Welcome to Cengage Education. You are about to undertake a course of study that will equip you with beginning skills and essential knowledge to successfully undertake the role of a trained childcare worker.

CHC30708 is a nationally recognised qualification at AQTF level 3. For Children's Services entry-level training commences at Certificate 3. In other industries entry level may begin at 1 or 2. When you have successfully completed your training you will be eligible to be employed as a trained childcare worker. Should you go on to successfully complete a Diploma of Children’s Services you will be eligible to be employed as a qualified childcare worker. The Diploma of Children’s Services provides a pathway towards a Degree in Early Childhood Education.

This study Guide will assist you to complete your studies using the online materials, assessment tasks and textbooks.

**Clustering**

To begin your studies you should firstly familiarise yourself with an overview of the course. You will see from Table 1.1 that there are a total of 15 units of competence delivered in 6 Clusters. You will see that in Clusters 3, 4 & 5 the competencies have been grouped together rather than delivered as separate competencies. This has been done specifically to address the common essential knowledge and skills that are present in these competency groups. These groupings allow you to link the knowledge that underpins these competencies and apply skills and knowledge in a holistic manner. Electives have been selected to meet current licensing requirements.

**Underpinning Knowledge**

Children’s services are a complex area of study. You are required to develop knowledge in six key areas, which include:

**Statutory Information:** Children’s services are a highly regulated industry and must comply with federal, state and local government legislation across a broad range of areas.

**Children’s Health, Safety and Wellbeing:** The care and education of young children necessarily encompasses attention to social and emotional wellbeing, physical and mental health and safety, nutrition, safe care practices, and child protection.
**Care Practices**: The care practices are directly related to legislative, ethical and accreditation requirements. Policies and procedures guide and direct all care practices.

**Child Development, Play and Pedagogy**: Best practice in early childhood education and care is underpinned by sound child development knowledge and the role of play in learning. Early childhood pedagogy explores the way in which young children learn and how this can be supported and enhanced by early childhood practitioners.

**Communication**: High quality relationships are critical to high quality children’s services. Understanding and acquiring the skills to communicate effectively with children, parents and colleagues is an essential aspect of children’s services training.

**Inclusive Practices**: In children's services carers are required to work collaboratively with families in the provision of care for the child. This necessitates a sound knowledge of the social and cultural context of the family and how this impacts on the child’s development.

As your studies progress you will begin to understand how each of these areas interrelate and how knowledge in one area will support the development of your skills and knowledge in other areas.

The acquisition of underpinning knowledge will be an ongoing, career process. During your first year of study you will rapidly acquire a great deal of knowledge, which, as it is applied to practice will begin to consolidate in a meaningful way. Gradually you will begin to draw all of the threads together to make sense of how this knowledge applies to practice and how it will assist you to become an effective carer.

**Child Care Skills**

Like the underpinning knowledge, the skills to be an effective childcare worker take time to develop. You will find that there will be a great deal of trial and error before you finally ‘get it right’ – this is normal and is to be expected.

Your skills will develop with daily practice and will also be developed by observing your experienced colleagues. You will also benefit from discussion with your colleagues – ask questions, clarify ideas and seek feedback about your own practices.

You will also need to think about how your growing underpinning knowledge can be applied to practice – again your colleagues will be an invaluable resource in talking through how this knowledge is reflected in day-to-day practice.

In particular you will be required to begin the process of building your theoretical knowledge of child development, how children learn, and the role of play in children’s learning as well as early childhood pedagogy. Developing the skills and knowledge to be a competent early childhood practitioner requires consistent effort, study and practice over a long period of time.
Table 1.1 provides you with an overview of the way in which the competencies are clustered and delivered.

<table>
<thead>
<tr>
<th>Cluster 1: Working in a Statutory Environment</th>
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<tbody>
<tr>
<td>1.1 CHCCS400A Work within a relevant legal and ethical framework</td>
</tr>
<tr>
<td>1.2 HLTOHS300A Contribute to OHS process</td>
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<tr>
<td>1.3 CHCOR300A Participate effectively in the work environment</td>
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<table>
<thead>
<tr>
<th>Cluster 2: Children’s Health and Safety</th>
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<tbody>
<tr>
<td>2.1 CHCHILD401A Identify and respond to children and young people at risk of harm</td>
</tr>
<tr>
<td>2.2 CHCCN301A Ensure the health and safety of children</td>
</tr>
<tr>
<td>2.3 CHCCN303A Contribute to provision of nutritionally balanced food in a safe and hygienic manner</td>
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<table>
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<tr>
<th>Cluster 3: Caring for Children</th>
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</thead>
<tbody>
<tr>
<td>CHCCN302A Provide care for children</td>
</tr>
<tr>
<td>CHCCN305A Provide care for babies (compulsory in NSW)</td>
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</table>

<table>
<thead>
<tr>
<th>Cluster 4: Introduction to Child Development, Play and Learning</th>
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</thead>
<tbody>
<tr>
<td>CHCPR303D Develop understanding of children's interests and developmental needs</td>
</tr>
<tr>
<td>CHCF301A Support the development of children</td>
</tr>
<tr>
<td>CHCPR301A Provide experiences to support children’s play and learning</td>
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<tr>
<th>Cluster 5: Communicate Effectively with Children</th>
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<tbody>
<tr>
<td>CHCHILD301A Support behaviour of children and young people</td>
</tr>
<tr>
<td>CHCIC301D Interact effectively with children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cluster 6: Inclusive Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 CHCRF301D Work effectively with families to care for the child</td>
</tr>
<tr>
<td>6.2 HLTFA301C Apply First Aid</td>
</tr>
</tbody>
</table>

Please note: All students will need to have completed and hold a current full Senior or Level 2 First Aid Certificate plus a Certificate in Anaphylaxis, issued by an accredited provider. This is an additional cost; it is not included in Cengage Education's course fees. For information on your nearest St John office, please phone 1300 360 455. For your nearest Red Cross office, please phone 1300 367 428.
Assessment Strategies

There are a number of ways in which you will be assessed in this course, including:

**Online Learning:** Cengage Education’s online learning allows you to explore topics using a range of interactive tools, assess additional readings, access relevant websites as well as access power points and videos.

**Online Assessments:** You will complete a number of written tasks that are accessed via Cengage Education’s Student Portal. These will be submitted to via your online unit in the Student Portal for assessment and feedback. You will be expected to demonstrate your acquisition of underpinning knowledge when completing these tasks.

All your assessment tasks are these are in six (6) Written Assessment workbooks these are numbered as follows 21867A, 21869A, 21870A, 21871A, 21872A, and 21873A. Online students may download these workbooks from their units on the Student Portal and print students will be sent a hard copy of the six (6) workbooks.

Online student may download each individual reading from their online unit in the Student Portal. The readings for all units for print students are located in the back of each Written Assessment Workbook.

Print students please note that not all the readings for this unit are located in the back of the Written Assessment Workbook some may only be accessed via the Student Portal. This is because some of the readings are protected and they cannot be printed. You are therefore encouraged to access them online via the Student Portal.

**Workplace Tasks:** There are many opportunities provided for you to demonstrate the application of your underpinning knowledge to workplace practice. You will be given the opportunity to comment on your own progress as well as being provided with feedback from your workplace supervisor and Cengage trainer. Workplace tasks are perhaps the most satisfying of all assessment tasks – it is a chance for you to demonstrate your developing skills and knowledge in a practical, hands-on manner.

Your Workplace Assessment tasks are found in 21868A Workplace Tasks and these may be downloaded from your unit on the Student Portal. Print students will receive hard copies of the 21868A Workplace Tasks.

**Portfolio Tasks:** These tasks are collated to make a ‘Portfolio of Evidence’. It allows you to collect evidence from your workplace to demonstrate your mastery of skills and the appropriate application of underpinning knowledge. It is your opportunity to be creative, resourceful and highlight your development. Your portfolio tasks are in with the Workplace Tasks workbook. Please note that not all units have portfolio tasks.

**Employability Skills Checklist:** This checklist provides you with practical examples of workplace practices that are expected of a beginning childcare worker at Certificate 3 level. You will not be expected to develop all of these skills at the same rate – each person will develop employability skills at their own unique pace.
Resource Development: As part of your ongoing preparation as a childcare worker you will be required to develop a set of resources that you can use in your work with young children. These resources will become part of your tools of practice and provide you with opportunities to develop your confidence in working with young children.

Spelling, Grammar and Language: As your career progresses you will be required to produce a range of documents for parents and colleagues. You will also be a role model for young children who are developing beginning literacy skills. You will be expected to spell correctly, use correct sentence structure and speak in a professional manner. If your spelling, grammar or spoken language is poor you will be expected to work on strategies for continuous improvement.

Assessment Outcomes

CHC30708 Certificate III of Children's Services is a vocational qualification that is competency based. This means that in order to successfully complete the course you must be deemed 'competent' in relation underpinning knowledge and practical workplace skills.

For each assessment undertaken you will be assessed as:

- Competent
- Not Yet Competent – this means you will be required to reattempt the task or undertake substitute tasks
- Incomplete – this means that the work submitted has components missing that must be submitted prior to a final assessment.

You will be given written feedback on all tasks undertaken. This feedback is designed to assist you to reflect on your learning and to reinforce your skills and knowledge development.

The 3 R’s: Research, Reading and Reflection

A successful long-term career in early childhood education and care requires a commitment to the 3 R’s. You must be willing to keep abreast of current trends in early childhood education, as it is a rapidly growing field of knowledge. You must also be prepared to become an avid researcher – you will never know all there is to learn about child development and learning – you will be regularly confronted with new situations that require you to research and apply new information. You will also need to regularly reflect on your practices as an early childhood practitioner. This will facilitate your growth as a competent professional. Being a competent early childhood professional requires a career-long commitment to your own professional and personal development.

This course is designed to foster the 3 R’s by encouraging you to read with understanding, research and apply information and reflect on your own journey towards becoming an early childhood professional. To successfully complete this course you should be prepared to spend around 10-12 hours per week outside of the workplace on your studies.

The Cengage Education hopes that you enjoy your studies and embrace the challenge of undertaking study.
**Getting Started**

This first part of your studies is designed to orientate you to your studies and give you an overview of children's services in general.

This may be your first experience of formal study, particularly via distance/online education. You may be working full-time or part-time, as well as caring for your family, running a household and participating in a whole range of social activities that make up your daily life. Sounds exhausting! How will you cope with the demands of studying?

In order to successfully complete your studies you will need to take some time to plan your week so that you can accommodate work, study, family commitments and leisure activities. Having made a commitment to formal study you will need to plan and organize your time and enlist the support and co-operation of colleagues, family and friends. Without effective planning you may become stressed by the pressures of juggling study with your many other roles.

While distance education has many benefits, the downside is that it’s easy to let other things take precedence over your studies – you do not have to turn up for on-campus classes, so it’s easier to let your studies slide. This can be a problem for those who tend to be procrastinators – too often we tell ourselves that “I'll get to it tomorrow” and when tomorrow comes find that there are other things demanding your time and so you put off study for another day. This cycle can lead to stress as that little voice in your head tells you that there is study to complete. The best strategy is to plan a program of study and, as far as possible, stick to it!

Start by identifying the things that demand your time. In our daily lives we each have a number of roles - in each of those roles we have certain obligations and responsibilities, and perhaps most importantly, we have a number of people who are dependent on those roles. For example, within the family you may have the role of partner, parent, sibling, son or daughter. Each of these roles demands varying degrees of our time and resources. In the workplace you will have a variety of responsibilities that you are required to undertake each day.

Every day we make decisions about how our time will be divided - what tasks are essential, what tasks can we leave until later, how we will manage our roles for the day. Often setting priorities both at home and at work will depend on the demands and needs of others who are dependent on us in our various roles. Juggling competing priorities and demands for our time has become an ongoing challenge for most people. Often the needs of others are met at the expense of personal needs, so that time-out for relaxation and rest become low in the list of priorities.

Time is a precious resource that can be hard to manage. Each day our lives are ruled by time – when we eat, sleep, work, play and socialise is governed by time. Setting daily and weekly priorities is an effective way of managing your time. Realistically, most working people spend between 8 -10 hours per day on work-related matters. This includes the actual time at work, getting ready for work, as well as getting to and from the workplace. Time for sleeping, household duties and caring for the family usually takes up the rest of the day. People who work from home, such as carers in FDC, may save time on travelling but usually spend more time 'on
the job’. Setting priorities helps you to be more time effective and more realistic about what can be achieved each day.

Even after setting priorities, organising time to accommodate all of the demands on our time can sometimes be an overwhelming task. The weekly planner sheet in the appendix can be used to help you manage your commitments over the week.

**Procrastination**

*Procrastination is the bad habit of putting off until the day after tomorrow what should have been done the day before yesterday.* ~ Napoleon Hill (American author, 1883-1970)

Everyone, will at some time, procrastinate over a task or decision – perhaps it is something unpleasant, something that will make us feel unhappy, distressed or uncomfortable. It may be a major life decision or commitment or it may involve spending a large sum of money. Procrastination, for whatever reason, means a delay in meeting commitments. When procrastination occurs on a regular basis, and in relation to day-to-day tasks, it can become a real problem. Putting off ‘must do’ small tasks can quickly lead to a growing mountain of tasks that can become overwhelming. For example, at home we might put off doing the ironing, washing the car, mowing the lawn, cleaning out the refrigerator or cleaning the oven. When we do finally get around to doing these things the job is likely to be harder and take longer. At work, we may put off sorting out the collage trolley, putting away small bits and pieces or tidying the storage rooms. Even though we put off these tasks they are still there, waiting to be done and we are constantly reminded of them each day, which often results in feelings of guilt and anxiety.

If you procrastinate over your study you will find that the longer you leave it the more difficult it will be to get back on track. It is much better to set aside a regular amount of time each day and chip away at your studies.

**Where to Start?**

Your learning materials include:
- This study guide
- Textbooks
- Employability Skills Checklist
- Online documents – assessment tasks, readings, websites, power point presentations, video clips etc.

Before you attempt assessment tasks for a unit of study you should firstly download them and copy them to a file on your computer. The next step is to read each task so that you gain an overview of the tasks. You should highlight any readings, websites, power points etc. that you may be directed to and ensure that you can access these – it is a good idea to print any readings and store these in a folder for easy access.
It is a good idea to talk over the tasks with your workplace supervisor or a Cengage trainer if you are unclear about a task. Cengage trainers are here to help you achieve success in your studies. Work through each unit one at a time and send your completed tasks to Cengage Education for assessment before commencing your next unit of study. Your tasks will be assessed and returned to you within a two-week period. You will receive written feedback designed to give you a clear indication of how you have performed. The aim of the feedback is to make it clear where you have demonstrated competence and areas where you may need to improve. It is important for you to read the assessor’s comments or contact your assessor via the Student Portal if you would like further clarification or would like to talk over any aspect of the assessment.

Before continuing read pages 2 - 6 of your text The Big Picture. You may then like to write down some goals for yourself.

*We cannot do everything at once, but we can do something at once.* ~ Calvin Coolidge

**Types of Children’s Services**

Children’s services include centre-based, home-based and mobile services. Each state/territory may use different names to refer to a particular service type. For example, NSW uses the term long day care while Victoria uses the term crèche to refer to extended hour centre-based care. The structure of children’s services also varies across Australia.

Some services are privately owned, some are managed by a corporation or a workplace, others are community-based and others may be managed by government agencies, religious or cultural groups. Table 1.2 provides a general overview of the range of children’s services commonly found in each state/territory.
TYPES OF CHILDREN’S SERVICES

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Day Care</td>
<td>Centre-based services licensed by state/territory government</td>
</tr>
<tr>
<td>Also referred to as:</td>
<td>Age group: 0 - 6 years</td>
</tr>
<tr>
<td>Child Care /Crèche</td>
<td>Hours: up to 12 hrs per day (there are some 24 hour services)</td>
</tr>
<tr>
<td>Work-based care</td>
<td>Must be open a minimum of 48 weeks per year</td>
</tr>
<tr>
<td>Preschool/Kindergarten</td>
<td>Centre-based services licensed by state/territory government</td>
</tr>
<tr>
<td>Age group: 3-6 years</td>
<td>Hours: usually 5-6 hrs per day (may offer extended hrs care)</td>
</tr>
<tr>
<td></td>
<td>Can be full day (9am -3pm) or sessional (morning or afternoon)</td>
</tr>
<tr>
<td></td>
<td>Usually closed during school holidays</td>
</tr>
<tr>
<td>Occasional Care</td>
<td>Centre-based services licensed by state/territory government</td>
</tr>
<tr>
<td>Age group: 0-6 years</td>
<td>Hours: up to 12 hrs per day</td>
</tr>
<tr>
<td>Family Day Care</td>
<td>Scheme is licensed by state/territory government</td>
</tr>
<tr>
<td>Age group: 0-12 years</td>
<td>Maximum of 5 children per day (under school age + 2 school age children before &amp; after school care.)</td>
</tr>
<tr>
<td></td>
<td>Hours: flexible, depending on parents’ needs and carer availability</td>
</tr>
<tr>
<td></td>
<td>May include weekend or evening care</td>
</tr>
<tr>
<td></td>
<td>Each carer operates from their own home under the auspice of a licensed Family Day Care Scheme</td>
</tr>
<tr>
<td>Private Home-Based Care</td>
<td>Licensed by state/territory government</td>
</tr>
<tr>
<td>Age group: usually 0-6yrs</td>
<td>(may include before and after school care for children up to 12 years)</td>
</tr>
<tr>
<td></td>
<td>Hours: Usually up to 12 hrs per day, 48 weeks per year.</td>
</tr>
<tr>
<td>Mobile children’s service</td>
<td>Licensed by state/territory government</td>
</tr>
<tr>
<td>Age group: usually 0-6yrs</td>
<td>but may include after school programs for children up to 12 years</td>
</tr>
<tr>
<td></td>
<td>Hours: Usually operate on school terms</td>
</tr>
<tr>
<td>Out of school hours care</td>
<td>Registered with state/territory government – not licensed in all state/territories</td>
</tr>
<tr>
<td>Age Group: school age children up to 12 years</td>
<td></td>
</tr>
<tr>
<td>Child Minding in shopping centres, gyms, clubs etc</td>
<td>Currently these services are not licensed as the parent is deemed to be on the premises and therefore responsible for the child.</td>
</tr>
<tr>
<td>Playgroup</td>
<td>Playgroups are usually run for and by parents - not required to be licensed</td>
</tr>
</tbody>
</table>

Table 1.2: Types of children’s services

What is the Role of a Child Care Worker?

Working in children’s services is very rewarding but can also be physically and emotionally demanding. To be successful in your role as a childcare worker you will find that it is important to:

- be reasonably fit and active – bending, lifting and squatting will be a part of your everyday activity
- have a good sense of humour and be patient
- work as part of a team use your initiative and adapt in a flexible manner to frequent change
- be prepared to take responsibility for your own work.
While the specific role of a childcare worker will vary from service to service your role will generally be one of assisting qualified staff in the provision of early childhood care and education of young children. You will generally be responsible for helping to manage daily routines involving the children such as meals, setting up and packing away play materials, setting up the learning environment, cleaning, washing, preparation for sleep/rest, nappy change, toileting, guiding children’s behaviour and supervising children to ensure they are safe.

You will work under the direction of a qualified member of staff and will usually be given a list of duties that need to be performed on a daily and weekly basis. You will be required to work in accordance with written policies and procedures that ensure compliance with licensing standards.

You will meet and greet parents on a daily basis but you will not be responsible for discussing care issues with parents – this is the role and responsibility of qualified staff. You may be required to assist in documentation of children’s play and development but this should be done only under the direction and supervision of qualified staff.

There a variety of roles within early childhood services, including carers, cooks, cleaners and administrative staff - each of these roles contributes to the efficient and effective delivery of quality services for young children and their families.

Table 1.2 provides an overview of the range of qualifications that may be held by staff working in children’s services.
Who Works in Children’s Services?

- EC teacher (University qualified)
- Staff without formal qualifications
- Vocational Diploma (qualified)
- Nurse/Mothercraft Nurse
- Certificate III in Children’s Services (trained)
- Additional staff may include: specialist support workers for children with additional needs such as English as a Second Language, children with a disability or learning problems or children with specific health issues.

Table 1.2 Staff Qualifications

Before continuing read pages 15 -18 of your text The Big Picture.

You are now ready to start your first unit of study – take your time, read with care and understanding and don’t forget to ask for help if needed!

The important thing is not to stop questioning. ~ Albert Einstein

Remember, we are unique and we all have different ways of learning.
Cluster 1: Working in a Statutory Environment

This cluster explores the knowledge and requirements needed to ensure compliance with the many legal requirements necessary to operate and work within a licensed children’s service.

There are three competencies included in this cluster:

- CHCCS400A Work within a relevant legal and ethical framework
- HLTOHS300A Contribute to OHS process
- CHCORG303A Participate effectively in the work environment

1.1: Legal and Ethical

- CHCCS400A Work within a relevant legal and ethical framework

This unit describes the knowledge and skills required to work within a legal and ethical framework that supports duty of care requirements for children’s services. Children’s services are a highly regulated industry. As a childcare worker you will be required to comply with a range of legislation that is designed to protect children attending out-of-home care.

Assessment Tasks Summary

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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<tbody>
<tr>
<td>001: Legislation 1</td>
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<tr>
<td>002: Legislation 2</td>
<td></td>
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<tr>
<td>003: Disclosure of Information</td>
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<tr>
<td>004: Legislation and Policy</td>
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<tr>
<td>005: Service Complaints Policy</td>
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Portfolio Task

Legal and Ethical Practices

Workplace Task

WP001: Legislation and Policy

One of the first things that will confront you in a children’s service is the extensive policies and procedures that guide and direct your day-to-day practices. You will quickly discover that almost every aspect of childcare is governed by policies and procedures in compliance with legislative requirements. As an employee you are, by law, required to be aware of, understand and comply with all workplace policies and procedures. This will be your first challenge!

Begin this unit by reading pages 31 – 34 of your text The Big Picture.

This reading provides you with the information you need to answer Task 001 which requires you to match legislation/guidelines with the relevant descriptor.

 Hopefully you will find this first task relatively easy! After completing this section of the text you should have a general idea of the range of legislation that impacts on children’s services.

Task 002 requires you to tackle the Children’s Services Regulations for your state/territory.

Table 2.1 on page 35 of your textbook provides the name of your state/territory licensing authority and the related website. Go to the relevant website and access the regulations. Do not download the regulations – they will be too large. You may also be able to access the regulations from your workplace.
Look in the index and find the section that relates to staff qualifications and staff: child ratios. This will provide you with the information you need to answer the first part of Task 002. Take your time with this task – reading the regulations is not easy – it is a legal document and is phrased in ‘legal speak’ which is not always easy to read and interpret. You may need some help from your workplace supervisor for this task as the Regulations can be a little difficult to interpret.

You will also need to refer to sections related to qualifications for working with children under 2 years and First Aid Certificate requirements. To answer the question related to ‘Duty of Care’ go to page 35 of your textbook. So far so good?

The final Task 002 question requires you to list the key areas covered in the regulations relating to minimum standards of care. The answer to this question can be found on page 34 of your textbook.

You should now have an understanding of just how difficult using regulations can be – and also have a better understanding of the regulatory requirements relating to staff ratios and qualifications. Think about this in the context of daily rosters and employment of staff at your service – the manager must ensure that these standards are met at all times. This is not always easy when trying to replace absent staff!

Think about why this information is gathered and how it is or could be used to support the child and build a relationship with the family.

To assist you to answer Task 003 you will need to go to the section of the regulation that sets out mandatory information required at the time of enrolment. The second part of this question can be answered by going to page 178 of your textbook.

Tasks 004 - 005 require you to think about privacy, confidentiality and ethical issues when working with families. To assist you to explore these issues you should access the following reading: Reading 1: ECA Code of Ethics

**Ethical Dilemmas**

Establishing a relationship of trust with each family is crucial in the provision of quality early childhood services. Parents must trust that their privacy will be respected at all times and that their family/cultural values and beliefs will also be respected. All children’s services will have in place privacy and confidentiality policies. You should read these policies and then talk to team members about how the polices are implemented.

As a childcare worker you have a duty of care to ensure the safety and wellbeing of all children who attend the service. This is a shared responsibility with all carers and is the most important task that you will perform as a childcare worker. When parents make a decision to enrol their child in a children’s service they are entrusting the care of their child to a group of people who they may or may not know. This is a big decision for any parent and is also a big responsibility for carers, particularly where the care involves infants and toddlers.
Caring for other people’s children is challenging when there are differences in values, beliefs and child rearing practices. Childcare workers will also be challenged in other ways. For example balancing the needs of the children and the demands of the job may result in making choices that put children second. Differences in values and beliefs and the demands of the job role will raise ethical issues/dilemmas at both an individual and a team level. The ECA Code of Ethics is designed to assist early childhood practitioners to work through dilemmas by considering problems from a number of different perspectives.

Reflection

You have now been introduced to a range of factors that influence the delivery of children’s services. In Australia legislation and quality standards provide a sound framework for service delivery. Understanding your obligations and responsibilities relating to legislation is essential knowledge for all early childhood educators.

Workplace Task

WP001 requires you to examine a workplace policy and consider how it related to the Regulations.

Congratulations, you have now completed 1.1
1.2: OHS

- HLTOHS300A Contribute to OHS process

This unit specifies the workplace performance required by an employee to contribute to OHS processes where there is responsibility for own work outputs and possibly limited responsibility for the work output of others.

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<td>001:</td>
<td>OHS Legislation</td>
</tr>
<tr>
<td>002:</td>
<td>Hazards</td>
</tr>
<tr>
<td>003:</td>
<td>Hazard Identification: Hierarchy of Risk Control</td>
</tr>
<tr>
<td>004:</td>
<td>Checking Stress</td>
</tr>
<tr>
<td>005:</td>
<td>Putting It All Together</td>
</tr>
</tbody>
</table>

**Portfolio Task**

OHS

**Workplace Tasks**

WP001: Follow Instructions

WP002: Personal Protection Equipment (PPE)

WP003: Housekeeping

WP004: Reporting

WP005: Contributing to Workplace Safety

WP006: Chemicals

WP007: Reduce or Eliminate Hazards

WP008: Manual Handling Demonstration Checklist

WP009: Hand Washing Procedure Demonstration

WP010: Nappy Change Skill Demonstration Checklist

Occupational Health and Safety is everyone’s responsibility. As an employee you are required by law to comply with all lawful directions in the workplace to ensure the health, safety and wellbeing of everyone who enters the workplace. In children’s services this includes colleagues, children, parents and other visitors.

At Certificate 3 level you are required to understand how to plan your work to ensure your safety and the safety of others. You must also learn how to identify hazards in the workplace, assess the level of risk and implement procedures to minimise or control these risks. You are also required to be familiar with emergency procedures and assist in emergency practices should they arise. This may include the evacuation of the service.

Before commencing this unit think about your knowledge and experiences with OHS. Think about what makes a workplace safe – what part do people, procedures, policies, equipment and the physical environment play? What information do you need to ensure that you are safe at work and that you can contribute to the safety of others in the workplace?
According to KPV OHS Champions Project and WorkSafe Victoria (2009:2) there are 6 major workplace hazards in children’s services:

- lifting children in and out of cots/on/off change tables
- working at low levels – child sized table/chair or sitting on floor
- moving playground and other equipment
- storage of equipment
- poor office ergonomics
- poor housekeeping indoors and playground conditions/hazards outdoors

**Source:** Safe + Sound. Health and Safety in Early Childhood Services Issue 3/T4-09. Collingwood: Kindergarten Parents Victoria Inc.

Each State and territory has its own OHS legislation and related website. Look at page 80 of your textbook to find the website for your location. Take the time to peruse these websites – while much of the information is generic some sites contain useful information specific to children’s services, for example, WorkSafe Victoria.

Before you begin your assessment tasks for this unit access the following reading:

**Reading 2: Children’s Services – Occupational Health and Safety Kit.**

This booklet will provide you with an overview of OHS in children’s services and provides useful tips on key OHS hazards including:

- Lifting children in/out of cots and highchairs or on/off change tables which can result in musculoskeletal injuries, especially when attempting to lift older toddlers
- Working at low levels which can also result in musculoskeletal injuries
- Moving equipment - manual handling is a daily task which can cause sprains, fractures, strains and soft tissue damage
- Storing supplies and equipment – moving, lifting, bending and reaching can cause injury if not carried out in the correct manner
- Using office areas – often these areas are poorly organised and usually overcrowded creating a range of hazards such as tripping, awkward posture or stretching and reaching
- Maintenance of indoor and outdoor areas – falling and tripping commonly occurs due to poorly situated equipment, clutter, uneven surfaces and lack of appropriate safety equipment.

This booklet offers practical ideas on how to manage these hazards and will provide you with sound practices to minimise the risk of accidental injury in the workplace.

As an unqualified child care worker you will be required to undertake tasks such as setting up indoors and outdoors, packing away and cleaning. All of these tasks can be hazardous if not
carried out in an appropriate manner with due regard to safety. The poster below, from Work Safe Victoria shows the main injury hotspots for children’s services workers.

Source: WorkSafe Victoria

(accessed March, 2011)

If you are new to the workplace you will no doubt be eager to impress and show your initiative. You should however be careful not to take on tasks where you are unclear of the procedures and/or are unfamiliar with the risks to personal safety. You should also be mindful not to try to
complete tasks too quickly and in so doing take shortcuts that may put you or others at risk. Always ask for clarification or demonstration if you are unsure of how to go about a task. If you are concerned that a task is unsafe then you must ask for direction or assistance – never take unnecessary risks. Remember workplace safety is your responsibility just as it is the responsibility of the employer and other employees.

**Task 001** asks you to provide evidence of your understanding of current OHS legislation. You will find details of OHS legislation on pages 79 -82 of your text. You are also asked to examine a number of photographs showing child care workers undertaking a variety of daily tasks. You should look carefully at each photograph and identify the strategies being used by carers to minimise the risk of personal injury. If possible try to observe team members undertaking similar tasks in your workplace – perhaps you could ask individual carers to explain how they try to minimise risk of accidents/injuries while undertaking these tasks.

The next area of your assessment focuses on identifying hazards and assessing risks in the workplace. If you have read *Children’s services – occupational health and safety compliance kit* you will by now be familiar with the common hazards in a children’s services workplace. Reading pages 85-97 of your text will assist you to complete **Tasks 002 - 003**.

**Safety Signs**

Employers are required to provide safety signs to alert employees or visitors to danger and remind employees of potential hazards that exist in the workplace. Safety signs draw attention to hazards or potential hazards in the work environment and are also used to indicate the location of safety equipment. In Australia all safety signs are colour coded and divided into three categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulatory – indicates an order is in force</td>
<td>1.1 <strong>Prohibition</strong> – forbids an action</td>
<td>red &amp; black on white</td>
</tr>
<tr>
<td></td>
<td>1.2 <strong>Mandatory</strong> – requires an action</td>
<td>white on black</td>
</tr>
<tr>
<td>2. Warning – indicates caution or danger</td>
<td>2.1 <strong>Caution</strong> – indicates a potential hazard</td>
<td>black on yellow</td>
</tr>
<tr>
<td></td>
<td>2.2 <strong>Danger</strong> – indicates a definite hazard</td>
<td>white on red</td>
</tr>
<tr>
<td>Category</td>
<td>Sub-category</td>
<td>Colour</td>
</tr>
<tr>
<td>----------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>3.1</td>
<td>Emergency – indicates first aid, health, fire protection, fire fighting &amp; emergency equipment</td>
<td>white on green</td>
</tr>
<tr>
<td>3.2</td>
<td>General Information – indicates permission or public information</td>
<td>white on green</td>
</tr>
</tbody>
</table>

3. Information

**WARNING**

**CAUTION**

**SAFETY**

**MANDATORY**

Source: Adapted from: Safety Signs and Colour at Work. IAPA 2007

![First Aid Kit](image1.png)

![Notice](image2.png)

Location of First Aid Equipment

Any gates on perimeter of service

**Personal Protective Equipment (PPE)**

**Fire Extinguisher**

**Fire Blanket**

![Emergency Substances](image3.png)

![Toxic](image4.png)

Substances that may cause infection and illness.

Hazard symbol for toxic or highly toxic substances that may cause serious illness or death

**Beware**

**Wet or Slippery Surface**

![Reminder](image5.png)

Used when floor is wet

Reminder of correction lifting technique
**Stress in the Workplace**

The next issue related to OHS that you are asked to consider is stress in the workplace. Think about what causes you stress – it may include triggers such as being rushed or hurried, being asked to perform a job without proper training, skills or guidance. You may become stressed by environmental factors such as noise, poor or inadequate work equipment, crowded physical spaces or simply having too many demands placed on your time.

Children’s services can be a stressful work environment – it is both physically and emotionally demanding. To cope with this stress it is important to work at having a sound professional relationship with your colleagues and share your concerns and ask for support as needed.

An important part of your work-life balance is to ensure you enjoy your time away from work and engage in activities that are enjoyable and relaxing. You must make time for family and friends – this should be uninterrupted quality time that everyone can enjoy. It’s also important to engage in some form of exercise such as attending the gym, playing sport or simply going for a walk. Lastly try to find some “me” time – time to be alone, take a nap, read a book or have a relaxing bath. Use your weekly planner to include time for family and socialising.

**Task 004** asks you to identify the things you find stressful in the workplace and think about what you could do to overcome, reduce or better cope with this stress.

You may find it helpful to also read *The Child Care Worker and Workplace Stress* that can be accessed at: [http://www.cyc-net.org/profession/pro-whitehead.html](http://www.cyc-net.org/profession/pro-whitehead.html)

**Task 005** requires you to apply your knowledge of OHS in the workplace. Before attempting these tasks make sure you access and read the remaining readings and read pages 79 -97 of your textbook. Also don’t forget to access your workplace OHS policies and procedures as these will help you to better understand the implementation of OHS practices and the role you are expected to play in keeping yourself and others safe.

**Workplace Tasks**

This unit has 10 workplace tasks. **WP001-007** require you to put into place the knowledge you have developed and apply it to various aspects of OHS in the workplace. **WP008–010** requires you to demonstrate specific OHS skills in the workplace. Before you commence your workplace tasks you should discuss them with your workplace supervisor to ensure that you are well prepared and fully understand the requirements for each task.
Reflection

This unit of study has highlighted the relationship between the health, safety and wellbeing of staff and the health, safety and wellbeing of children. Keeping yourself and your colleagues safe is a critical role for all carers.

*Congratulations, you have now completed 1.2*
1.3 Working in Children’s Services

- CHCORG303A Participate effectively in the work environment

<table>
<thead>
<tr>
<th>Assessment Tasks Summary</th>
<th>No Portfolio Task</th>
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<tbody>
<tr>
<td>001: Reflecting on Practice</td>
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<tr>
<td>Workplace Task</td>
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<tr>
<td>WP001: Roles and Responsibilities</td>
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This unit describes the skills and knowledge required to be an effective member of the work team. Children’s services are extremely busy workplaces. You must develop employability skills such as initiative, effective communication, flexibility, teamwork, self-direction and ethical behaviour. You must know and understand workplace policies and be efficient in the application of workplace procedures.

Think about what teamwork means to you – what makes a good team player? What skills do you have that makes you a good team player? How could you improve your teamwork skills? Hopefully you will have included some of the following characteristics of a good team player:

- Work as a team member — understand the role and responsibility of others and be prepared to be flexible and accommodating (without being taken advantage of). Think about what you can do rather than what others are not doing.
- Punctuality and reliability: arrive at work on time and be prepared for the day. Complete all tasks efficiently and at a consistently high standard.
- Being an effective communicator – express your ideas and concerns in a positive manner and be willing to actively listen to others. Be prepared to engage in active problem solving and avoid being a fence sitter. Also be prepared to share your experiences, knowledge and skills and encourage others to do the same. Let others know when they are doing a good job or give a word of encouragement when they are having a bad day.
- Be prepared to be flexible and accept that change is part of life. In children’s services rarely a day goes by when changes would not be made to the planned program – learn to ‘go with the flow’ and embrace change. Be prepared to compromise and try new ideas and strategies.
- Be loyal to the team, especially the team leader/director – avoid workplace gossip. Treat all team members in a respectful manner and be willing to offer assistance and support as required. Team players who show commitment don’t come in any particular style or personality; they don’t need to be rah-rah, cheerleader types. In fact, they may even be softly-spoken, but they aren’t passive. They care about what the team is doing and they contribute to its success — without needing a push.

In children’s services teamwork is also about becoming a professional with a strong commitment to group goals and objectives and the development of ethical work
practices. Pages 2-6 of your text looks at the acquisition of professional skills and knowledge while pages 9 – 15 explore teamwork skills in the context of the philosophy of the organisation.

You should now attempt Task 001, Questions 1 & 2, which requires you to reflect on how your personal values and beliefs influence your professional behaviour. As a role model for children it is important that you reflect on how your values and beliefs impact on how you interact with others. For example think about your beliefs about child rearing, your attitude towards working mothers or your attitude towards very young infants in childcare. You must consider how differences in values and beliefs between team members and between team members and parents will impact on relationships.

As a carer your role is to support both the child and the family, who should be treated with dignity and respect at all times, regardless of differences in values and beliefs.

Read each of the following quotes – how might they be used to inspire teamwork?

<table>
<thead>
<tr>
<th>Remember: there is no 'I' in teamwork!</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There is nothing so useless as doing efficiently that which should not be done at all.” ~ (Peter Drucker, 1909-2005)</td>
</tr>
<tr>
<td>“No-one can make you feel inferior without your consent.” ~ (Eleanor Roosevelt, 1884-1962)</td>
</tr>
<tr>
<td>“How wonderful it is that nobody need wait a single moment before starting to improve the world.” ~ (Eleanor Roosevelt, 1884-1962)</td>
</tr>
<tr>
<td>“We don’t see things as they are, we see things as we are.” (Attributed to Anais Nin, 1903-1977.)</td>
</tr>
<tr>
<td>“It is amazing what you can accomplish if you do not care who gets the credit.” (Harry S Truman, 1884-1972, US President.)</td>
</tr>
</tbody>
</table>

The remaining questions focus on teamwork skills – what it means to be a team member and how you can contribute to building a strong and committed team.

This unit also asks you to examine your organisational skills. As an unqualified childcare worker you will have limited flexibility in your work role. However you will have a range of tasks to complete on a daily basis and you will need to manage these effectively to maximise your time and ensure all tasks are completed. No doubt there will be interruptions to your daily plans and you will need to be flexible enough to accommodate these and still manage to complete your work. Your goal should be to try to complete each task efficiently without rushing but also without wasting time. You may also be asked to undertake additional tasks outside of your daily
responsibilities and you will need to make on-the-spot decisions about whether or not you will be able to take on these extra tasks without compromising your responsibilities.

Talk to your supervisor about how you should go about prioritising your tasks. For example, it may be possible to reschedule some tasks such as tidying the collage trolley or the storeroom. However it is not possible or appropriate to reschedule tasks such as cleaning the bathrooms or preparing the tables for the children’s lunch.

When prioritising tasks you must also be mindful of how your role impacts on the work of others. For example, the teacher may rely on you to setup the room each day so that she/he can maximise time with the children. Where changes to your daily scheduled tasks occur, you should always check with your supervisor that these changes are acceptable.

If you have read the relevant sections of your textbook you should be able to complete the remaining questions without any difficulty.

**Workplace Task**

WP001 requires you to investigate the roles and responsibilities of other team members. To be an effective team member you must not only have a thorough understanding of your role and responsibilities but also those of other team members. Teams are only effective when every member of the team understands and can carry out their role and responsibilities. At the same time team members must be aware of how their role contributes to the smooth operation of the organisation. Always be aware that whatever you do will, in some way, impact on other members of the team.

**Reflection**

This unit required you to reflect on the skills that you bring to the workplace as well as the importance of developing a professional attitude to your role as a carer. To work effectively with young children and their families you must be flexible, non-judgmental and willing to consider issues from a range of perspectives.

*Congratulations, you have now completed 1.3*
Cluster 2: Children’s Health, Safety and Nutrition

This cluster explores the knowledge and requirements needed to ensure the safety, health and wellbeing of children attending early childhood programs. It also addresses the many policies and procedures necessary to ensure compliance with statutory requirements related to the care of young children.

There are three competencies included in this cluster:

- CHCCHILD401A Identify and respond to children and young people at risk of harm
- CHCCN301A Ensure the health and safety of children
- CHCCN303A Contribute to provision of nutritionally balanced food in a safe and hygienic manner

2.1: CHCCHILD401A Identify and respond to children and young people at risk of harm

This unit describes the knowledge and skills required to address duty of care requirements, working within an ethical framework and applying relevant legislation, policies and procedures in responding to children and young people at risk of harm.

Assessment Tasks Summary

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>001: Child Protection Legislation</td>
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<td>002: Billy</td>
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<td>003: Sexual Abuse</td>
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<td>004: Supporting Families</td>
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</table>

Workplace Tasks

WP001: Policies and Procedures for Risk of Harm

You may find this unit confronting as it explores the issues surrounding the abuse and neglect of young children. You may be in a situation where this unit raises personal issues surrounding your own childhood. Where this occurs you may need to seek support from a trusted colleague, friend or health professional.

The incidence of abuse and neglect of children appears to increasing – this may be due to a combination of a greater community awareness, more efficient reporting procedures or greater stress and isolation of families within our communities.

As an early childhood practitioner you will be in a position of trust – with both the child and the family. As an early childhood practitioner you are also in the unique position of being able to regularly monitor the wellbeing of young children. You also have a legal duty of care to act as an advocate for young children, particularly as this relates to child protection. This unit will help to better understand the complexities of child protection and your legal and ethical obligations to the child.
Each state/territory has in place child protection legislation. A good place to begin this unit is to go to the website for your state/territory and familiarise yourself the legislation. This is not a particularly easy task as legislation is often difficult to read and interpret. You will find the website details on pages 58-59 of your text.

Most child protection legislation refers to children in need of care and protection as children ‘at risk/significant risk of harm’. However what constitutes ‘at risk of harm or significant risk of harm varies significantly. The problem with defining ‘at risk of harm’ is linked to issues such as our cultural values and beliefs, community expectations in relation to parenting and the rights of parents to discipline their children, the role of government and non-government agencies, including police, the courts, welfare and family services. Defining ‘at risk’, is also a political issue – who should take responsibility for children’s welfare? Personal definitions of maltreatment, abuse and neglect will vary according to cultural beliefs and beliefs associated with child rearing. For example, beliefs about smacking, corporal punishment or supervision of younger children by older children.

**Caring for Children at Risk**

As a childcare worker you will be in a position where you may be called upon to work with children who have been identified as ‘at significant risk of harm’. Most children who are referred to a children’s services by family or welfare services because of child protection issues have either been identified as being abused and/or neglected or have been identified as at risk of abuse and/or neglect. For these children attending a children’s service provides time-out from the family unit that can significantly reduce the potential risk of harm to the child. Providing a break for both child and parent/s can often mean the difference between coping and not coping. Children’s services not only offer support to the child but can also become a very valuable support to the parent/s and family, many of whom are socially isolated and limited or poor family supports.

An important role for all early childhood practitioners is to be aware of and alert to the indicators of abuse and neglect. Childcare workers are often the only adults outside of the family who see the child on a regular basis and have an intimate knowledge of the child in terms of the child’s disposition and development and also have a relationship with the parent/s. These factors put childcare workers in a unique situation, where they can act as an advocate for the child and also for the family.

Supporting the child as well as the family can be challenging where children are identified as at risk of harm. It is natural to think about what might drive a parent to the point where abuse of children occurs. Most perpetrators of abuse are family members – mother, father, stepparent, aunt, uncle, sibling or grandparent. If not a family member the perpetrator is likely to be well known to the family – often a trusted friend of the family.

It is critical for childcare practitioners to avoid judgement or blame. In many circumstances families will be socially isolated and the childcare environment offers
a safe haven for both child and family, particularly where there is intervention by welfare and other social services. While child abuse is unacceptable under any circumstances and can never be condoned, it can be useful to try to put yourselves in the shoes of the family. Consider what it might be like to be in the following situations:

- I am a successful solicitor, my husband is a barrister. We both work very long hours. I never really wanted children and I find it hard to be a good parent. I always feel so inadequate when I see how easily other parents manage their children.

- I am 16 years old and live with my son, (18mths), my mother and my two older brothers. We are on welfare benefits. My older brother can be extremely violent; he often goes on long drinking binges.

- My wife and I live in rented accommodation with our four children. I was retrenched from my factory job and have not been able to find any work. I left school at 15 and have no formal qualifications.

- I have three children, our youngest child was very sick when she was born and has been in and out of hospital many times. I don’t think I ever really bonded with her – I know it’s wrong but I just don’t love her in the same way as I love my other children. I’m so glad she goes to childcare, I find it hard to have her around me all day when the others are at school and my husband is at work.

- I am a single parent and a substance abuser. My stepfather sexually abused me until I ran away from home at the age of 14 years. I have a 2-year-old daughter.

- My defacto has been sexually abusing my 12-year-old daughter. I am a nurse and work permanent night shifts. I guess deep down I knew there was something wrong but I just didn’t want to admit it to myself. Even though I know it’s not her fault I sometimes find myself blaming her.

The above scenario highlights the wide range of contexts in which abuse of children occurs. The unique context of each child and family creates a set of circumstances that, when combined, place children at risk of harm. However, even in the most difficult of circumstances not all adults will harm their children – personalities, temperament and past experiences will be a critical factor. Also critical will be the range of supports available to the child and the family.

**Task 001** asks you to demonstrate your understanding of a range of essential knowledge that relates to the implementation of key child protection legislation, such as mandatory reporting. You are also required to identify the main indicators of abuse. To assist you with these tasks you should refer to the relevant website for your state/territory as well as reading pages 71-74 of your text.

**Task 002** the Case Study ‘Billy’ requires you examine the factors that have contributed to Billy’s at risk status. Family, economic, health, temperament, and social factors combined with unsuitable living conditions have all contributed to Billy being at risk of harm. Think about the important role early childhood services can play in providing Billy with a stable and safe environment with consistent adult care. Also consider how the provision of early childhood
services for Billy also supports the family unit by providing respite care – timeout from Billy will assist both mother and partner to better cope with Billy and hopefully provide support in developing appropriate parenting skills.

What might be the consequences for children less than 5 years who are at risk of harm and who do not have the opportunity to regularly attend a children’s service?

Of all reported cases of child abuse child sexual abuse is one of the most extremely confronting behaviours that the community must address. Sexual abuse is the ultimate betrayal of trust by adult of a child. Sexual abuse has life-long consequences that are not easily overcome.

Pages 66-68 provides a brief overview of child sexual abuse and pages 68-70 look at the impact of abuse and the cycle of abuse. Interestingly abuse may occur inter-generationally within families in a cycle that is often difficult to break.

If you would like to better understand issues surrounding child abuse, neglect and child protection you can go to the National Child Protection Clearinghouse, which has a number of easy to read resource sheets.


Resource Sheets:

- Who abuses children?
- Effects of child abuse and neglect for children and adolescents

After you have read these articles you will ready to complete Tasks 003-004. Your final task for this unit is a workplace task which requires you to examine the policies and procedures that are in place to address and manage procedures for risk of harm. You should by now have a sound awareness of the complexities surrounding risk of harm and the importance of working within the guidelines as set out by your state/territory legislation.

Workplace Task

When completing WP001 you should talk to your workplace supervisor about how the procedures and policies are managed in your service.

Reflection

You may have found the content of this unit both disturbing and confronting. It is important to remember that as an early childhood educator you may be the only significant adult for a young child outside of the family unit. The role of EC professional is to act as an advocate for the child and always put the safety and wellbeing of the child first.

Congratulations, you have now completed 2.1
2.2 CHCCN301A Ensure the health and safety of children

This unit is designed to provide you with both underpinning knowledge and practical skills needed to ensure children’s safety in early childhood services. The unit explores safety in the context of child development and addresses how to provide children with a safe and hygienic environment.

**Assessment Tasks Summary**

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<tr>
<th>Task No.</th>
<th>Task</th>
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<tbody>
<tr>
<td>001</td>
<td>Cleaning</td>
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<tr>
<td>002</td>
<td>Nappy Change</td>
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<td>003</td>
<td>Injuries</td>
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<td>004</td>
<td>Supervision</td>
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<td>005</td>
<td>Infections</td>
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**Workplace Tasks**

<table>
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<tbody>
<tr>
<td>WP001</td>
<td>Safety Checklist</td>
</tr>
<tr>
<td>WP002</td>
<td>Emergency Evacuation</td>
</tr>
<tr>
<td>WP003</td>
<td>Administer Medications</td>
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</tbody>
</table>

**Portfolio Task**

Children’s Health and Safety

Early childhood practitioners are required to administer medications to children, recognise and respond to signs of potential illness and respond to accidents and emergencies quickly and efficiently. Early childhood practitioners are required to manage children with food allergies to minimise risk of anaphylaxis.

You must develop a range of skills to ensure that the service is kept safe, clean and hygienic. These skills extend to understanding how to assist children to develop safe behaviour.

You will be required to apply sound supervision practices as they apply to each age group and to be aware of age related behaviour that can lead to accidents and injuries.

The safety and well-being of young children attending children’s services programs is a huge responsibility that is invested in all early childhood practitioners qualified, trained and untrained.

As part of the EC team you are required to ensure that all children are provided with a safe environment that reflects the range of developmental levels of children in care. All childcare workers must act in the best interests of the children at all times. You must become familiar with all of the policies and procedures that are in place to ensure children are kept safe so that accidental injury is minimised.

All practitioners who are deemed to be primary carers have a legal duty of care to children. In relation to health and safety this duty of care extends to:

- Maintaining a clean and hygienic environment, including teaching children basic hygiene practices such as correct hand washing
- The use of PPE (personal protective equipment) and the use of universal procedures when handling body fluids
- Safe food storage and handling
- Sun protection
- Prevention of accidental poisoning
- Safe physical environments and equipment
- Teaching children to develop safe play practices by establishing consistent rules and limits
- Using effective supervision strategies
- Acquiring First Aid and Anaphylaxis training (and asthma awareness training)
- Implementing emergency evacuation procedures
- Managing outbreaks of infectious diseases
- Administering medications to children
- Promoting good nutrition and healthy eating habits

Safety

As you can see this unit is extremely comprehensive and requires you to acquire a wide range of knowledge and skills that you must put into practice on a daily basis. It is important to be aware that you must never ‘cut corners’ or look for easy options when it comes to children’s health, safety and wellbeing.

Children’s safety needs to be balanced with an element of risk-taking. Physical challenges promote confidence.

Toddlers are active explorers of their environment – their
Children (and even teenagers) do not anticipate danger. Young children live in the ‘here and now’ - they do not think about the consequences of their actions and are largely unaware of how their own behaviour might impact on others. It is for this reason that children must rely on adults to keep them safe. It is also for this reason that children are seriously injured or killed.

According to 2009 report by the Australian Institute of Health and Welfare, the most common causes of childhood injuries (2006-2007) were:

- falls
- road accidents such as running out into traffic
- poisoning
- burns and scalds
- assault
- The most common causes of child deaths in Australia (2006-2007) were:
- traffic accidents
- drowning
- assault

Other common causes of child deaths and injuries include:

- choking, strangling and suffocation
- crushing and trapping
- smoke, fire and flames
- falls
- poisoning
- bicycle accidents.


Think about the many situations where children may be at risk of accidental injury in a children’s service. For example, outdoor play areas, nappy change areas, children’s bathrooms, fixed climbing equipment, swings – there are many areas where accidents may occur.

Think about the age of the children in care – once infants are mobile they can get themselves almost anywhere! Toddlers are extremely curious and will pick up and mouth almost anything they can manage to hold. Preschoolers like to test their physical limits and do not have the skills to think about the dangers of running among others or jumping from fixed equipment.

An important tool that you can use to assist you with this unit is your services health and safety policies. Please ask your supervisor to show where these are located and, if possible ask for a copy for your own reference. It is essential that you are very familiar with these policies and
procedures - they will guide your daily practices and provide you with valuable underpinning knowledge in relation to a range of health and safety issues.

Another important resource for this unit will be qualified and experienced colleagues. They will be familiar with, and experienced in, implementing the service policies and procedures. These people are a valuable resource – observe their practices, ask them questions and ask them to give you feedback on your own practices.

A useful web resource is the **North Carolina Child Care Health and Safety Centre**. A wide range of informative Bulletins can be found at: [http://www.healthychildcarenc.org/hs_bulletin.htm](http://www.healthychildcarenc.org/hs_bulletin.htm)

These bulletins, although relating to an American context are easy to read and provide some great information relating to children’s health and safety.

![Before you begin this unit you may like to go view the following video:](http://www.youtube.com/watch?v=7x7OerqceCA)

This video shows the steps involved in nappy change.

**Task 001** asks you to find out about the cleaning routines at the service. By now you should be fairly familiar with these and know the correct procedures used for daily, weekly, monthly and perhaps annual cleaning. If you have the opportunity to talk to child care workers from different services you will find that each centre has in place similar, but not identical, cleaning procedures. Procedures will vary based on factors such as the ages of the children, the layout of the building and the numbers of children in care.

Before continuing you may like to access the following reading:

**Reading 3: Staying Healthy in Child Care. Preventing Infectious Diseases in Child Care**

There may be a copy of this document (or a similar document) at your service

You will also need to access the following from the North Carolina Child Care Health and Safety Centre website [http://www.healthychildcarenc.org](http://www.healthychildcarenc.org)

- **Sanitation and Health: Making the Connection. April 2004**
  [http://www.healthychildcarenc.org/hs_bulletin.htm](http://www.healthychildcarenc.org/hs_bulletin.htm)

- **Cleaning and Sanitising: Bleach Fact Sheet**
  [http://www.healthychildcarenc.org/training_materials.htm](http://www.healthychildcarenc.org/training_materials.htm)

- **Daily Health Checks: Infants Poster**
Task 002 requires you to demonstrate the correct procedure for nappy change. Even if you are not working with infants and toddlers you must be aware of the health and safety practices for this procedure. Task 002 also asks you to think about safety issues as they might apply to specific age groups. It is important for you to think about this so that you can anticipate possible accident situations and ensure you safeguard against these when working with young children. Pages 120 -125 of your text provide you with information about the link between child safety, child development and child and adult behaviour.

Task 003 explores injuries to children and adult responses and preventative measures. The scenarios provide you with the opportunity to apply your developing knowledge in relation to accident prevention. Pages 125-130 of your text looks at strategies that can be used to assist children to develop safe behaviours.

Before attempting Task 003 you will need to access the following documents:

- Kidsafe: http://www.kidsafensw.org/playsafety/PAU_fact_sheets.htm
- Fall zones
- Foam Mats
- Non-fixed and Mobile Equipment
- Non-Fixed and Mobile Equipment Checklist
- Playground Surfacing

Task 004 focuses on the supervision of young children. Pages 125-127 of your text explain the key principles for effective supervision and will assist you in answering these questions.

Task 005 focuses on controlling the spread of infection in children’s services. To begin this task you should read pages 134-143 of your text. You will also need to refer to your state/territory Regulations for children’s services and your service policy and procedures when researching the requirements for emergency evacuation procedures.

When completing Task 005, Questions 1-4, you should also refer to the following reading:

Reading 3: Staying Healthy in Child Care: Preventing Infectious Diseases In Child Care

As you complete these questions you should think about the policies and procedures that are in place in your services to manage infection control. You may like to discuss these with your workplace supervisor.

Question 5 requires you to design a poster for the staffroom to remind carers what they should look for when carrying out a quick health check on children as they arrive. Your poster should be easy to read and include key points. To assist you with this task refer to the document:
Healthy Child Care: Daily Health Checks.

http://www.healthychildcarenc.org/PDFs/DAILY_HEALTH_CHECK_EN.pdf

All children's services are required to maintain a record of the immunisation status of each child attending the program. This ensures that children who are not immunised can be excluded when there is an outbreak of an infectious disease. To complete question 6 you will need to access the following information:

Department of Health and Aging: National Immunisation Program Schedule

Question 7 focuses on the importance of following correct procedures for the administration of medications to children. For this task you should access your service policy on administering medications as well as pages 140-142 of your textbook.

Question 8 also focuses on medications for children and raises the problem of non-prescribed medications. You should also talk to your supervisor and refer to your service policy about the management of non-prescribed medications and herbal remedies.

Question 9 explores asthma management. You will find that one of the most common illnesses you will be required to manage is childhood asthma. All services will have in place a policy and procedures for the management of asthma as recommended by the child's doctor and by the Asthma Foundation. The Asthma Foundation website is an excellent source of up-to-date information on asthma management and provides a valuable reference for both staff and parents. To assist you with this question:

Go to the National Asthma Council of Australia: Resources for People with Asthma http://www.nationalasthma.org.au/content/view/450/590/

Go to:
Reading 4: Asthma In Under Fives

Your final question for Task 005 requires you to apply your accumulated knowledge to answer a series of true/false questions.

Workplace Tasks

WP001 requires you to undertake a safety checklist of your service. Before you commence this task you should discuss it with your supervisor to determine a suitable time to carry out the inspection. Before submitting this task it must be signed off by your supervisor.

Access the following document from The Children’s Hospital at Westmead:
Poisons Safety Checklist for Child Care Services
WP002 examines emergency evacuation procedures. By now you may have been involved in an emergency evacuation drill at the service and will have some understanding of how evacuations are implemented. If you are working in a service where there are infants and toddlers you will be aware that procedures for evacuating these children are quite different from the procedures used to evacuate older children. In the event of an emergency it is essential for all staff to be familiar with the evacuation procedure and be able to respond in a calm and efficient manner. To assist you with this task you should access your centre's policy and procedures for emergency evacuation as well as read the relevant section of your state/territory regulations. (You may need the assistance of your supervisor to locate the relevant section of the regulations.)

Go to your unit on the Student Portal to access Web links for Children Services regulations for your State/Territory

Finally WP003 requires you to again examine the policies and procedures in place to manage the administration of medication for your service. To assist you with this task you will also need to refer to the relevant section of your state/territory regulations.

This completes the assessment tasks for this unit. This unit has explored a wide range of knowledge and practices essential for ensuring the health, safety and wellbeing of children. By now you should have a sound understanding of the complexities of this responsibility and the importance of being well informed with up-to-date information to guide your daily practices. The next unit of study also focuses on children’s health by exploring the very topical issue of children’s nutrition and supporting healthy eating in children’s services.

Reflection

This unit explored the many aspects of caring for children to ensure their health, safety and wellbeing while in care. You should now be aware of the relevant legislation, policies and procedures that are in place in your service to ensure children are kept safe. By now you should have a sound understanding of the principles of supervision and the strategies that you can use to ensure you meet your legal obligations as a carer.

Congratulations, you have now completed 2.2
2.3 CHCCN303A Contribute to provision of nutritionally balanced food in a safe and hygienic manner

This unit describes the knowledge and skills required to ensure babies, children and young people are provided nutritionally balanced, safe and hygienically prepared food. This unit requires you to develop knowledge of basic nutrition, the problems of obesity and the promotion of healthy eating. The unit also requires you to develop the skills necessary for safe food handling.

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<th>Assessment Tasks Summary</th>
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No Workplace Task

Early childhood practitioners are in the unique position of being able to influence the eating habits of young children and assist in promoting healthy eating and an active lifestyle. In order to do this practitioners must have a general knowledge of the major food groups and the daily intake required to maintain health and avoid becoming overweight or obese. The five basic food groups include:

- breads, cereals, rice, pasta, noodles and other grains
- vegetables and legumes
- fruit
- milk, yoghurt, cheese and/or alternatives
- lean meat, fish, poultry, eggs, nuts and legumes.

As a result of the Australian Government’s Plan for Early Childhood and Plan for Tackling Obesity ten healthy eating guidelines for early childhood include:

- Exclusive breastfeeding is recommended, with positive support, for babies up to six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.
- If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
- Introduce suitable solids at around six months.
- Make sure that food offered to children is appropriate to the child’s age and development, and includes a wide variety of nutritious foods consistent with the Dietary Guidelines for Children and Adolescents in Australia.
- Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
· Plan mealtimes to be positive, relaxed and social.
· Encourage children to try different food types and textures in a positive eating environment.
· Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.
· Offer meals and snacks at regular and predictable intervals.
· Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

Accompanying these guidelines are a series of 5 recommendations for physical activity, which include:

· For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.
· Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.
· Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
· For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
· Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping.


You should be able to access a copy of the Get Up and Grow booklets form your service.

Task 001 requires you to explore a range of nutrition facts. To assist you with this task you will need to follow the links to access a range of readings and web links.

Before you commencing this task you should look at all of the support resources.

The Australian Guide to Healthy Eating

Raising Children Network: http://raisingchildren.net.au/
· Good and Bad Fat
http://raisingchildren.net.au/articles/fats_12_tips.html?highlight=healthy%20eating

You will also find lots of useful information at the [Australian Breast Feeding Association](http://www.breastfeeding.asn.au/)

**Task 002, Question 1**, requires you to explore websites that provide information on children’s nutrition. When assessing the information think about ease of access, the relevance and usefulness of information provided and the how easily the information can be understood. You should start your search for information by going to your state/territory health website.

**Questions 2-6** focus on practices around food safety. While you may not be responsible for food preparation you will be required to assist in serving food or assisting children with their snacks and lunch from home. Being aware of how food can become contaminated is essential if food contamination is to be avoided.

- Contamination in food can include:
  - foreign bodies – hair, pieces of metal or other objects accidentally
  - picked up during the preparation and cooking process
  - chemicals from the food production process, or cleaning materials
  - natural contaminants, such as toxins
  - contamination from pests
  - bacteria.

**Source**: Get Up & Grow: Healthy eating and physical activity for early childhood. Barton ACT: Commonwealth of Australia 2009. (Pp.49)

To assist you to complete questions 2-4 go to the [Food Safety Information Council Fact Sheets](http://www.foodsafety.asn.au/factsheets/)

- Food poisoning and cross-contamination
- Food poisoning bacteria
- Tiny tummies and sensitive systems
- Protecting tiny tummies -Preparing food for an infant or young child

The final two questions focus on the safe storage of foods. To assist you with these questions:

**Food Safety Information Council Fact Sheets**

- Knowing your fridge
- Temperature danger zone

**Task 003** requires you to explore a number of issues surrounding food and the role of food and nutrition in different cultures. **Questions 1 & 2** examine the issues surrounding the introduction of new foods to infants and toddlers and strategies to cope with fussy eaters. To assist you to
complete these tasks you will need to refer to the textbook, readings and web links for each question. Take your time with these questions – read all of the information carefully. You may also like to discuss the strategies used by your service to encourage young children to attempt new foods. You should also think about how carers and parents can work together when new foods are introduced to children.

To assist you with these tasks go to:

**Raising Children Network:**

- **Toddlers: Fussy Eating**  

- **Toddlers: Mealtime**
  
  - You decide what and your child decides how much  

- **How to get your child to eat vegetables**  

- **Messy eaters**  

- **Babies: Introducing solids**  

**Better Health Channel:** Go to the following link and scroll down to find list of article  

- **Eating tips for Babies**
- **Eating tips for Young toddlers**
- **Eating tips for Older toddlers**
- **Eating tips for Preschoolers**

**Food and Culture**

In every culture food has a special significance – not just as nourishment for the body but also as central to cultural practices and celebrations. Think about how food is used in your own family and culture. In Australia food is central to socialisation – we meet for meals, snack, coffee, we hold family dinners and BBQ’s. Food is also a central part of how we celebrate special events such as birthdays, weddings, and various religious occasions. Food is used as a reward, as a treat and sometimes may be withheld as a punishment.

To assist you with Questions 3 & 4 go to: **Better Health Channel Victoria**

**Food culture and religion**

Aboriginal children's health

Poverty continues to be high among ATSI people. Poverty has a major impact on children’s health and wellbeing, resulting in malnutrition, and high risk of infection. ATSI women are more likely to give birth to underweight infants than any other group in Australia. Low birth weight is associated with an increased risk of neonatal death and various diseases in later life, including diabetes and cardiovascular disease.

According to the Victorian Government (1999) factors that contribute to ATSI low birth weight include factors such as:

- Poverty
- Insufficient weight gain during pregnancy
- Little or no antenatal care
- Cigarette smoking
- Young age of mother
- Anaemia
- Urinary infections
- High blood pressure
- Alcohol.

While infants are usually breast fed for the first six months, giving them some immunity to infection the poor diet of families contributes to child malnutrition. Malnutrition in turn puts children at higher risk to disease and impacts on all areas of development.

According to the Victorian Government (1999) ATSI children are less likely to reach the ideal height/weight for healthy growth and are more likely to be admitted to hospital for diseases of the chest, throat, middle ear infection and accidental injuries. Middle ear infection (otitis media) is a major issue among ATSI children and can lead to hearing impairment and have a major impact on the child’s ability to learn.

ASTI community have a high incidence of smoking which in turn exposing infants and children to cigarette smoke. Passive smoking leads to an increased risk of respiratory disorders such as asthma.


Question 5 & 6 explore the health issues currently confronting Aboriginal and Torres Strait Islander children living in disadvantaged communities. While you may not be working with Aboriginal and Torres Strait Islander children, as an advocate for children you should be familiar with these issues. To assist you with these questions go to:
Better Health Channel:

- Aboriginal Children’s Health

- Summary of Australian Indigenous health

**Questions 7 & 8** explore the issues surrounding childhood obesity that is fast becoming a major health threat in most developed countries. Children in Australia are exposed to continuous advertising of fast foods that are directly specifically towards young children. Advertisers and fast food companies lure children with the promise of toys, which they cleverly package so that the food must be purchased over a period of time to acquire a set. This places a great deal of pressure on families to continually frequent fast food outlets. The Australian lifestyle, which promotes the great outdoors, also lends itself readily to the lure of easy to access fast foods.

Early childhood services are now required to carefully monitor the nutritional content of food provided by the service or provided by the family for children attending early childhood programs. While the family remain the primary influence in relation to children’s eating habits early childhood services can play a role in educating young children about healthy foods and support families to make healthy food choices.

To assist you with **Questions 7 & 8** you may like to access the following article:

**Causes and consequences of overweight and obesity.** Government of SA , Dept. Health

This completes the assessment tasks for this unit – **there are no workplace tasks.**

**Reflection**

Promoting healthy eating must commence from an early age. Children’s services are in the unique position of being able to provide healthy foods and also supporting parents to educate children about healthy eating choices. Remember – you are an important role model for children!

**Congratulations, you have now completed 2.3**
Cluster 3: Caring for Children

This cluster explores the knowledge and skills needed to implement high quality care practices for infants, toddlers and preschoolers.

There are two competencies included in this cluster:

- CHCCN302A Provide care for children
- CHCCN305A Provide care for babies

This unit explores the knowledge and skills required to ensure children’s physical and emotional wellbeing is maintained and their self-sufficiency is nurtured. The underpinning knowledge examines the physical and emotional needs of children. The arrangement of the physical environment to support and nurture confidence, competence and self-help skills is also explored.

Underpinning knowledge also looks at the emotional development of infants and their need for nurturing carers.

### Assessment Tasks Summary

- **001:** Supportive Relationships
- **002:** Physical Environments
- **003:** Quality Routines
- **004:** Routines for Preschoolers
- **005:** Rest and Meal Times
- **006:** Transitions and Settling Routines

### Portfolio Tasks

- Provide Care For Babies
- Provide Care For Children

### Workplace Tasks

- WP001: Reinforce Secure Attachment to Carers
- WP002: Routines

In order to complete this unit you will need to refer to both textbooks – *The Big Picture* and *Birth to Big School*. Care routines form the framework for the day in early childhood settings. Routines such as arrival and departure, meal times, nappy change and toileting, setting up, packing away and transitions are prime times for learning. Routines provide an excellent opportunity for children to practice self-help skills such as dressing, hand washing and toileting etc. They also provide children the opportunity to develop their social and communication skills. For example, listening to and following directions, sharing tasks, helping others, working cooperatively to achieve a common goal, turn-taking and developing conversation skills.

Because routines are an important learning time they should never be rushed. Children need unhurried time to fully participate in routines and practice their self-help skills.

Routines usually signal a transition within the daily program – children need to be given notice that a transition is about to occur. It must be remembered that children do not operate on the same timeframe as adults – they do not necessarily think about what is going to happen next, nor do they have the skills to manage their own time. Children are ‘here and now’ thinkers and doers. While they may want to engage in a whole range of experiences they will often become...
absorbed in the moment and be quite surprised that they have suddenly run out of time for painting or drawing or block building!

The first task focuses on the development of positive relationships between children and carers, which is critical to quality care. The parent/s typically provide a stable emotional base from which children gain the confidence to explore their world. This bond allows children to feel secure and this sense of security in turn allows children to develop trust – they learn that adults are responsive to their needs and will provide consistent and nurturing care.

In relation to nurturing relationships, The National Quality Standards for Early Childhood Education and Care and School Age Care (2009:25) Quality Area 5 states:

- Relationships that are responsive, respectful and promote children’s sense of security and belonging free them to explore the environment and engage in learning.
- Standard 5.1 Respectful and equitable relationships are developed and maintained with each child.
- Element 5.1.1 Interactions with each child are warm, responsive and build trusting relationships.
- Element 5.1.2 Every child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life and learning.

When a child commences childcare this sense of trust must be established between the child and the carer. In most instances this occurs within a relatively short period of time. The child learns that childcare is a safe place where their needs will be met by nurturing carers. They learn that mum or dad will return at the end of the day and that mum and dad also have a positive relationship with the carer.

**Task 001** focuses on the development of supportive relationships with young children that lays at the heart of quality early childhood programs. Think about how you go about establishing and sustaining relationships with children. What skills and knowledge do you need to draw on to develop these relationships? How do supportive relationships enhance children’s social and emotional development and sense of wellbeing?

To assist you with **Questions 1-6** you will need to read various sections of your textbook as indicated in your assessment tasks. The following readings will assist you to complete the remaining tasks:

- Go to: **Reading 5: Delaware Early Learning Foundations: Infants and Toddlers**
- Reading 6 Delaware Early Learning Foundations: Preschool
These readings will be useful resources as you progress through your studies of child development and childcare practice. You will notice that the documents describe the skills and knowledge developed by the child at various stages of development and also describes how the carer can support each stage of development.

To complete the remaining tasks you will need to reflect on the knowledge you have gained so far and also think about the practices used by your services to support children’s emotional development. You may like to discuss Task 001 with your workplace supervisor as you work your way through each question. You should observe how your colleagues nurture children, how they interact, how they support children who are upset and how they form and sustain relationships with children.

While completing these tasks think about what it might be like to be a young child entering a strange situation for the first time – not knowing anyone and being faced with the prospect of mum/dad leaving you in the care of strangers.

Task 002 focuses on the physical environment and its role in supporting children’s development. By now you will be familiar with the various areas that make up a quality indoor and outdoor early childhood learning environment. The layout of physical spaces, the arrangement of play areas and the careful attention to planning experiences for children all combine to ensure an environment that is safe, nurturing and promotes play and learning.

Before you begin this task take a good look around your own service – look at how the facilities are laid out – how are the needs of both carers and children reflected? Look at how areas are accessed, where equipment and resources are stored, where quiet and noisy experiences are positioned. How do children move from one area to another? How do children move back and forth from the indoor and outdoor areas? How are the bathrooms accessed? What has been put in place to encourage children’s self-help skills and independence? What factors indicate that you are looking at a quality physical environment for young children?

By now you will be familiar with the term ‘quality care’ or ‘quality practices’. You will be aware that all licensed children’s services must meet minimum standards of care as set out in state/territory licensing requirements. You should also be aware that the National Quality Standards for Early Childhood Education and Care and School Age Care (2009:16). Quality Area 3: Physical environment states:

The physical environment is safe, suitable and provides a rich and diverse range of experiences that promote children’s learning and development.

In relation to the physical environment the emphasis includes both the natural and built environment and highlights the importance of allowing children choices and promoting active engagement in quality experiences.

Question 5 gives you the opportunity to create your own early childhood environment. If you had unlimited funds and unlimited space what would you create?

To assist you with Task 002 go to pages 218-222 of your text The Big Picture.
Routines for Infants and Toddlers

Managing care routines for infants and toddlers requires carers to work closely with parents. Communication and information sharing is the key to ensuring continuity of care routines for under 2’s.

The care of infants and toddlers requires services to have in place a broad range of policies and procedures to ensure consistency and continuity of care as well as ensuring children’s safety and wellbeing.

Infants and toddlers require care that is nurturing – loving, empathic and kind. The period from 0-2yrs marks many significant milestones of development. Infants move from total dependence on adults into toddlerhood where they begin to strive for independence. If you think about the many changes that take place as part of this amazing transition you will begin to appreciate the enormity of the task of caring for and nurturing this stage in human development.

Effective routines for infants and toddlers should have the following characteristics:

- **Nurturing** – infants and toddlers need to develop secure attachments to their carers. To do this they need to feel loved and safe. The day should be characterised by kindness and gentle interactions such as talking, singing, cuddles and smiles.

- **Flexibility** - adapt to the changing needs of the child. For example, an infant/toddler may have had a disturbed sleep during the night and be ready for a sleep as soon as they arrive at the service. A toddler may have refused breakfast and therefore be hungry well before the scheduled time for morning tea.

- **Individualised** – will a general daily routine is in place the carers respond to the individual rhythms, mood and temperament of each infant and toddler so that scheduled feeding and sleep times are adjusted for each child.

- **Continuity of care** – each infant/toddler is assigned a primary carer. While this person does not have exclusive care of the child they become the primary contact for the parent/s and have a detailed knowledge of the child and the child’s routines.

- **Unhurried** – the pace of day should match the children rather than expecting the children to ‘fit in’ to the pace of a pre-planned timetable. This requires a significant commitment from the service as in reality it often means employing staff above the prescribe staff to child ratio.

- **Calm and relaxed** – infants and toddlers need to spend quality time with carers and need lots of time to explore. A calm and relaxed environment usually results in calm and relaxed infants and toddlers.

- **Safe** – environments for infants and toddlers need to be designed so that children are free to explore and interact but at the same time remain safe from harm.

- **Time outdoors** – infants and toddlers should have long periods of time outdoors each day so that they can interact with natural materials and freely explore the environment.
If you are not working with this age or have not had experience with this age group talk to your supervisor about arranging time to observe care routines. **Task 003, Questions 1-3** explores care routines for infants and toddlers.

To assist you with these questions go to **pages 222-241 of your text The Big Picture**. You should also access your service policies and procedures related to care routines and communication with families about the care of infants and toddlers. In particular you may like to talk to your workplace supervisor about the many strategies used to share information with parents about daily care practices and how carer’s go about working with parents to make decisions about the care of infants and toddlers.

**Question 1** requires you to read an article by Stonehouse on specific issues around caring for toddlers. To complete this task:

Go to:

**Reading 7: Quality Care for Toddlers**

**Question 4** looks at issues relating to quality care for infants. To complete this question:

Go to:

**Reading 8: Quality Care for Babies.**

**Question 5** asks you to design an inspiring space for toddlers or pre-schoolers. To assist you with this task you should go to [http://progressiveearlychildhoodeducation.blogspot.com/](http://progressiveearlychildhoodeducation.blogspot.com/) page and open some of the links on inspiring environments.

**Routines for Preschoolers**

By preschool age most children are competent communicators, problem-solvers and have developed sufficient social skills to enable them to participate effectively and productively in a group setting. Preschoolers are able to apply simple rules, follow 2-3 step directions, make own needs known and engage in conflict resolution with adult support. Preschoolers have a beginning understanding of time and are able to anticipate and predict routines.

A well-planned daily routine provides children with predictability, stability and continuity. This in turn allows children a sense of control – they know what is going to happen next and how it will occur. They know what is expected of them and how they can contribute to routine tasks.

Assigning children tasks that match their skills and level of competence allows them to feel positive about themselves and assist them to understand the importance of working as part of a team.
Effective routines:

- Are predictable and consistent
- Involve children in age-appropriate tasks
- Are unhurried
- Are purposeful and fun
- Use a range of strategies to encourage participation such as songs, finger plays, games
- Minimise waiting
- Are used as learning experiences
- Allow children to develop and practice self-help skills
- Promote co-operation, respect for self and others, patience and empathy
- Promote health and safety
- Reflect cultural practices
- Take into account individual needs and differences
- Support children’s physical development
- Are used to strengthen relationships with children
- Allow children to take a leadership role
- Promote thinking, initiative and problem-solving
- Promote responsibility and care of the environment

### Routines for Preschoolers

<table>
<thead>
<tr>
<th>Routine</th>
<th>Skills Development</th>
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<tbody>
<tr>
<td>Arrivals/departures</td>
<td>Separation – promote confidence and emotional development: greeting, signing in, putting away belongings, settling into experiences</td>
</tr>
<tr>
<td>Meals</td>
<td>Practice self-help skills, making choices, social skills, conversation skills, good hygiene practices</td>
</tr>
<tr>
<td>Packing away</td>
<td>Promote teamwork, sense of responsibility and care for environment, co-operation, problem solving and initiative, maths skills, communication skills</td>
</tr>
<tr>
<td>Rest times</td>
<td>Self regulation, relaxation skills, ability to spend time alone</td>
</tr>
<tr>
<td>Hygiene – hand washing and toileting</td>
<td>Self-help skills, self confidence, personal hygiene practices, personal safety (walk when in bathroom)</td>
</tr>
</tbody>
</table>
Being aware of how routines can be used to support development is an important role for carers. Routines should be unhurried and regarded as an important part of the daily learning experiences.

**Task 004** focuses on routines that support self-help skills, responsibility and self-confidence. To assist you with **question 1** go to pages 223-241 of your textbook. As you are completing this task take notice of how other carers use routine tasks to promote self-help skills.

Routines can also be used to assist children to develop a sense of shared responsibility. For example helping to set up or pack away, helping keep the room tidy, helping to care for equipment, resources and the physical environment. As children become less egocentric they begin to appreciate the benefits of working as part of a team. Assisting children to develop this skill requires persistence and patience.

To ensure children participate at the desired level routines must be consistent and rules applied in a systematic and logical manner. Children can be encouraged to:

- Develop responsibility for their own behaviour
- Demonstrate respect for self, others and for the physical environment
- Engage in tasks that require cooperation and sharing
- Make independent choices
- Understand that both positive and negative behaviour has consequences
- Become self-directed in their behaviour

To support the development of responsible behaviour carers can:

- Praise desired behaviours
- Offer children realistic choices, for example: You can help to pack away the blocks or you can put away the puzzles.
- Act as a role model by working alongside children. For example, *Packing away the blocks is a big job. I'll help you.*

Talk about the benefits of helping others:

- It feels good when everyone works together and helps each other.
- How did you feel about Kam helping you to pick up the training tracks this morning?
- Can you tell Pattel how you felt when he wouldn't help you to clean the tables this morning?
- Use logical consequences if children refuse to cooperate. Because you won't help to pack away you will not be able to play in the sandpit tomorrow.
- Have age appropriate expectations for the children. For example, *Now that you are four you can pour your own drink.*
- Make tasks fun – sing songs/rhymes
· Have an end goal in sight. For example, When we finish this job we can all go outside.

· Celebrate children’s achievements. For example put up a sign: Dear parents, today we tidied up the home corner and put all of the blocks in the correct place.

· Provide children with a sense of ownership of the service, equipment and facilities. Use terms such as our room, our equipment, our playground etc.

By age four years children have the ability to begin to solve more complex problems and have the skills to apply basic conflict resolution strategies with the support of carers. Preschoolers can discuss problems and offer solutions - the solutions may not always be realistic but this type of supported problem solving helps children to understand that they can all contribute as valued members of the team.

Questions 2 – 4 explore how young children can be supported to take responsibility for their own behaviour and begin to contribute as a member of a team. To assist you with this task:

Go to:

Reading 9: Problem Solving with Young Children

Think about the questions you could ask, the consequences that you could consider and the opportunities for learning and problem solving that are present in each scenario.

Task 005 looks at care routines for meal times and rest. Mealtimes should be social occasions – a time to relax and have a conversation. Mealtimes allow children and carers to come together as a group. Carers can talk to toddlers about their day. For example, ‘Kayla, I saw you building with the blocks this morning. You made a road for your cars.’ Carers can also talk to toddlers about the food they are eating. ‘We are having banana and pineapple this morning.’ They can also talk about what will happen next. ‘After we eat our morning tea and wash our face and hands we are going to play outside.’

For preschooler’s mealtimes are a great time for promoting social skills such as conversation (listening as well as talking) developing friendships, and learning how to wind down.

Sleep times for infants and toddlers must be flexible so that the individual body clock of each child can be accommodated. By preschool age most children have outgrown the need for a daytime sleep but will still need some quiet time. A good way to achieve this is to have a designated period for rest/relaxation during which children can play quietly with resources especially set aside for this purpose. To assist you with this task go to: pages 228-233 of your text.

Task 006 explores care practices related to transitions and settling children into care. Transitions are an integral part of daily routines in early childhood settings. They serve to move children from one location to another, such as indoors to outdoors or to direct children to a
change in the program, such as child-directed playtime to carer directed small group experiences.

Well-planned transitions will ensure that the day flows smoothly and that children are alerted to what is happening next in the program. Like other routines, transitions can be an opportunity for learning. Transitions should be gradual and unhurried, allowing children time to adjust to the change of pace.

To assist you with this task go to pages 239-248 of your text.

**Workplace Tasks**

**WP001** requires you to play some simple games with an infant. The purpose of this task is to provide you with experience in spending quality one-to-one time with infants.

**WP002** requires you to think about the routines and care practices used in your service and identify key care practices that you can share with parents.

Before moving on to your next unit of study reflect on the new skills and knowledge you have developed.

**Reflection**

Care routines provide a sound foundation for building strong relationships with children that are at the heart of quality care. It is important to be aware that routine tasks provide a wealth of opportunities for learning, practice and meaningful interactions between carers and children and between peers to support friendship development. Routines should be relaxed and unhurried – enjoy the moment!

*Congratulations, you have now completed Cluster 3*
Cluster 4: Introduction to Child Development, Play and Learning

This cluster explores child development, how children learn, the role of play and early childhood pedagogy. You are introduced to the role of observation as a key component of planning programs for children’s development.

There are three competencies included in this cluster:

- CHCPR303D Develop understanding of children’s interests and developmental needs
- CHCFC301A Support the development of children
- CHCPR301A Provide experiences to support children’s play and learning

You will develop the skills needed to gather information about children through observation and other sources as a basis for addressing their interests and developmental needs.

You will be introduced to physical, social, emotional, language, literacy, creative and cognitive child development knowledge, theories of development and learning theories. These will be explored in a social and cultural context.

You will be required to apply this underpinning knowledge to assist in the provision of a range of experiences to support children’s learning and development.

This unit describes the knowledge and skills required to conduct a range of activities that assist in enhancing children’s developmental and leisure experiences.

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**Workplace Tasks**

WP001: First Impressions
WP002: Resource Collection
WP003: Dramatic Play Kit
WP004: Investigate Children’s Thinking
WP005: Observing Play and Play Environments
WP006: Our Hands
WP007: Observation and Documentation
This is a large unit of study. You will need to take your time and read with care. This introductory study of child development includes theories of development, how children learn and how to observe, document and plan for development.

Before you commence this unit you should read all of the assessment task so that you can plan to complete them in a timely manner. It is strongly suggested that you print all of the workplace tasks and discuss them with your workplace supervisor. The tasks will need to be carried out over a number of weeks and will require forward planning.

WP002 and WP003 require you to gather together a range of resources that can be used when working with young children. You should begin collecting these resources now as it a task that will take several weeks to complete.

As you begin your study of child development think about the children with whom you work – their similarities and their differences. What have you noticed about children’s development? What have you noticed about individual differences in development? What have you noticed about the link between children’s development and care practices? What have you noticed about how children learn? These are important questions that you will need to reflect on as you work your way through this unit.

Chapter 1 of your textbook Birth to Big School provides an introduction to child development and child development theory. Like other specialised areas of study there is quite a lot of jargon associated with child development. It is important for you to become familiar with the terminology that is used throughout the text. As an early childhood educator you will be expected to understand and apply this terminology in the workplace. You will find the glossary at the back of your text a useful reference.

Child Development Theory

The study of child development focuses on individual growth and maturation. While development generally occurs in a predictable sequence each individual develops at a unique pace. Development is influenced by heredity – that is, genetics factors. The environment also influences development, that is, the interactions of the individual within the family unit and the broader community. These interactions are also referred to as socio-cultural factors. If you go to the diagram on page 6 of your text you will see the many factors that influence development.

There are many factors that influence development – each will have a unique impact on the child. Think about what is might be like to be an Indigenous child living in a remote community or an Indigenous child living in the inner city. What might it be like for a child living as a newly arrived refugee? What factors might influence the development of children living in poverty compared to children living in an affluent family? How might a disability, chronic illness or homelessness impact on child development? What impact does extreme poverty, domestic violence or child abuse have on the developing child?

An exciting area of study that has changed the way we understand development is research into brain development. The brain is the only organ not fully developed at birth. In fact the brain is not fully mature until the early 20’s. We now know that the brain is incredibly complex and is
able to change and adapt itself as a result of new experiences or as a result of injury or deprivation. This ability to change and adapt is referred to as plasticity. Children’s brain’s are extremely plastic and are continually shaped by experience.

Brain research has highlighted the critical importance of human interaction in shaping the brain and making the connections that shape the functioning of the brain.

The study of theories of development can be a little overwhelming. As well as understanding the principles that underpin theories of development there is also new terminology to get used to – be patient, you will not necessarily grasp the theories on your first attempt. Hopefully over time you will begin to see how the various theories can be applied to learning and development. For example, Workplace Task 004 asks you to investigate Piaget’s theory of cognitive development that explores how children think differently to adults.

You are not expected to fully understand child development theory – you are however, expected to read, think and reflect. Look closely at children while they are playing and think about how they are learning. One of the things you should notice is that children enjoy repetition - they will repeat the same task or actions over and over again. This is an important part of the learning process. Children use trial and error to work out how to use objects and to understand the properties of objects. By repeating the same actions they begin to form an understanding of function and properties. They also begin to develop an understanding of how they can manipulate objects in a purposeful manner. For example, a toddler may experiment with the sound that can be made by banging a wooden spoon on various surfaces. An infant may notice that when they accidently bat a low hanging mobile it will make the mobile move – this action may be repeated over and over again as the baby becomes aware that he or she can manipulate objects (cause and effect).

As you read about the various theorists you will become aware that each theorist has different beliefs about how external factors (as illustrated on page 6) influence development. For example, two leading theorists

Vygotsky and Piaget held quite different views. Piaget believed that children learn best by exploring and experimenting without the need for adult intervention. Vygotsky on the other and believed adults played a critical role in shaping children’s learning. Howard Gardner, a contemporary theorist, stresses the critical role of learning style on shaping children’s cognitive development. He uses the term ‘multiple intelligence’ to describe the manner in which knowledge is acquired and applied.

The role of culture is also a central influencing factor on children’s development. Development does not occur in isolation – everyone is part of a community and every community exists within a cultural context. Cultural contexts include not only values, beliefs and traditions but also the dynamic interactions that occur between the individual and the community in which they live.
The influence of culture on development has allowed us to understand that there are variations in development from one culture to another, depending on the factors such as beliefs and basic human survival. For example, a toddler in Zaire will typically use a machete to cut fruit – this would be considered extremely inappropriate in many western cultures. Likewise the western practice of encouraging and supporting independence at an early age is regarded as inappropriate in many eastern cultures because the needs of the collective family unit are considered to be more important than the needs of the individual.

As you begin to work with young children and their families you will notice differences in child rearing practices, beliefs about children and differences in beliefs about what children should learn. There is often an emphasis on academic skills in preparation for school. Many parents will be anxious for their child to have knowledge of colour, shape, numbers and the alphabet in the belief that these are essential skills for school readiness. This commonly held belief is at odds with what child development research tells us are the real indicators of school readiness – i.e., social and emotional competence.

Tasks 001 - 002 focus on terms commonly used to describe development and an introduction to the theory of development.

Before you begin this unit you may like to go view the following videos:

PIAGET'S DEVELOPMENTAL THEORY: AN OVERVIEW (DAVIDSON FILMS)
http://www.youtube.com/watch?v=lEam9lpa6TQ&feature=related

VYGOTSKY'S DEVELOPMENTAL THEORY: AN INTRODUCTION (DAVIDSON FILMS)
http://www.youtube.com/watch?v=hx84h-i3w8U&playnext=1&list=PLA9AE2347493C9968&index=8

You should now attempt Tasks 001 - 002 – follow the directions to each section of your textbook Birth to Big School. Take your time to read with understanding and remember the study of child development is a life-long task! If you have difficulty with any of the terms or concepts please either discuss these with your workplace supervisor or contact Cengage for support. It will take you considerable time to begin to feel comfortable using child development terms and applying them to your work. It will also take time for you to fully appreciate the various theories of child development as they apply to childcare education and practice.

Before you begin this unit you may like to go view the following video:

How I Learn - Child Development Milestones
http://www.youtube.com/watch?v=7hn0O_L6lff
Physical Development

Our exploration of child development begins with physical (motor) development and focuses on three key aspects of physical development: gross motor, fine motor and perceptual development.

Learning to move with purpose and coordination is a complex challenge that most children manage seemingly effortlessly. It is amazing to consider that in around 12 months humans develop the ability to use their muscles to perform a series of increasingly complex tasks. Learning to move is a task that is managed by the maturation of the brain and muscle development. Even prior to birth infants are able to move their limbs in an uncontrolled and uncoordinated manner. Gradually, as the infant matures they begin to move with purpose and direction. The pace of physical development is dependent on maturation and opportunity for practice.

Motor development tends to occur in a predictable sequence of physical milestones that include sitting, crawling and walking which are referred to as gross motor skills. Fine motor skills milestones include grasping, pincer grip - holding objects between thumb and forefinger, (which in turn allows the child to hold, manipulate and release objects) and learning to write.

Once a motor skill is acquired it becomes hard-wired in the brain and the skill becomes automatic. Think of it as learning to ride a bike – once learned it is never forgotten!

You will notice that the pace of physical development tends to lag behind the child’s cognitive development. Typically toddlers will want to perform tasks such as dressing, undressing, or putting on shoes that are beyond the limits of their physical skills. This often leads to tantruming behaviour as the toddler acts out his /her frustration at not being able to perform the desired tasks.

Infants and toddlers and preschoolers should be given plenty of opportunity to move around, explore and experiment and practice motor tasks. Mastery of physical tasks gives children a great deal of satisfaction and sense of achievement. While it often takes much longer to allow children to ‘do things for themselves’ the outcomes in terms of child development are well worth it!

Activity: Jelly beans

This activity is based on actions that encourage a wide range of movements. It is important that the children understand what they are expected to do when the name of each kind of bean is called out. The age of the children will determine how quickly they remember the actions, but they can also copy the lead person who does the actions as they are called out. This is particularly important to help children with hearing impairment fully take part.
Language Development

Without the ability to communicate we cannot form social relationships. The development of effective verbal and non-verbal can only occur if children are immersed in language rich environments. Learning to communicate is another extraordinary human feat that is acquired in a relatively short period of time. Infants are hard wired to respond to the sound of the human voice that is preferred over all other sounds. The development of communication skills occurs most rapidly in the first 3 years of life. During this time children learn to apply the complex rules of language, develop a substantial vocabulary, successfully communicate both verbally and non-verbally, label objects and actions and begin to understand that written symbols represent words, and learn that words can be a powerful emotional tool. Children learn all this without formal training. Critically children learn how to communicate by copying others. They learn by being immersed in language and by being given the opportunity to use language in diverse situations.

As infants, they attend firstly to their mother’s voice and later to the voices of significant others. Infants will gaze at adult faces and respond to and imitate facial expressions. Toddlers are able to follow simple directions and can retrieve asked for objects long before they are able to talk. This clearly demonstrates that receptive language (understanding the spoken word) develops well before expressive language (talking).

Think about the skills needed to communicate – what are they? Infants cannot talk but they can certainly communicate their basic needs – they have different cries that tell us, for example, ‘I’m hungry, I’m tired, I need my nappy changed or I need a cuddle’. Toddlers often use their whole body to convey a message – they may tantrum, point, stamp their feet, hit and use very expressive facial gestures!
**Is it true that sucking dummies and bottles can harm a child’s speech and language development?**

Yes. Dummies and bottles can contribute to delayed communication development. Babies and young children spend lots of time making sounds and exploring their own mouths and voices before they begin to use words. In doing so they are not only practising and developing the skills needed for speech, but they are also encouraging other people in the world to notice them and communicate with them. Children who suck dummies through the day make fewer sounds, gain less experience of using their voices, and hear less language from adults around them. If toddlers are allowed to continue to suck a dummy and talk with it in their mouths, there is also a risk that the child will learn distorted patterns of speech because the teat prevents normal movements at the front of their mouth. These patterns may be difficult to change later on. Although a dummy or bottle can be a source of comfort when a child is upset, and may form part of a child’s sleep routine, parents should be encouraged to use it only at these times, and to phase out dummies and bottles as soon as possible.

**Source:** The National Strategies Early Years. (2004;20) The Inclusion Development Programme Sherwood Park, Nottingham DCSF Publications.

Children also need to develop listening skills. However, young children are not able to listen and complete tasks at the same time. This means that if you want the child to listen to what you are saying you need to ask them to stop what they are doing and look at you while you are talking. This helps children to develop effective listening skills. A good habit for carers is to use the child’s name at the beginning of the sentence so that the child’s attention is drawn to the carer. For example, instead of saying ‘Would you like apple or banana Kam?’ say ‘Kam (wait for child to look at you) would you like apple or banana?

To promote language development carers can:

- Talk to children about topics that are of interest to them or about things that are happening in the here and now. ‘I see you’re taking your dolly for a walk Harry. Where are you going?’
- Use routine times such as nappy change to have a conversation with infants and toddlers. ‘Let’s get this wet nappy off.’
- Respond to baby’s attempts to communicate. ‘Hello, I can see you are a happy baby.’
- Model correct grammar by paraphrasing immature speech or incorrect grammar. For example, ‘Yes that’s a dog you can hear barking, Mummy’s gone to work.’
- When talking to children always pause and allow children time to respond.

*Before you begin this unit you may like to go view the following video:*

**Nourishing Language Development in Early Childhood (Davidson Films)**

http://www.youtube.com/watch?v=D4YPq4u1b70
Speech, Language and Communication Problems

According to the UK National Strategies (2004:4, 13) there may be a variety of causes for speech, language and communication problems in young children, such as:

- ear infections – if a child has many ear infections, they may be unable to hear words, or hear distorted sounds, or finds it confusing and tiring to focus on verbal communication
- specific difficulties in using their oral muscles effectively, which may affect their speech – for example, if a child has cerebral palsy
- difficulties that are passed down through families
- problems during pregnancy or birth that impact on children’s developing brains and contribute to their speech and language difficulties as part of a wider developmental delay
- a recognised syndrome or disorder that causes communication difficulties a lack of stimulation and support to provide the rich language experiences necessary to develop their speech, language and communication skills.

While for many children there is no identifiable clear cause, all children who present with speech, language or communication problems are likely to experience other difficulties, depending on the severity of the problem. For example:

- social and emotional development – low self esteem, difficulty making friends, not participating in group experiences because they fear not being able to be understood
- isolation can also lead to behaviour problems as the child does not have opportunities to negotiate conflict or engage in problem-solving
- accessing play and learning opportunities – isolating self from others limits opportunities for play and learning – for example, may tend to stick to ‘safe’ play areas
- difficulties with development of skills in literacy

Children with speech, language and communication problems will benefit from regular ongoing support from a speech pathologist. Referral to a speech pathologist must be decided in consultation with the parents and where the child:

- has difficulty understanding language that is spoken to them
- is not developing the range of speech sounds appropriate for their age
- is not developing the use of words and sentences appropriate for their age
- who uses language inappropriately, for example saying phrases that don’t make sense in the context, or repeating learned chunks of language without any apparent meaning
- may find it unusually difficult to follow the rules or join in with conversation by looking, taking turns, sharing interest in a topic.
What can I do to help a child who seems to be having difficulty following spoken instructions?

The child might need you to break your language down into smaller chunks that are easier to understand. Try using short phrases and giving just one piece of information at a time. Slowing down and stressing the most important words in your speech will help them to process language more easily. Try to use gestures and objects or pictures alongside important words, to support their understanding. You may also have a signing system in your setting that could be helpful in supporting children’s understanding of language.

Be aware when giving whole-group instructions. The child might benefit from sitting at the front of the group and facing you, so that they can take information from your gestures and facial expressions, or you might need to give them the instruction individually.

Make sure you have the child’s attention each time you talk to them. Say their name and touch them on the arm to ensure they are listening and looking at you before you speak. Support story and group times with props, photographs or pictures.


The first part of Task 004, Questions 1-4 focus on developing an understanding of the basic terms and concepts used when studying language development. You will find the information need to answer these questions of pages 102 – 116 of your text Birth to Big School.

Questioning Techniques

The use of different questioning techniques is an effective way of extending children’s language and thinking skills. By careful questioning the practitioner can help children to explore ideas, concepts, properties, engage in problem-solving and clarify their thoughts. You will recall Vygotsky (1978) referred to this as ‘assisted learning’ (ZPD), where the adult uses opportunities to stimulate learning through shared participation and interaction with the child.

When questioning children it is important to go beyond simply asking them to recall facts, label objects or give simple descriptions. To extend children’s language and cognitive development, questions should also encourage children to:

- Compare: ‘Which is the biggest, the puppy or the kitten?’
- Evaluate: ‘Is it better to put our hats on before we go outside or when we get outside?’
- Analyse: ‘Why was the old man mean to the children?’
- Classify: ‘How could we sort the blocks?’
- Reconstruct their experiences: ‘Tell me about the things you did on the weekend.’
Remember, children need time to think and respond to questions; their answers should not be rushed. It is good practice to pause for a few seconds before probing for answers. Practitioners can also model the listening and turn-taking skills needed for conversation.

Table 4.9 outlines different types of questions that practitioners might use with children.

### Types of questions practitioners might use with children

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<tr>
<th>Question type</th>
<th>Purpose</th>
<th>Example</th>
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<tr>
<td>Open</td>
<td>To explore broad background Information. To explore opinions or attitudes.</td>
<td>Tell me about... What do you think about... How do you think she feels?</td>
</tr>
<tr>
<td>Probe</td>
<td>To seek information when more than a one-word label is required. To seek information – no particular answer expected. To request elaboration of information. Key word repetition to elicit further information. Showing interest or encouragement</td>
<td>What's happening here? What happens when you...? I wonder what that is? What sort of clothes? How do you know? Why? Child: They're all funny. Adult: Funny? Hmm? Eh? (accompanied by appropriate body language)</td>
</tr>
<tr>
<td>Closed</td>
<td>To establish specific facts/information with a yes/no response. Identification of person, animal, object, number, etc.</td>
<td>Have we got one like that? Do you think she likes that? What's that? (pointing) How many can you see?</td>
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### Questions When Reading to Children

When reading to children, questions can help them to understand, clarify, predict and actively engage in the reading process. Shedd and Duke (2008: 4) provide a practical guide for practitioners to use when engaging in questioning related to reading. Engaging children with reading by asking questions ensures that the experience is inclusive. Reflecting on children’s responses to questions can inform practitioners about children’s comprehension. Questioning will also allow practitioners to assess the suitability of the text in relation to the children’s cognitive development.

### Using questions when reading to children

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<th>Types of questions</th>
<th>Examples</th>
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<tr>
<td>Factual questions ask for details about the text.</td>
<td>‘What was the name of the boat?’</td>
</tr>
<tr>
<td>Inferential questions encourage children to read between the lines of the text</td>
<td>‘Why do the children wear life jackets in the boat?’</td>
</tr>
</tbody>
</table>
Opinion questions invite children to tell you what they think.

‘What do you think about that?’
‘What did you think of the book?’

Text-to-self questions bridge the text to the child’s own experience.

‘How did you feel when the baby bird got lost?’
‘Is this like another book we’ve read?’

Text-to-text questions bridge the text to another text the child has read.

‘What do you think the little bird is going to do?’

Prediction questions ask children to tell you what might happen next.

‘What would you have the little bird do if you wrote the story?’

Authorship questions ask children to think like the author.

‘What do you think the word glare means?’

Vocabulary questions ask children what they know about a word

‘What do you think the baby bird is going to do?’
‘Is this like another book we’ve read?’

‘What do you think the little bird is going to do?’
‘What would you have the little bird do if you wrote the story?’

‘What do you think the word glare means?’

Source: Adapted from Shedd, M. & Duke, N., 2008, p. 25. Adapted with permission from the National Association for the Education of Young Children.

Questions 5 & 6 look at effective questioning techniques that can be used to promote children’s language development. To assist you with this task:

**Question 7** asks you to explore the link between language development and brain development. The knowledge gained in relation to brain development helps us to better understand how early development lays the foundation for later development. You should also be aware that all development is interrelated and that one area of development impacts on and is impacted by all others areas of development. To assist you with this question go to page 104 of your text.

Question 8 explores the amazing skills even very young infants have to communicate with their carer. If you have had experience caring for infants you will be aware that they quickly develop a range of cries and other sounds to communicate their needs. While the range of sounds made by infants is not extensive they can communicate messages such as ‘I am hungry’, ‘I need my nappy changed’, ‘I am tired’, ‘I need a cuddle.’ In order to complete this question:

Questions 9, 10 & 11 require you to apply the knowledge you have gained so far about children’s language development. To complete these questions you will need to reflect on your learning and perhaps review the relevant sections of your textbook. It is important for you to practice your conversation and questioning techniques with young children. Try to be aware of what you say, the way you say it and how you actively listen to children. Try to avoid using closed questions (require a yes/no response) and avoid empty or rhetorical questions. For example, What colour is that? Do you like apples? Instead you could say, Tell me about the colours you have used. What are your favourite foods/fruits?

Questions 12 & 13 focus on literacy skills - understanding that print conveys meaning. When working with young children there are many opportunities to incorporate literacy into the daily program. You should
take notice of how children demonstrate beginning literacy skills such as enjoying sharing a book, attempting to imitate print, making up written ‘words’ or letters and ‘reading’ familiar words.

Carers play a significant role in promoting literacy development - think about how you can introduce literacy experiences in the daily program – making signs, reading stories, creating signs, researching information, reading instructions, following recipes, writing names on work, having children dictate stories …. The possibilities are endless.

Can you write using *foundation script*? If not you should Google ‘foundation script’ and download a writing sample.

**Cognitive development**

Cognitive or intellectual development involves a wide range of interrelated skills such as thinking, problem solving, language, exploring, experimenting, planning, negotiation, using trial and error etc. The development of the brain is most rapid during the early years and is strongly influenced by the child’s social/emotional and physical environment. Vygotsky believed that cognitive development was strongly influenced by the child’s social and cultural environment and in particular by the role of adults in guiding or scaffolding development. Vygotsky used the term cultural tools to describe the symbols used as part of the learning process. These tools include language, numbers, letters, sings, symbols, diagrams, concepts etc.

**Exploring Number**

**Treasure Hunt**

Hide a set of objects around your grounds and ask the children to go on a treasure hunt to find them. You can then talk about your treasure – how many jewels have you found? Who found the most/least? How could we sort the jewels?

**Ordering objects**

Collect a variety of objects such as pebbles, leaves, twigs and order them by size.
Measurement

Who is the tallest?

Ask a small group of preschoolers to arrange themselves in order of height and stand against a wall. Chalk round each pupil. Talk about who is tallest, shortest, middle etc.

What is the fastest?

Roll objects down a slope and compare the time taken for each to reach the bottom - use different objects and different slopes to get different results.

Position in Space

Obstacle Courses

Create an imaginary world using chalk and obstacles and ask them to find a way from one part to another - e.g. getting to the treasure from the boat without stepping in the water.

Encourage children to use positional language (over, under, through, up, down etc.) to describe their journey or to guide others.


Cognitive ability is not developed in isolation. Children must also master self-regulation and communication if they are to become confident self-directed learners. Piaget believed that children learn through play – experimenting, exploring and practicing. Vygotsky, like Piaget, regarded experimentation, exploration and practice as important learning strategies but added that the child needs adults who are able to challenge and extend children’s play so that new learning takes place. Vygotsky saw the role of teacher and child as expert and apprentice; teacher and child as collaborators and the child as an independent learner. In early childhood settings this model can be applied very effective. For example, the carer can introduce new information or concepts (teacher: apprentice), the carer can work alongside the child to explore new information (collaborators) or the carer can provide a rich learning environment that allows children to explore, experiment, research and practice as independent learners.

Before you begin this unit you may like to go view the following video:

GROWING MINDS: COGNITIVE DEVELOPMENT IN EARLY CHILDHOOD (DAVIDSON FILMS)

http://www.youtube.com/watch?v=Ivl7x_8XX0w&feature=related

Task 005, Questions 1 & 2, begin by exploring facts related to brain development. If you are interested in learning more about the developing brain you can go to the Zero to Three website and explore the Baby Brain Map. This interactive site allows you to click on different areas of the brain to learn more about how the brain develops over time.


**Question 3** requires you to demonstrate your knowledge how learning develops during the infant-toddler period.

To assist with these tasks you will need to read pages 104-110 of your text.

**Questions 4 - 8** look at both the process of learning and some of the common terms used to describe various aspects of cognitive development. It is important that you become familiar with these terms and begin to apply them in your work. As you complete these tasks think about the amazing developmental achievements of young children and how they acquire vast amounts of knowledge in a relatively short period of time.

The strategies children use to acquire knowledge is the focus of **questions 9 & 10**. It is important for you to understand how children learn so that you can provide experiences that allow children to use these strategies on a daily basis. For example, sorting and classifying: Giving a child simple directions to pick up blocks: ‘Can you put the red squares in the large box and yellow squares in the small box?’ To complete this task successfully the child must know that the assorted shapes, although different are all blocks. The child must also have the ability to recognise and sort colours and be able to distinguish between large and small objects.

It is essential for carers to be aware of the knowledge and skills required to perform a task, otherwise you may set children up to fail. Knowledge is only useful if it is gained with understanding. A good example of this is rote counting, which most 2-3 can easily achieve. Being able to rote count does not mean that the child has an understanding of the concept of quantity. That is, that the symbol $2 = \text{two objects}$, it is a measure of quantity.

The ability to internalise concepts requires time, practice and deep understanding. Concept development draws on accumulated knowledge – that is, knowledge builds knowledge. In order to build understanding children must develop skills that allow them to hypothesise, predict, experiment and use trial and error.

**Question 11** allows you to apply your accumulated knowledge of cognitive development.

**Becoming Social**

The process of socialisation begins at birth and continues into adulthood. The family is the primary socialising influence. However, as children mature, other influences will impact on the socialisation process such as childcare, school, peers, pop culture influences such as music, movies, sporting teams etc. Social learning is embedded in and influenced by the child’s culture. Behaviour expectations, values and beliefs are part of child’s cultural identity.

When young children enter early childhood settings it is often their first experience of spending long periods of time outside of the home/family. Children must adapt to a new setting, with new
boundaries and expectations. Generally most children cope quite well and readily adjust to requirements of the early childhood setting.

**Supporting Social-Emotional Development**

**Magnetic photos**
Take a photograph of every child, cut it out, laminate it and stick magnetic tape on the back. These are useful for getting to know names and for talking about similarities and differences. Use the photographs when singing songs - for example, 'Five children at ... ...centre, instead of 'Five currant buns in a baker's shop'.

Use when telling stories. Tell positive stories about being friends, being kind, and so on, focusing on the agreed rules for the setting. Leave them out for children to play with on a magnet board. They can explore the idea of making friends with anyone whose photograph they choose.

**Describing game**
Encourage the children to take digital photographs of people doing different things in the setting. These might be used to support an activity where key attributes are described - for example, 'I'm looking at someone who has brown hair, a pink dress and ... . Who is it?'. Children should (with support if necessary) name the person from the description. They should check they have this right by looking at the photograph.

**Pairs game**
Using the photographs you have taken, make two sets and play snap or pairs with them. You could also play a description game here, where you describe someone and their hair colour, clothes, and so on, and the group try to find that card. This is another good way of pointing out our similarities and differences. Sort the cards into groups. Who is wearing pink? Who is a boy? Who is smiling?

**Display**
Ask parents to bring in photographs of the child in their home, or with a significant person, to put up on a display (or use a photograph taken at the time of a home visit). Talk about the photographs with the children. Ask children to take it in turns to tell the group something about the photograph. Ask parents or carers to join the circle and introduce themselves and their children to the group.

**Welcome cards**
Have the children make a welcome card for someone else in the room, allocated on a lucky dip basis. They could give the card and thank each other in person so that everyone makes a positive contact in the class or group.
As a carer you must be aware that children are beginning learners when it comes to socialisation. Adjusting to a setting where they are expected to interact and cooperate with many other children and adults is quite a challenging developmental task.

You will have the opportunity to observe many different practices around child rearing and many different beliefs about how children should be socialised. These beliefs and practices are influenced by many factors such as cultural, religion, socio-economic status, gender and even geographic location.

**Task 006, Question 1**, requires you to provide evidence of your understanding of these factors. **Question 2** looks at the child’s temperament as a contributing factor in the socialising process.

To assist you with these questions you will need to read **pages 156 – 161 in your text**.

**Questions 3 & 4** address the challenges faced by toddlers as they struggle towards independence and the role the carer can play in supporting the socialisation process.

By reading **pages 175 -177 in your text** you should be able to suggest an alternative response for the carer in relation to each of the scenarios presented in **Question 5**.

**Question 6** focuses on the issue of sharing which can be the cause of conflict between carers and children as well as among children. It must be remembered that learning to share is a developmental skill. Young children live in the moment and have very limited capacity to think about the consequences of their actions. They are also quite egocentric and on most occasions will put their needs and wants before those of others. This does **not** mean that young children are selfish or ‘naughty’ it merely reflects their level of development and their inability to consider issues from the perspective of others. To assist children to develop the ability to share carers must ensure that children are provided with sufficient quantities of equipment and space so that sharing does not become a primary focus or a cause of conflict. For example, a toddler’s room should contain multiples of favourite toys such as dolls, teddies, prams etc. Play spaces should be physically and/or visually divided so that children are better able to understand how play spaces can be used. For example – the blocks must stay on the blue mat, the puzzles must stay on the table, the books must stay in the library area etc.

To assist you with question 6 you should refer to **pages 184-185 in your text**.

The development of friendships begins to become important towards the end of the preschool years. Until then children are more likely to be **fair weather friends**, that is, **you were my friend yesterday because I wanted you to help me build a road with the block, but you are not my friend today. Today she is my friend and you can’t play with us!**

While carers can encourage respect, empathy and friendships it is not worthwhile getting caught up in disputes over friendships. Most often these disputes, although they can be distressing to the individual child, tend to blow over quickly and are soon forgotten. Carers should focus on the skills required to be a friend rather than forcing friendships.
Using the concept of ‘To have a friend you must be a friend’ allows carers to help children develop skills for friendship such as sharing, turn-taking, listening, compromising and displaying empathy. If you think about these skills you will realise that there are many adults who have not yet mastered these skills!

The process of friendship development is explored on pages 196-202 of your textbook.

The final question for this task requires you to think about the complex social process of learning right from wrong. How is this achieved? How do children work out what is acceptable behaviour and what is unacceptable behaviour? How do children learn they may behave in a certain way in one setting but must behave in a different way in a similar setting? How do children understand that the rules of behaviour change depending on who is supervising or who is in charge. For example, when I am with daddy I am allowed to jump on my bed, but when I am with mummy I get into trouble for jumping on my bed.

The ‘rules’ of behaviour are not straightforward yet children do learn that they must adapt their behaviour according to varying circumstances. This in itself is quite a feat!

As a carer you must think about what you expect in terms of children’s behaviour – what is acceptable? What are the boundaries/limits? When do these limits/boundaries apply? How can they be enforced? What if my beliefs and values in relation to socialisation are different to my colleagues?

You should by now be familiar with your organisation’s behaviour management policy and have some experience implementing strategies to manage and guide children’s behaviour. No doubt you will find some children more challenging than others. When this occurs you should discuss this with your colleagues and find out how they manage in such situations. Even the most experienced carer will find some children’s behaviour challenging!

As you read each of the scenarios in Question 7 think about the skills need to resolve the conflict and how the carer can support the children to develop these skills. You should also think about the limitations of the children in relation to their ability to consider the perspective of others. To assist you with this task go to pages 207-208 in your text.

**Play and Learning**

**Task 007** looks at the role of play and learning in children’s development. By now you should have sound baseline knowledge of the importance of play in learning and development. Play is the foundation upon which early childhood educators build their curriculum. Play is also the foundation upon which children learn. Play is valued in its own right – it is not simply something children do to fill in time before they commence ‘formal learning’ – it is the foundation upon which learning occurs.

Look around your service – what do you see? Hopefully the answer will be that you see all sorts of play experiences that are carefully planned to facilitate children’s learning. You will see play experiences that reflect the age and stage of the children.
You will see play experiences that reflect the needs and interests of the children. You will see play experiences that are open-ended, allowing children to engage at their own pace and in their own way. You will see play experiences that encourage experimentation, exploration and practice. You will see play experiences that allow children to be successful and to develop a sense of competence in themselves as learners. These characteristics of play experiences are not random – they are the result of the careful application of developmental theory, effective early childhood pedagogy (practice) and a strong commitment to play-based learning.

In order to value the role of play in learning we must firstly value play in its own right.

Think about your own play experiences – what do you remember fondly? Often our memories of childhood play focus on spontaneous, open-ended play such as building a cubby house, creating a play for our family, climbing trees, sliding down the hill on a piece of old cardboard or playing dress-ups.

### Playing in the Rain

- Waterproof clothing and gumboots!
- Umbrellas (umbrella play is great fun in itself)
- Foil – wrap it over umbrellas and listen to the sound
- Chalk for drawing round puddles
- Collections of absorbent and non absorbent materials
- Collections of materials that float or sink
- Child-sized brooms for sweeping puddles
- Guttering for collecting and channelling rain
- Pop up tents
- Different shaped containers for collecting and measuring rainfall
- Large shallow tray for creating puddles
- Plastic sheeting of tarpaulin for creating waterproof shelters or painting in the rain (so that the colours run and mix)
- Sponges, decorator’s brushes and rollers
- Unbreakable mirror – watch the raindrops land on it
- Washing up liquid and food colouring for colourful ‘bubble puddles’


**Questions 1–5** require you to apply your knowledge of the principles of play-based learning. To assist you with these questions you should follow the directions to your text.

**Question 6** requires you to think about your role in supporting play. To complete this task you should read pages 241-248 in your text.
**Question 7** provides a sample play sequence involving two preschool children. Your task is to identify how this play experience reflects accepted concepts about how children learn. To assist you with this task go to **pages 228-229 in your text**

*Before you begin this unit you may like to go view one or more of the following videos that look at the importance of play – you may like to view these over a few days:*

**The Power of Play - Segment 1/6**

One: [http://www.youtube.com/watch?v=XXyYQccegEk](http://www.youtube.com/watch?v=XXyYQccegEk)

Two: [http://www.youtube.com/watch?v=mhhV4S_gbE&feature=related](http://www.youtube.com/watch?v=mhhV4S_gbE&feature=related)

Three: [http://www.youtube.com/watch?v=CNKXBysenRtM&feature=related](http://www.youtube.com/watch?v=CNKXBysenRtM&feature=related)

Four: [http://www.youtube.com/watch?v=CNKXBysenRtM](http://www.youtube.com/watch?v=CNKXBysenRtM)

Five: [http://www.youtube.com/watch?v=rmAudvS7r8o&feature=related](http://www.youtube.com/watch?v=rmAudvS7r8o&feature=related)

Six: [http://www.youtube.com/watch?v=Qfxz28jt80I&feature=related](http://www.youtube.com/watch?v=Qfxz28jt80I&feature=related)

All They Do is Play Part I [http://www.youtube.com/watch?v=75Kan48OftU&feature=channel](http://www.youtube.com/watch?v=75Kan48OftU&feature=channel)

All They Do is Play Part II [http://www.youtube.com/watch?v=Ktz_28vP_Jo&feature=channel](http://www.youtube.com/watch?v=Ktz_28vP_Jo&feature=channel)

**Observing Children**

Observing children and documenting learning is a skill that you will develop over time. Observation of children’s learning and development requires you to have a sound understanding of child development and theories of learning and development. You must also have a sound grasp of the wide range of terms used to describe development and learning. **Task 008** provides you with an opportunity to practice observing and documenting development. You must learn to record relevant information while maintaining focus on the concept of ‘the whole child’. Your goal is to capture not only what the child is doing but also to capture the essence of the moment. Consider the following observations – both quite short.

**Observation 1:** Narnia holds the paper with her left hand and cuts along the line with her right hand. She completes the task with ease.

**Observation 2:** Narnia holds the paper with her left hand and carefully cuts along the line with her right hand. It is obvious that Narnia is concentrating as her tongue protrudes and she remains focused on the task. When she has finished cutting she holds the paper in the air, smiles broadly and says ‘Good job!’
The first observation is quite clinical and describes Narnia’s cutting skills but gives no other relevant information about the moment in time. The second observation also describes the child’s skills but also captures the essence of the moment – we learn that Narnia is very pleased with her effort. Throughout your textbook you will see many examples of observations of children. Look back over some of these and try to identify the observations that give you a richer ‘picture’ of the child.

Chapter 6 provides an overview of observation techniques and sample observations. You will notice that the Learning stories or narrative tell a story about a moment in time and usually include what the child said as well as what the child did. When observing children try to listen to what they say – children use self-talk or private speech when playing. This is often a running commentary on what they are doing and/or thinking and can provide a valuable insight into the learning process. For example, in the scenario Mitch’s Pipe Construction on page 339 of your text, you can see that Mitch talks to himself about what he was doing or the problems he encountered. This narrative provides an extremely rich description of Mitch as an active learner and problem-solver.

When completing Question 1 you will need to draw on your knowledge of child development – think about the age of the child and what might be expected at this stage of development. Also look carefully at the photograph and think about what it is telling you about the child.

Question 2 provides you with the opportunity to practice the skill of interpreting observations. Talk to your supervisor before attempting this task. Again, this skill will develop over time, with practice and will improve as you gain more knowledge of child development.

To interpret an observation requires you to draw out what the observation is telling you about the child's current level of development – both skills and knowledge. Go back to the observation of Mitch and his pipes in your textbook. In relation to Mitch’s development, this observation would provide the carer with additional knowledge of:

- Language skills – providing information, answering questions, giving directions
- Cognitive skills - problem-solving, negotiating, planning, concentration, use of prior knowledge
- Physical skills – fine and gross motor
- Emotional – competence, self-motivated, pride in his achievements

This single observation cannot convey all of the information necessary to form a picture of the ‘whole child’ it does however convey a wealth of information about Mitch’s skills, knowledge and disposition. The observation portrays a child who is self-motivated, confident and resilient and a real problem-solver. The observation on page 346 of your text ‘Making a Wizard’s Brew’ adds to the picture we have of Mitch who is described by the carer as ‘our number one construction worker’. You can see that by compiling a series of observations over time the carer is able to build a very strong picture of the child’s development – skills, knowledge and disposition as well as learning style.

You should now attempt Questions 1, 2 & 3. To assist you with this task, in additional to Chapter 6 you should:
Go to:

- Reading 10: Guidelines for Planning
- Reading 5 Delaware Early Learning Foundations: Infants and Toddlers
- Reading 6: Delaware Early Learning Foundations: Preschool

Before attempting the final part of this task ask your supervisor for feedback on your responses to Questions 2 & 3. When attempting Question 4 you will need to take into account what you have documented in relation to the children's development and what you know about child development. The Delaware Early learning Foundation documents are a useful reference in determining strategies to support ongoing development.

**Workplace Tasks**

The workplace tasks for this unit require you to apply your knowledge of child development and how to guide and support learning in early childhood settings. Most of the tasks need to be planned in advance and will require some preparation. Before commencing the workplace task work out a plan of action with your supervisor. Use your supervisor as a sounding board and seek advice from your supervisor and/or Cengage Education as needed.

**WP001** requires you to critically reflect and evaluate the physical environment as a place of learning for young children. The goal of this task is to provide you with the opportunity to take a step back and think about how the environment is designed to support and enhance children's development.

**WP002 - WP003** require you to develop resources that you can use in the workplace to support learning and provide you with the opportunity to practice using props when working with the children.

**WP004** provides you with the opportunity to explore how children think and how they apply reasoning and logic to make sense of the world. These tasks are based around Piaget's theory of cognitive development and will give you the opportunity to put theory into practice.

**WP005** requires you to observe how children play and learn in a range of settings. You should use your knowledge of child development to reflect on the learning that is taking place in the selected settings.

**WP006** provides you with the opportunity to plan, implement, and evaluate a learning experience with a group of preschool children. This task requires careful planning and will need to be carried out over a number of days. Remember, it is an opportunity to practice your skills – if things go wrong use it as learning experience and try again.

**WP007** requires you to undertake a two child studies – one with a toddler and one with a preschooler. You should print all of this task and discuss a plan of action with your workplace supervisor. Try to work with children that are well adjusted and functioning within the normal developmental range and who attend the program at least 3 days per week. Your workplace supervisor will guide you in your selection of children for the child study. Take your time with this...
task – do not rush. Try to stop and reflect at each stage of the process and talk over your progress with your supervisor.

You will need written permission from each child’s parent to carry out your child study. When documenting the children’s development try to use the correct terminology and keep your language objective – be aware that the parent’s of each child may like to read your completed task.

This completes the tasks for this unit. Before continuing on the next unit take some time to reflect on what you have learned about play, learning and development and your role as a teacher, collaborator and catalyst for children’s learning.

Reflection

This unit has introduced you to theories of development and how they are applied to early childhood education. You have also been introduced to a range of terminology. Remember that the study of child development is a huge and complex area of theory and research that is continually evolving, especially as research continues into the fascinating area of brain development. You will find that you will need to refer back to your text many times until you begin to ‘see’ how all of the pieces of the puzzle ‘fit’ together. The most effective way to apply your child development knowledge is to interact and observe children, reflect on what you have seen and heard and try to relate this to your growing knowledge of child development.

Congratulations, you have now completed Cluster 4
Cluster 5: Communicate Effectively with Children

This cluster explores the knowledge and skills required to communicate with children and guide and support the development of age-appropriate behaviour.

There are two competencies included in this cluster:

- CHCHILD301A Support behaviour of children and young people
- CHCIC301D Interact effectively with children

This unit also looks at the development of skills necessary to effectively communicate with children, guide and manage behaviour and build supportive relationships based on mutual trust and respect.

You will explore how children’s social and cultural context impacts on their social and emotional development. This includes a range of factors such as child rearing practices, cultural beliefs, religion and ethnicity. You will develop beginning skills needed to guide and manage behaviour and assist children to develop the skills to develop self-regulation.

### Assessment Tasks Summary

- **001:** Socialisation and Attachment
- **002:** Becoming Social
- **003:** Managing Behaviour
- **004:** Providing Choices
- **005:** Respecting Differences
- **007:** Challenging Racism

### Portfolio Tasks

- Effective Interactions
- Support Behaviour

### Workplace Tasks

- **WP001:** Carer Behaviour
- **WP002:** Diversity Resources
- **WP003:** Exploring Resources

By now you should be aware of the many factors that influence children’s development. You will be aware that the social and cultural context of the child and the family are critical factors in children’s development. You are also aware that physiological factors such as health, genetics and personality and temperament are also major factors in influencing development.

Critical to healthy emotional development is the establishment of secure attachments to primary carer – firstly to mother, then father and later to other family members. The process of bonding and attachment allows the infant to feel safe and secure. Failure to develop a secure attachment can have lifelong consequences on the individual’s ability to function successfully at an emotional level.

**Task 001** explores the types of attachments that may form between infant and mother and the impact such attachment may have on the developing child. To complete Questions 1-4 you will need to read pages 161 - 170 in your text.
Task 002 looks at the strategies that can be used to assist toddlers to manage their growing need for independence and comply with limits to behaviour. To assist you in completing this task go to pages 175-178 in your text.

Guiding children to develop the skills to behaviour in a socially acceptable manner is an important task for both parents and carers. When children enter early childhood settings they must adjust their behaviour to comply with participation in a group setting. Children must learn that behaviours that may be acceptable when at home may not be acceptable in a setting where there are large numbers of children.

Sharing, turn-taking, waiting, cooperating and compromise are new skills for many children. Younger children do not yet have the cognitive skills to manage these tasks on their own and need direction and continuous guidance of supportive carers. It is important to remember that very young children are not able to generalise - they function from specific to specific. That is they cannot yet understand that if I am told not to stand on the lounge this also means that I should not stand on the chair. As children move into the preschool years that are able to make connections between chunks of information and begin to apply their knowledge across a range of situations.

The key to effectively guiding behaviour is consistency, so that children can come to understand what is acceptable and what is unacceptable. Children also need to be constantly reminded of what is expected (rather than what is unacceptable). For example, ‘Remember to walk when you are inside rather’ than ‘Don’t run inside.’

Setting Limits and Guidelines for Behaviour

Guidelines set the standard of behaviour for the group. Knowledge of child development and practitioner views about acceptable behaviour will influence the limits and guidelines that are set for children’s behaviour, for example, ‘friendly touches only’, ‘we use words to solve our problems’ or ‘we are friendly to each other’. When setting limits and guidelines for behaviour it is important to take into account the abilities of children, the culture and background of children and the policies of the service. Where practicable, limits and guidelines can be discussed and negotiated with children. Obviously, this will depend on the age and ability of the children but it can be a very powerful way to encourage self-regulation.

Behaviour Management Principles

All practitioners will have personal feelings about how unacceptable behaviour should be handled. There is a great deal of evidence to support the use of positive guidance as a discipline strategy. The Information Box below shows how Gordon and Browne (1996) use the concept of a guidance continuum as a helpful way of determining the level of intervention that may be required when conflict arises.
Other strategies may include:

- **Distracting** a child who is unable to control emotions or listen to explanations is an effective strategy.
- **Redirection** is a very effective technique for young preschoolers but does not give older children the opportunity to work through problems and acquire social skills.
· **Discussion:** a preschooler or school-aged child may be able to discuss challenging behaviour and identify some ways to try to change the behaviour.

· **Acknowledging appropriate behaviour** is probably the most important strategy when dealing with children’s behaviour. Appropriate behaviour will persist if children are given timely, specific feedback about what they did well. Acknowledgement can be concrete, verbal or non-verbal. The goal is to move from external acknowledgement to a stage where children monitor and evaluate their own behaviour based on judgements of what they know to be acceptable or not acceptable.

**Natural consequences:** the use of natural consequences means that the child must deal with the natural outcome of their behaviour. The practitioner advises the child of the natural consequence but allows the child to make a choice. For example, ‘Zoe, if you take your special ring outside it may get lost and I won’t have time to help you find it.’ If Zoe chooses to wear her ring outside and subsequently loses it, then she is forced to take responsibility for her actions. Zoe will be upset at losing her ring.

The practitioner would remind Zoe that she had suggested that she not take it outside. Natural consequences help children take responsibility for their actions and can be used to help children think through their actions and anticipate possible outcomes. This is not an easy task for preschoolers, who are concrete, ‘here and now’ thinkers. The application of natural consequences can certainly tear on the heartstrings but it is a useful behaviour management strategy.

**Logical consequences** are similar to natural consequences but include adult intervention in applying the consequence. Logical consequences focus on the child’s behaviour and should be applied consistently each time the behaviour occurs. Logical consequences work best with older preschoolers and school-age children who can understand simple cause and effect: *if you do A, then B will happen.* For example: ‘If you don’t leave your hat on you will have to play on the veranda.’ ‘If you swing on your chair you will have to sit on the floor.’ ‘If you leave your skateboard in the driveway again I will confiscate it for two weeks.’

Logical consequences help children to develop self-discipline and to think about the effects of their behaviour on themselves and others.

**Concrete rewards:** using concrete rewards can be a particularly effective strategy for some children. Concrete rewards are best reserved for children who do not respond to acknowledgement or other regular behaviour management strategies.

Practitioners often express concerns about the use of concrete reinforcers. Some practitioners feel they create a sense of ‘unfairness’; for example, ‘If I give Maria a sticker for sitting quietly I’ll have to give one to all of the children.’ This view does not take into account the differing needs of the children, nor does it acknowledge that most children do not need extrinsic reinforcers and are happy with a smile or a positive statement such as ‘Thank you, everyone, for listening quietly to the story’.
Some practitioners are unsure what to do when other children ask if they too can have a sticker. A practitioner can respond by saying, ‘Maria needs these stickers to help her remember how to sit quietly. You can already do that. I’m so proud of you, you don’t need any stickers’.

Alternatively you can enlist the ‘help’ of other children. ‘Maria sometimes forgets how to sit quietly and listen at group time. We need to help her to remember and tell her how happy we are when she doesn’t interrupt.’ How this situation is managed will be at the discretion of the practitioner based on detailed knowledge of the children involved.

**Changing the program or environment:** the environment has an influence on the way children behave. Not all young children can cope with group care, successfully separate from their parents or function in an environment where free choice is the general rule. In any intervention program it is important to consider whether or not there are aspects of the daily program or routine that contribute to the unacceptable behaviour.

Transition times that are too abrupt, or require children to wait, contribute to inappropriate behaviour. Transitions, particularly where whole groups move together, should be kept to a minimum or avoided if possible.

Time-out (or the ‘naughty chair’): time-out was a popular behaviour management strategy of the 1970s. Its effectiveness and appropriateness for use in early childhood settings have since been seriously challenged. Time-out can leave children feeling embarrassed, humiliated, ridiculed, frustrated and angry. The use of time-out for toddlers and preschool children does not take into account the children’s social and cognitive development. Young children are:

- still learning about social rules and expected behaviours
- only just beginning to generalise behavioural expectations
- have a limited ability to think logically
- are not good at predicting or anticipating events
- are just beginning to master impulse control
- have a limited understanding of cause and effect
- find it difficult to see things from the point of view of others.

Using time-out can result in children being labelled ‘bad’ or ‘naughty’, especially by other children. Time-out is not effective in reducing the undesirable behaviours and is often seen by the child as a punishment. Time-out certainly does not help the child to understand or change their behaviour.

There are times when a child must be removed from a situation, but this should not necessarily equate to ‘time-out’. Isolating a child does not help the child to develop new ways of dealing with particular situations. Time-out damages a child’s self-esteem and may even escalate the undesirable behaviour. Using time-out means that children are not given any strategies to help them change their behaviour and they are often removed from experiencing the consequences of their behaviour.

**Self time-out**: teaching children to give themselves time away to calm down is an effective preventative strategy. Providing a quiet area away from others, where children can relax or calm down, has many benefits. Children can be taught to become aware of their own mood and take
action to remove themselves if required; for example, have a designated relaxation or quiet area set up by throwing a sheet over a table and placing some cushions under it to create a quiet haven to which children can retreat.

Practitioners can help children to recognise when quiet time is needed. ‘Cassie, I can see you’re getting a little angry. Why don’t you go and spend some time in the relaxation area?’ ‘Ethan, why don’t you get a book and take it to the relaxation area? Have a few moments to yourself.’ Such strategies teach children the importance of giving themselves time out to recover, calm down, or collect themselves. It allows children to withdraw in a non-threatening and non-blaming way, which maintains their dignity and self-esteem. Children can return to the group at their leisure and a smile or welcome back from the practitioner allows the child to start over without ill feeling. The relaxation area should be limited to one child at a time – it is not an area for play but an area for quiet solitude where the child can regain control of his or her feelings.

**Special time:** for children whose behaviour is motivated by a desire for more attention, setting aside some ‘special time’ may help decrease the behaviour; for example, being a ‘special helper’ or spending one-on-one time with the child.

**Empowering other children:** children who are on the receiving end of physical or verbal aggression can be taught how to respond in a way that does not result in retaliation or further violence.

Helping children to respond assertively to physical aggression is not an easy task. Practitioners need to model appropriate strategies.

**Saying ‘sorry’:** there is no real point insisting that children say ‘sorry’. They may not be sorry or may not even know why they behaved in a particular way. Saying sorry is an important social skill but it must be genuine, otherwise it becomes a meaningless exercise and the child may learn that saying sorry is a ‘fix all’ solution. Insisting that the offending child do something to help the injured child is often a much more effective strategy and helps the offending child begin to appreciate other people’s feelings.

**Conflict resolution:** there is a range of different conflict resolution strategies that children can be taught to use to effectively resolve conflict. This can begin with very young children by teaching them a hand signal such as stop. When children are able to use words they can be taught to say ‘no, stop’ to convey a very clear message to another child. Obviously, the use of conflict resolution strategies will depend on the children themselves. Children will need to be supported to use conflict resolution strategies by adults who can act as role models and coach children to effectively use these strategies. To be effective conflict resolution must be introduced and practiced consistently over a long of time. Gartrell (2004) provide a very practical way to assist children to manage a conflict situation with carer support – called the ‘five finger formula’.

   a. Cool down – the carer assist children to calm down
   b. Identify the problem
   c. Brain-storm a solution (with carer help)
   d. Go for it! Work out a solution and try it
e. Follow-up – the carer supports, monitors


Task 003 looks at the strategies that can be used to guide children’s behaviour.

Task 004 examines how the carer can offer choices and promote decision-making as a way of supporting appropriate behaviour. This task requires you to take on the role of a carer who is serving morning tea to a group of children aged 20 months to 5.2 years. You must think about the age of the children and the skills that they are likely to have developed. To assist you with this task to pages 175-177 in your text.

**Anti-bias Education**

Anti-bias curriculum is addresses issues surrounding acceptance and respect for differences and acting against bias and unfairness. Quality children’s services will have in place a program approach which challenges bias, stereotyping and prejudice. An Anti-Bias approach is founded on respect and acceptance of difference.

Derman-Sparks & Olsen Edwards, (2010:4-5) suggest that there are four core goals in relation to an anti-bias curriculum:

- Each child will demonstrate self-awareness, confidence, family pride, and positive social identities.
- Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring human connections.
- Each child will increasingly recognize unfairness, have language to describe unfairness, and understand that unfairness hurts.
- Each child will demonstrate empowerment and the skills to act, with others or alone, against prejudice and/or discriminatory actions.


Australian families represent a wide range of cultures and within each culture there is great variation. Not surprisingly, every family and every child is unique.

It is very important for children’s self esteem and development that they feel their culture is respected and that they are valued as individuals regardless of their:

- Ethnicity
- Appearance
- Ability
- Social class
- Gender
- Language.
The Development of Bias

Our culture largely determines ‘who we are’ – what we believe in (values and attitudes) and how we behave. Child rearing practices have a significant influence on the development of attitudes and values.

Tolerance of difference begins in the home. Unfortunately, many children learn intolerance, bias, racism and bigotry from their parents. Intolerance generated by family and cultural beliefs is extremely difficult to overcome. However, carers can insist that children treat each other with dignity and respect within the confines of the service, even if such tolerance is not practiced in the home. Research has shown that by age two years children notice physical differences such as skin colour or physical disability.

By age four, children will have a strong sense of self, and begin to compare themselves with others. They are still struggling with the concept of constancy and when they see obvious differences in others they may wonder if they too may become a person of colour or change from a girl to a boy, or acquire a physical disability.

Children will often worry about such possibilities and use their knowledge of cause and effect to try and understand these differences. For example:

- “If I play with dolls will I become a girl?”
- “Will my skin change colour if I play with the child who is black?”
- “Will my legs stop working if I play with the girl in the wheelchair?”

To children who are still learning about differences and similarities these concerns are very real. It is important to note that even though children notice and ask questions about differences they are not necessarily being biased. Bias is an acquired attitude that evolves over time as a result of influences from family, culture and society.

**Differences**

**Sasha and Imran**

2yr old Sasha is fascinated by baby Imran’s dark skin. The carer encourages Sasha to play with Imran and gently hold his hand. The carer talks in positive terms about Imran. “Imran is such a clever boy. He can sit up all by himself. Imran likes it when you talk to him. See, he’s smiling at you.”

**Kirra’s Mother**

Several of the preschool-age children have commented on Kirra’s mother, Ann, who is a paraplegic. They watch intently when she arrives with Kirra. They are interested to know ‘what’s wrong with her legs’. They are also interested to see that Ann can drive a car even though she can’t use her legs. The carer approached Ann and explained the children’s interest. Ann was happy to talk to the children and show them the special hand controls in the car.
Gender Equality

Carers at Sunshine CCC have made it a priority to ensure that the service actively promotes diversity by having pictures, dolls, books, puzzles and dramatic play materials that represent cultural, ability, physical and gender diversity.

Cultural Diversity

Pam is a carer with a rural FDC scheme. The only cultural groups in the small community are Aboriginal and Anglo-Australian. Pam has made a real effort to expose children to the broader cultural diversity that exists with Australia. She has introduces music and songs from other cultures, and borrows books from the library which depict cultural diversity.

Explore Differences

Lyn, a carer with an OOSH program has noticed that several of the older children refer to an Asian family as “The Chinks”. Lyn knows that this lack of respect for cultural differences is reflected in the broader community. She decides to address this by implementing a program on cultural tolerance that will involve the children exploring different cultures and meeting members of the local Asian community.

Services where an anti-bias program has been adopted will have in place a philosophy, policies and procedures that promote anti-bias principles. The following is one example of an anti-bias philosophy statement.

Anti-bias Philosophy Statement: Lady Gowrie Child Centre Sydney

“We believe that during the first five years of life, young children acquire values and attitudes towards themselves, their friends, families and society that grow with them into adulthood.

Positive attitudes towards differences in gender, culture, ability and family structures are promoted throughout the program. Family practices are valued and offer insight into cultural differences.

Parent participation is encouraged. Each child has their own learning style, special talents and needs and these develop at different rates. Staff and parents work together to enhance physical, social, emotional and cognitive, creative and social skills.

We value the process of problem solving, negotiation and conflict resolution and aim to share these with our children through interactions. Children can learn to be proud of who they are and stand up for themselves and others in the face of bias and discrimination. A healthy, safe and loving environment provides the security necessary for the development of positive relationships between staff, parents and children where all are respected and listened to.”

Promoting Respect for Differences

Carers can promote an acceptance and tolerance of differences by:

**Encouraging children to explore and talk about differences**, while at the same time highlighting individual strengths and similarities. For example carers can talk to older toddlers about food preferences or favourite games.

- “Seren’s favourite sandwiches are vegemite and Ashun’s favourite sandwiches are jam.”
- “Elliott’s favourite game is Ring-a-ring-a-Rosie and Carna’s favourite game is ‘Everybody Do This’.”
- Talking about obvious physical differences, such as skin, eye and hair colour.
- “Owen has blond hair and Patel has black hair.”
- “Owen has blue eyes and Patel has brown eyes.”
- “Owen and Patel like to climb and ride the trikes.”

**Avoiding saying “We are all the same”**. As children become aware of differences carers should acknowledge these differences rather than ignore them. Statements such as “we are all the same” is obviously untrue, even to a two year old! Pretending differences do not exist does not help children to accept and tolerate these differences.

**Using routine experiences** as opportunities to talk about differences and similarities. For example, when children are toileting or hand-washing carers can talk about differences in skin colour, facial features, and hair. During meals carers can talk about different foods, diets and food and cooking utensils. When children are dressing or at sleep/rest time carers can talk about differences in clothing, footwear and personal preferences.

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**Discomfort with the Unfamiliar**

*Elliot laughs as he chants Yinko’s name. “Yinko, Binko, Stinko. You are a skinko. You’ve got a smelly name!”*

“Elliott, why are you making fun of Yinko’s name? You are hurting his feelings. It’s not OK to make fun of someone else’s name.”

“But it’s a funny name.”

“It’s not a funny name Elliott. It’s a Japanese name. Yinko and his family are visiting from Japan.”

“Oh”, says Elliott, “Japan. What is your Dad’s name Yinko?”*
Avoiding gender stereotypical language. Typically, in the course of conversation, most non-living things as well as animals tend to be referred to as ‘he’. For example, “That poor dog, I bet he doesn’t have a home.” “Give teddy a hug, I think he’s sad.” The female gender tends to be assigned to things such as dolls, but not much else, for example in the following traditional rhymes.

“The elephant goes like this and that; he’s terribly big and terribly fat.”

“Five little monkeys jumping on the bed, one fell off and hit his head.”

Characters in children’s book are more often than not, male. Males are usually assigned roles as powerful, funny, naughty, brave, and problem-solvers. Females tend to be assigned roles that are caring, nurturing and clever.

Our society is very much gender biased towards males. To redress this, carers can make a conscious effort to balance male and female gender in the program and in their use of language.

Responding To Bias

In order to help children develop tolerance, it is essential for carers to respond directly when bias occurs. Remember, children do notice differences and where these differences make them feel scared or uncomfortable they are likely to respond with bias. Derman-Sparks (1989) believes that by responding promptly, carers are able to help children make the connection between their actions and words and the unfairness of bias.

Developmentally, very young children are not able to consider things from another person’s perspective. However, they are able to think about how they feel when they are hurt, angry, upset or excluded by others. Carers can help children to recall their feelings and talk about their
own emotions as a way to help them understand how others are feeling. This is a useful strategy when children make comments or exclude others on the basis of arbitrary difference. For example, “We’re not playing with her, she wears old clothes/she’s black/she’s dumb/she talks funny”. Children can be reminded that words can be hurtful to others. Carers should never ignore such behaviour, and if age appropriate, have children apologise for using ‘putdowns’.

Bias can occur in many forms, sometimes it is very confronting and difficult to know the ‘best way’ to respond, especially when the bias is a direct reflection of the child’s family values. It is certainly very sad to hear young children reflecting the bias of their parents and family.

The following scenarios are examples of discrimination, stereotyping and prejudice you may encounter as a carer. As you read through them, try to identify the particular bias in each.

Bias

The service has a student who is from a Middle Eastern Country, Tahmina. Tahmina wears traditional dress. Carna, 4yrs, tells her carer that her father said “People like her should stay in their own country”

Four-year-old Brad’s father arrives at the service to find Brad playing dress-ups with several other children. Brad is wearing a floral dress, earrings, high heels and a woman’s hat. Brad’s father is outraged. He does not think this is appropriate play for a boy.

Several parents have complained about the enrolment of Alex, who has multiple disabilities. They believe that their own children will be disadvantage because the “handicapped child” will require lots of extra attention. Several of the children now refer to Alex as “the handicapped kid.”

Several parents have heard that the Aboriginal children who attend the service are fully subsidised. They demand to know why “The Aboriginals” are getting special treatment. Marnie, 4yrs, says to one of the Aboriginal children, “My dad says you’re an Abo.”

Owen, a carer in the nursery is gay. Several parents have made it clear that they don’t want Owen to care for their child. Josh, 4.9yrs tells his carer that his Dad says Owen is “queer.”

Respond immediately – children will have a better understanding of the response if it occurs at the time the comment is made or the question is asked

Respond simply – a clear and simple answer is the best response. Explanations should not confuse or patronise and should relate to the context of the child’s own experience

Respond authentically – honest answers that tell the truth are the most appropriate. Give correct information. Children need to feel comfortable to raise differences and issues related to diversity so the climate in the service needs to be one that encourages this – children should
never be ridiculed or chastised for what they say if it reflects biased attitudes – what children need is the correct information

**Acknowledge differences** – it is essential that children understand that there are differences in people. For example, when a child asks about the colour of someone’s skin it would not be appropriate to say, “But we are all the same on the inside.” The child wants to know about what they see and experience

**Model behaviour** – children learn from watching other people’s behaviour. Ensure that your interactions with all people are respectful. Children in turn will learn to communicate and act respectfully toward all people.


You should now attempt **Task 005**. In addition to the information in this Study Guide you should:

- Go to
  - Reading 11: Anti-Bias Education for Young Children and Ourselves.


**Workplace Tasks**

The workplace tasks for this unit require you to explore a number of issues around behaviour and diversity.

**WP001**: Your first task is to examine your organisations Behaviour management Policy. As you read the policy think about how it is translated into practice. What strategies are used to guide and manage behaviour? How are children supported to learn about rules and limits of behaviour? How are children supported to cooperate and respect others?

The next part of this task requires you to identify three key rules/limits for behaviour, the strategies used and explain how each strategy used supports children's learning and development.

To assist you with this task go to:

- Reading 5: Delaware Early Learning Foundations: Infants and Toddlers
- Reading 6: Delaware Early Learning Foundations: Preschool
WP002: This task requires you to undertake an evaluation of the equipment and resources available to children that reflect diversity. This task will allow you to reflect on how diversity can be integrated across the curriculum by using a range of resources for children to explore.

WP003: Your final task for this unit focuses on locating resources that can be used with children to explore cultural diversity.

Reflection

This unit explored communication in the context of socialisation and inclusion. As an early childhood education it is essential that you are aware of your own biases and that you act in a professional manner at all times when working with children and families where beliefs and values may be different to your own.

Congratulations, you have now completed Cluster 5
Cluster 6: Inclusive Practices

This cluster explores the knowledge and skills needed to support the principles of inclusion and to work effectively with all families to support the child’s development.

There are two competencies included in this cluster:

- CHCRF301D Work effectively with families to care for the child
- CHCIC302A Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

Cluster 6.1: Working with Families

Working with parents can be both rewarding and challenging. At Certificate 3 level you are not responsible for working directly with families but must understand how carers and families can work together to support the child.

This section of cluster 6 looks at developing a range of skills necessary to develop a positive, respectful relationship with families. You will explore the definition of family and better understand how families function. This unit also identifies the skills and knowledge needed to assist in the child’s transition into care and negotiate in relation to care practices.

Assessment Tasks Summary

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Workplace Tasks

WP001: Transition into Care
WP002: Visual Display

Childcare practices will vary from one family to another. Childcare workers must respect these differences and act in an ethical and professional manner to develop a positive working partnership with families.

You will recall from your reading of the ECA Code Ethics (2006) it states:

II. In relation to families, I will

i. Listen to and learn from families, in order to acknowledge and build upon their strengths and competencies, and support them in their role of nurturing children.

ii. Assist each family to develop a sense of belonging and inclusion.

iii. Develop positive relationships based on mutual trust and open communication.

iv. Develop partnerships with families and engage in shared decision making where appropriate.

v. Acknowledge the rights of families to make decisions about their children.
vi. Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems.

vii. Develop shared planning, monitoring and assessment practices for children's learning and communicate this in ways that families understand.

viii. Acknowledge that each family is affected by the community contexts in which they engage.

ix. Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families.

x. Maintain confidentiality and respect the right of the family to privacy.

Working with families can be both rewarding and challenging. Except where the child may be considered at risk the family’s right to make decisions about the care of the child must be honoured. There will be times when you feel at odds with a family in relation to care practices. However, as an early childhood educator you are responsible for ensuring that your practices reflect the ECA Code of Ethics at all times. If you work towards achieving the principles outlined in the Code you will be able to build a respectful relationship with the families which will form the

**Before you begin this unit you may like to go view the following video:**

**Change the First Five Years and You Change Everything**

http://www.youtube.com/watch?v=GbSp88PBe9E&feature=related

*This video, although set in America, explores the impact early childhood programs can have on children living in poverty.*

**Task 001, Question 1** asks you to reflect on the elements of an effective partnership with families. To assist you with this task go to page 157 in your text.

**Question 2** explores the difficulty in defining the concept of ‘family’. Each of us will have our own concept of ‘family’ that will vary according to our own experience, culture, spiritual and moral beliefs. Our concept of ‘family’ is also likely to vary over time and in relation to our own life experiences. As you read about the diversity ‘family’ compositions reflect on how such diversity enriches the community. If you have a more traditional view of family you should reflect on the importance of being tolerant and accepting of family compositions that may fall outside of your belief system or current life experiences.
The most effective strategy to build a positive relationship with families is friendliness and genuine warmth and respect from staff. Parents must feel they are welcome, important and valued. When carers share their expertise they should do so in a way that ensures parents do not feel inferior or devalued in any way. According to the article *Effective Practice: Parents as Partners* (2007:4-5) helping parents to feel valued can be achieved by:

- Ensuring that resources and displays represent the ethnic, cultural and social diversity in society Seeing their own family background and culture represented as well as those of others.
- Always getting a warm and genuine greeting
- Seeing that all parents are treated equally without any favouritism
- Staff pronouncing parents’ and children’s names correctly

Staff being flexible and able to cope with the unexpected twists and turns of family life.

The article further states that when child care services ask parents what they need from practitioners, their comments usually include someone who:

- really likes my child and knows them well
- listens, and doesn’t just tell us what to do
- understands if we are a bit late arriving
- cares about me as well as my child
- gives me time to talk
- smiles and has a sense of humour.

**Source:** Effective Practice: Parents as Partners. The Early Years Foundation Stage. UK

**Question 3** explores differences in child rearing practices based on personal values, cultural and social factors. For this question you must balance the need to be sensitive and respectful of each family’s beliefs and child rearing practices and the need to comply with policies and procedures in caring for children in out of home settings. As you are completing this task you may find it helpful to reflect on the ECA Code of Ethics ‘in relation to families’. To assist you with this task go to pages 163-170 of your text. You should also:

- Go to:  
  **Reading 12: Navigating Common Pitfalls in Parenting Conversations – Developing the Partnership**

**Question 4** asks you to consider the range of strategies that can be used to communicate with families. To assist you with this task go to pages 181-183 of your text.

**Task 002, Question 1**, looks at the four commonly held misconceptions when working with families from culturally and linguistically diverse backgrounds. To assist you with this task go to pages 163 of your text. As you are completing this task think about how you might feel if you
were transported to a different country where the culture, language and child rearing practices were totally different to your home country. How would you cope?

Question 2 is based around an article that explores working with CALD families. To assist you with this task:

Go to:
Reading 13: Working with Culturally and Linguistically Diverse (CALD) Families

Task 003 explores the range of strategies that can be used to facilitate the sharing and exchange of information between carers and families. To begin you should read pages 181-183 of your text that refers to ‘Getting the message across’. Think about the way in which information is communicated to families in your service. You may like to talk to other members of your team about what they consider to be the most effective strategies. For this task you are required to describe three key strategies used by your service to share and exchange information with families. You should consider the effectiveness of each strategy and explain why it is used. Try to reflect critically on each strategy – do they take into account the diversity of families using your service?

Workplace Tasks

WP001 is in 3 parts and requires you to examine the process of transitioning children into care. In Part 1 you are required to explore the enrolment process - you will need to obtain a copy of the enrolment form and information provided to parents prior to and at the time of enrolment. You will also need to interview a staff member who is responsible for enrolment/orientation of ‘new’ children and families.

Before you commence this task you should read all three parts and discuss the steps with your workplace supervisor.

Part 2 of this task requires you to interview a parent about the enrolment/orientation process. The purpose of the interview is to gain an understanding of the enrolment/orientation process from the parent’s perspective. You must seek permission from the director/co-ordinator prior to the interview that will assist you in selecting a parent who is willing to participate.

To prepare for the interview you should:

Give the parent the form letter and survey (attached to the assessment task) to the parent explaining the reason for the interview and assuring the parent that the responses will remain anonymous – you should not use the name of the parent or child in any part of your report.

The parent may like to record his/her answers prior to the interview. If this is the preferred response your role would be to read the answers and ask additional questions to expand or clarify the responses as required.

Part 3 of this task requires you to write a report on your findings. You should address each part of the task in your report and try to keep your report objective and factual. Where the parent has
raised issues, concerns or gaps in the transition/orientation you might like to suggest how these could be addressed by the team.

Before commencing WP002 go to:

Reading 14: Learning Begins at Home for Parent/Carers of Young Children

WP002 requires you to create a visual display for parents on one aspect of the program. For example outdoors play, block building, dramatic play etc.

Before commencing this task you should discuss your choice of topic with your workplace supervisor.

Try to be creative and think about:

- The message or information you wish to provide
- The layout – don’t make your display too busy – it should be easy to read
- Minimising the amount of words - try to use pictures/diagrams
- Making your display interesting – could you use a 3D element? (try Googling scrapbook ideas to give you some creative inspiration for your visual display)

Reflection

Working in partnership with families can be both rewarding and challenging. Early childhood educators have an important role in supporting families to undertake the most difficult job of all – raising children. As a carer you must be open, empathic and supportive of families – offer assistance when needed and avoid taking on the role of ‘expert’. Remember the people who know most about the child are family members.

Congratulations, you have now completed 6.1
Cluster 6.2 Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

· CHCIC302A Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

This section of Cluster 6 describes the skills and knowledge required to support the participation of Aboriginal and/or Torres Strait Islander children and families in children's services. This support includes contributing to other children’s understanding and acceptance of Aboriginal and/or Torres Strait Islander culture and history and removal of potential barriers to their participation in children’s services.

This unit is intended for children services workers to encourage and promote understanding and acceptance of inclusion of Aboriginal and/or Torres Strait Islander people in environments where they may or may not work directly with Aboriginal and/or Torres Strait Islander children and families.

You will be challenged to explore your own attitude towards and knowledge of Aboriginal and/or Torres Strait Islander people.

Assessment Tasks Summary

001: Cultural Identity

Portfolio Task

Inclusive Practices

Workplace Tasks

WP001: Exploring Similarities

This history has been characterised by racism, bias, prejudice and a white, middle class perspective. You may or may not have had the opportunity to research the history of ATSI people. You may feel that such knowledge is extremely important in your work with young children or perhaps you have given little thought to this information. Regardless of whether or not you know or work with ATSI colleagues or have ATSI children and families enrolled in your service being familiar with the history of white settlement will assist you to better understand how it impacts on their lives today.

The Royal Commission into Aboriginal Deaths in Custody stated:

The history of Aboriginal dispossession is central to understanding contemporary Aboriginal and non-Aboriginal relations. According to the website Working with Aboriginal and Torres Strait Islanders and Their Communities the history of Aboriginal and non-Aboriginal relations includes the following phases:

· The 60,000+ years before the arrival of Europeans
· Initial invasion and colonisation (1788 to 1890)
· Protection and segregation (1890s to the 1950s)
· Assimilation (1940s to the 1960s)
- Integration, self-determination and self-management (1967 to mid 1990s)
- Reconciliation (1991 to the end of 2000)

Implications for service providers when working with Aboriginal families

- Workers understanding of the concepts of ‘family’ and ‘kinship’:
  - Aboriginal people value an extended family system
  - Aboriginal peoples place great value on belonging to a group and conforming to the obligations and responsibilities of other group members

- In Traditional Aboriginal society children are the responsibility of not only their biological parents but their entire extended family:
  - raising a child is everybody’s responsibility including his or her care, discipline and education.
- Many aged Aboriginal people have a major role in raising their grandchildren and great grandchildren.
- Elders have a very important role in traditional and contemporary Aboriginal families:
  - they are often the key decision makers. They teach important traditional skills and customs, pass on knowledge and share personal stories.
- When listening to Aboriginal people talk to each other you may notice that they rarely address each other by name. They often use relationship terms such as brother, aunt, cousin etc.
- The *Stolen Generation*’ is the term used to describe the children who were removed from their families from the early 1900’s through implementation of Government policies.
- As a Worker you need to remember the importance of extended family for your Aboriginal client and your Aboriginal Workers.
- In many Aboriginal and Torres Strait Islander communities it is offensive to refer to a deceased person by name or to show photographic images of the person during the mourning period, unless agreed to by the relevant family. Mourning periods differ between communities, sometimes the person’s name or image cannot be used for a week or a year, and sometimes it is for an indefinite period.

The website recommends that every organisation should look critically at its setting to ensure it culturally appropriate for Aboriginal and Torres Strait Islander. Questions that can be considered include:

- How are Aboriginal people reflected in your Centre’s vision, aims and objectives?
- Are your Centre’s policies appropriate to Aboriginal people’s interest?
- Have you got a policy on reconciliation or anti-racism visible? What is there to show that the Centre values and welcomes Aboriginal people e.g.: Aboriginal flag, artwork, and posters?
What information is available on Aboriginal services?

Do you have an informal non-threatening area where you can sit and talk?

While it is not possible in the context of this study guide to explore the many issues facing Aboriginal and Torres Strait Islander people and their communities there is a wealth of knowledge now available on various websites that have been written by Aboriginal and Torres Strait Islander people.

**Source:** Working with Aboriginal and Torres Strait Islanders and Their Communities. www.workingwithatsi.info

**Task 001, Question 1,** requires you to examine the history of ATSI people and communities in Australia. To assist you with this task:

Go to:
**Reading 15: Australia – A National Overview**

To assist you with the remaining questions 2-7 you will need to refer to the various readings and links as indicated in your assessment tasks. The following readings will assist you to complete the remaining tasks:

Go to:
**Reading 16: Implementing an Aboriginal Perspective Into Any Everyday Early Childhood Environment**
**Reading 17: How Welcome Would Aboriginal and Torres Strait Islander Families Feel At Your Service?**
**Reading 18: Anti Bias Curriculum in Early Care and Education**
**Reading 19: Diversity: A Place to Begin**

**Reflection**

ATSI families and communities remain one of the most marginalised and disadvantaged groups in Australia. Early childhood education can not only actively support ATSI children and families but can also work to promote changes in attitudes that have contributed to marginalisation and stereotyping.

*Congratulations, you have now completed 6.2.*

*This unit concludes your studies at Certificate III level!*
CERT III SUMMARY OF TASKS: ASSESSMENT, WORKPLACE and PORTFOLIO TASKS

Before commencing each unit look at all tasks that must be completed and use this table to schedule a time to complete each task.

Workplace tasks must be planned ahead – always talk to your workplace supervisor about the best time to complete these tasks.

Clusters 3, 4 & 5 contain tasks that require you to work with a group of children. It is essential that you plan these tasks as part of your daily duties.

Cluster 1: Working in a Statutory Environment

1.1: Legal and Ethical
   - CHCCS400A Work within a relevant legal and ethical framework

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<tbody>
<tr>
<td>001: Legislation 1</td>
<td></td>
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<tr>
<td>002: Legislation 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>003: Disclosure of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>004: Legislation and Policy</td>
<td></td>
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</tr>
<tr>
<td>005: Service Complaints Policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Workplace Task**

WP001: Legislation and Policy  
1 week

**Portfolio Task**

Legal and Ethical Practices
### 1.2: OHS
- HLTOHS300A Contribute to OHS process

<table>
<thead>
<tr>
<th>Task</th>
<th>Schedule for completion/timeframe</th>
<th>Tick when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>001: OHS Legislation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002: Hazards</td>
<td></td>
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</tr>
<tr>
<td>003: Hazard Identification: Hierarchy of Risk Control</td>
<td></td>
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</tr>
<tr>
<td>004: Checking Stress</td>
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<tr>
<td>005: Putting It All Together</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Workplace Tasks**

<table>
<thead>
<tr>
<th>Workplace Task</th>
<th>Schedule for completion/timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>WP001: Follow Instructions</td>
<td>2 Weeks</td>
</tr>
<tr>
<td>WP002: Personal Protection Equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td>WP003: Housekeeping</td>
<td></td>
</tr>
<tr>
<td>WP004: Reporting</td>
<td></td>
</tr>
<tr>
<td>WP005: Contributing to Workplace Safety</td>
<td></td>
</tr>
<tr>
<td>WP006: Chemicals</td>
<td></td>
</tr>
<tr>
<td>WP007: Reduce or Eliminate Hazards</td>
<td></td>
</tr>
<tr>
<td>WP008: Manual Handling Demonstration Checklist</td>
<td></td>
</tr>
<tr>
<td>WP009: Hand Washing Procedure Demonstration</td>
<td></td>
</tr>
<tr>
<td>WP010: Nappy Change Skill Demonstration Checklist</td>
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</tr>
</tbody>
</table>

**Portfolio Task**

<table>
<thead>
<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OHS</td>
<td></td>
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</tbody>
</table>
### 1.3 Working in Children’s Services

- **CHCOR303A Participate effectively in the work environment**

<table>
<thead>
<tr>
<th>Task</th>
<th>Schedule for completion/timeframe</th>
<th>Tick when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>001: Reflecting on Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workplace Task</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WP001: Roles and Responsibilities</td>
<td>1 Week</td>
<td></td>
</tr>
</tbody>
</table>

### Cluster 2: Children’s Health, Safety and Nutrition

#### 2.1: CHCCHILD401A Identify and respond to children and young people at risk of harm

| 001: Child Protection Legislation        |                                   |                     |
| 002: Billy                               |                                   |                     |
| 003: Sexual Abuse                        |                                   |                     |
| 004: Supporting Families                 |                                   |                     |

**Workplace Tasks**

<table>
<thead>
<tr>
<th>WP001: Policies and Procedures for Risk of Harm</th>
<th>1 Week</th>
</tr>
</thead>
</table>
### 2.2 CHCCN301A Ensure the health and safety of children

<table>
<thead>
<tr>
<th>Task</th>
<th>Schedule for completion/timeframe</th>
<th>Tick when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>001: Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002: Nappy Change</td>
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<tr>
<td>003: Injuries</td>
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<tr>
<td>004: Supervision</td>
<td></td>
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<tr>
<td>005: Infections</td>
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<td></td>
</tr>
</tbody>
</table>

#### Workplace Tasks

- WP001: Safety Checklist 2 Weeks
- WP002: Emergency Evacuation
- WP003: Administer Medications

#### Portfolio Task

- Children’s Health and Safety

### 2.3 CHCCN303A Contribute to provision of nutritionally balanced food in a safe and hygienic manner

<table>
<thead>
<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>001: Healthy Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002: Food Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>003: Food and Nutrition</td>
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</tr>
</tbody>
</table>

#### Portfolio Task

- Nutrition and Food Safety
### Cluster 3: Caring for Children

- CHCCN302A Provide care for children
- CHCCN305A Provide care for babies

<table>
<thead>
<tr>
<th>Task</th>
<th>Schedule for completion/timeframe</th>
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</tr>
</thead>
<tbody>
<tr>
<td>001: Supportive Relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002: Physical Environments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>003: Quality Routines</td>
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<td></td>
</tr>
<tr>
<td>004: Routines for Preschoolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005: Rest and Meal Times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>006: Transitions and Settling Routines</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Workplace Tasks**

- WP001: Reinforce Secure Attachment to Carers  
  2 Weeks
- WP002: Routines

**Portfolio Tasks**

- Provide Care for Babies
- Provide Care for Children
Cluster 4: Introduction to Child Development, Play and Learning

- CHCPR303D Develop understanding of children’s interests and developmental needs
- CHCFC301A Support the development of children
- CHCPR301A Provide experiences to support children’s play and learning

<table>
<thead>
<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>001: Changes in Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>002: Theories of Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>003: Physical Development</td>
<td></td>
<td></td>
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<tr>
<td>004: Language Development</td>
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<tr>
<td>005: Cognitive Development</td>
<td></td>
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<tr>
<td>006: Supporting Social Development</td>
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<tr>
<td>007: Play and Learning</td>
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<tr>
<td>008: Observing Children</td>
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</tr>
</tbody>
</table>

**Workplace Tasks**

- WP001: First Impressions
- WP002: Resource Collection
- WP003: Dramatic Play Kit
- WP004: Investigate Children’s Thinking
- WP005: Observing Play and Play Environments
- WP006: Our Hands
- WP007: Observation and Documentation

4 Weeks
## Cluster 4: Introduction to Child Development, Play and Learning (continued)

<table>
<thead>
<tr>
<th>Task</th>
<th>Schedule for completion/timeframe</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Portfolio Tasks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Development</td>
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</tr>
</tbody>
</table>

## Cluster 5: Communicate Effectively with Children

- CHCHILD301A Support behaviour of children and young people
- CHCIC301D Interact effectively with children

| 001: Socialisation and Attachment |   |                     |
| 002: Becoming Social             |   |                     |
| 003: Managing Behaviour          |   |                     |
| 004: Providing Choices           |   |                     |
| 005: Respecting Differences      |   |                     |

## Workplace Tasks

- WP001: Carer Behaviour 3 Weeks
- WP002: Diversity Resources
- WP003: Exploring Resources

## Portfolio Tasks

- Effective Interactions
- Support Behaviour
### Cluster 6: Inclusive Practices

- CHCRF301D Work effectively with families to care for the child
- CHCIC302A Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

<table>
<thead>
<tr>
<th>Task</th>
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</thead>
</table>

#### Cluster 6.1: Working with Families

- CHCRF301D Work effectively with families to care for the child

<table>
<thead>
<tr>
<th>001: Partners in Care</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>002: Cultural Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>003: Sharing Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Workplace Tasks**

- WP001: Transition into Care | 2 Weeks |
- WP002: Visual Display

**Portfolio Task**

- Families

#### Cluster 6.2 Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

- CHCIC302A Support Aboriginal and/or Torres Strait Islander families to participate in children’s service

| 001: Cultural Identity |        |        |

**Workplace Task**

- WP001 Exploring Similarities | 1 Week |

**Portfolio Task**

- Inclusive Practices
Plan your week – start by blocking in personal/family commitments, work, housekeeping etc. Now block in time for leisure and study (you should aim for 10 hrs per week)
<table>
<thead>
<tr>
<th></th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Early Childhood Australia’s Code of Ethics. Watson, ACT: Early Childhood Australia.</td>
</tr>
<tr>
<td>10</td>
<td>Kearns, K (2011) Guidelines for Planning: ICCC Resources</td>
</tr>
<tr>
<td>12</td>
<td>Navigating common pitfalls in parenting conversations – developing the partnership. Childcare and Children’s Health. Vol. 8, No. 6, February 2006</td>
</tr>
<tr>
<td>18</td>
<td>Anti Bias Curriculum in Early Care and Education. Bicultural Inclusion Support Services Anti Bias Curriculum in Early Care and Education. PSC WA. <a href="http://www.pscwa.org.au">www.pscwa.org.au</a></td>
</tr>
</tbody>
</table>

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