 Account for the differences in breastfeeding rates between developing countries and developed countries.

2 Examine the public health policy regarding breastfeeding in two developing countries and two developed countries of your choice.

3 Visit the WHO website (a link has been provided at **http://eec2e.nelsonnet.com.au**) and investigate
   a the Breastfeeding Global Targets 2025 (find the great infographic on this)
   b 10 facts about breastfeeding.

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CHAPTER QUIZ

Total = 55 marks



PART A: 5 marks

1 The creamy breastmilk that contains the nutrients a baby needs and satisfies hunger is 1 MARK

A colostrum. **B** foremilk. **C** hindmilk. **D** prolactin.

2 Foods that are high in sugar, salt and fat but have little nutritional value are called 1 MARK

A carbohydrates.
B commercially prepared foods.
C proteins.
D sometimes foods.

3 Which of the following are symptoms of milk allergy? 1 MARK

A diarrhoea, hives and wheezing
B diarrhoea, hives and obesity
C wheezing, hives and obesity
D wheezing, cavities and obesity

4 A suitable infant formula for a baby who is lactose intolerant is one that has a protein source of 1 MARK

A cow's milk. **B** goat's milk. **C** soybeans. **D** whey.

5 Michelle wants to raise her children as vegans. Her dietitian says she will need to ensure she finds good food sources of which nutrients for her children? 1 MARK

A protein, iron and vitamin B_{12}
B carbohydrate, protein and iron
C carbohydrate, iron and vitamin B_{12}
D carbohydrate, protein and vitamin A

PART B: 20 marks

6 Outline two advantages and two disadvantages of bottle-feeding. 4 MARKS

7 Describe methods of sterilisation used in bottle-feeding. 4 MARKS

8 Suggest strategies for parents to use when toddlers refuse food. 2 MARKS

9 Compare the nutritional needs of toddlers and young children. 6 MARKS

10 Evaluate the value of home-prepared baby foods. 4 MARKS

PART C: 30 marks

11 a Describe the process of milk production and the let-down in breastfeeding. 3 MARKS

b Examine the advantages of breastfeeding for mother and baby. 5 MARKS

c Evaluate the influences on a mother's breastfeeding choices. 7 MARKS

12 a Define weaning. 3 MARKS

b Outline the circumstances for weaning a baby. 4 MARKS

c Discuss strategies for successfully weaning a baby at different stages. 8 MARKS

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GLOSSARY

activity tested
subject to an examination of the specific activities of an individual or family to determine their eligibility for government assistance, usually based on work, study and volunteer activities

adolescence
the time around 10 to 18 years old, after puberty and before a child becomes an adult

agency
having control over one's life and making decisions freely

amniotic sac
bag of clear fluid in which a baby floats before birth; cushions against shock and thus protects baby

anaphylaxis
most severe type of allergic reaction, which is rapid in onset and can be life-threatening

assisted reproductive technology (ART)
range of methods used to achieve pregnancy by manipulating ova or sperm

attachment
affectionate long-lasting bond that a baby forms with his caregivers

autonomy
self-control and regulation; personal freedom

bonding
intense attachment that develops between parents and their baby

chromosomes
threadlike protein structures that carry genes

colostrum
thick, yellowish fluid secreted by the breasts immediately after a baby's birth; the first milk produced by the breasts

competencies
attributes, behaviours, knowledge, skills and abilities required to show success or achievement

coordination
parts of the body working together so the whole body moves smoothly and completes a task

creche
place where young children are cared for during the day while their parents do something else, especially work or study

curriculum
the interactions, experiences and routines through which children learn and achieve at school

development
orderly and predictable pattern of change in a person's function and behaviour

differentiation
planning and modifying teaching to meet the individual needs of children

digital natives
those born after the widespread adoption of digital technology, who have grown up using technology like the Internet, computers and mobile devices and thus have familiarity with technology

dilate
stretching of the cervix during labour to about 10 cm to allow a baby to enter the birth canal (vagina)

egocentric
self-centred; seeing the world from one's own point of view only

emergent literacy
the understanding that a child's knowledge of reading and writing skills begins at a very early age, well before they learn how to read and write words

episiotomy
an intentional cut of the perineum, using scissors, to avoid uncontrolled tearing during delivery of a baby

fertilisation
process by which one sperm penetrates an ovum membrane and the two sex cells join to form a new life

fine motor development
movement and control of the small muscles of the body (for example, in the hands and fingers) to allow for precise movements

foremilk
milk that the baby receives at the beginning of a breastfeed, stored in reservoirs (lactiferous ducts) behind the nipple

formal care
regulated and structured care provided for children, usually away from home and often centre-based, such as preschool, long day care, family day care and vacation care

free play
unstructured, unsupervised and spontaneous play and games where children choose their own activities and fun

gender-stereotyping
fixed ways of thinking about people, based on whether they are female or male

genes
packages of information about an individual's physical characteristics and body functions

gross motor development
movement and control of the large muscles of the body (for example, in the legs and body trunk)

growth
measurable increase in size and structure

hindmilk
milk the baby receives in the latter part of a breastfeed, produced during the feed as he sucks on the breast

implantation
process by which a fertilised ovum attaches to the lining of the uterus wall

incursion
a learning experience that takes place at a school, where someone visits to give a presentation on their specialty area

independence
not being dependent on others for authority or control

informal care
non-regulated and unstructured care provided for children in the

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home or elsewhere, such as by grandparents, friends, neighbours and paid babysitters.

linguistic
describes communication using the rules and words of a language

jaundice
liver condition that yellows a baby's skin and whites of the eyes; caused by an increase in the bile pigments in the blood

lactation
production of milk in the mammary glands of the breasts

learning outcomes
skills and knowledge actively promoted by educators for children in formal settings

means tested
subject to an examination of the financial situation of an individual or family to determine their eligibility for government assistance, usually based on income and assets

media literacy
ability to read and understand visual, aural and digital messages in different media forms and the skills to understand and interact with media in a critical and knowledgeable way

multimedia
combination of two or more media forms, including text, images, audio, animation and interactivity, to convey information and entertain

outcomes
goals set for a student to achieve through a learning experience; the knowledge, skills and attitudes students develop from a learning activity

ovulation
release of an ovum from the ovary, occurring midway through the menstrual cycle

ovum
female reproductive cell or egg that contains the female's genetic information

oxytocin
hormone that causes the muscles of the mammary gland to contract to enable milk to be ejected; essential for the let-down of milk

pedagogy
the function or practice of teaching; the activities or experiences that teachers use to influence the learning of others

phonological awareness
ability to recognise that words are made up of a variety of small sound units (phonemes) and to hear, identify and manipulate words into segments known as syllables that begin with a sound (onset) and end with another sound (rime)

placenta
organ through which a developing baby feeds, breathes and excretes waste matter while in the uterus; attaches to the wall of the uterus and grows with the baby

pre-linguistic
describes communication before the rules and words of a language are used

preview
give a general description of what a book looks like and will be about

prolactin
hormone that stimulates milk production

reinforcement
reaction that occurs after a response that increases (positive reinforcement) or decreases (negative reinforcement) the likelihood that the response will occur again

resilience
the ability to cope with change and challenge and bounce back during difficult times

respite
short-term support and relief from a difficult or trying situation for an individual

screen time
time spent on screen-based activities each day, including television, movies, DVDs, the Internet, video games and smart devices

socialisation
process of learning the skills and attitudes needed to function effectively as a member of society

sperm
microscopic male reproductive cell that carries a male's genetic information to a female's ovum

stereotypes
broad generalisations or beliefs about specific individuals, groups or ways of doing things that don't accurately reflect reality

stress
the body's reaction to a physical or emotional situation that causes imbalance in a person's life

structured play
play planned by adults who work with children to develop specified skills

syllabus
subjects in a course of study; outline and summary of topics in a course

transdisciplinary approach
team of professionals working together to deliver individually tailored services, such as early education, counselling, therapies and family support

trimester
three-month section of a pregnancy's nine months

umbilical cord
cord made up of blood vessels that link the baby with the placenta; carries oxygen, blood and wastes

viral marketing
advertising technique that persuades one Internet user to pass on information about a company's goods or services to another user

weaning
gradual introduction of foods other than breastmilk or formula into a baby's diet

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