Reframing Early Education:

What Do Parents Value For Their Children?

Dr Joy Goodfellow

University of Western Sydney - Penrith

j.goodfellow@uws.edu.au

ABSTRACT

Recent research has presented substantive findings concerning early learning and reflected in a body of knowledge about the nature of early development, the critical role played by the child's social and physical environments and the importance of the early years. Learning, when viewed as change that occurs as a result of what is experienced, begins during the prenatal period and spans a lifetime. However, the literature suggests that there are critical periods when foundational learning, that is not easily remediated, occurs. Recent research indicates that the years prior to school entry are one of these.

This paper revisits the concept of early education within the context of what is known about early development, recent brain research, changing images of children as learners. Drawing on a study of parents' use of multicare arrangements, the paper explores the emphasis placed by parents on the importance of early learning that occurs *within family environments* and within *educational programs*. These understandings have particular implications for early childhood educators and those involved in teaching in the early years of school.

The notion of reframing has come from the understandings that I have drawn from recent literature (for example, Dahlberg, Moss & Pence, 1999; Grieshaber & Cannella, 2001; Keating & Hertzman, 1999; Shonkoff & Phillips, 2000) and from my observations of changing practices in the field. Reframing refers to the need to take a new look at the structures and practices within early childhood education. Here, I am using the concept of reframing to reflect recent challenges to find and identify a space for early childhood education within the lives of families of young children. In essence, the recent focus on reconceptualisation of early childhood (see, for example, Grieshaber & Cannella, 2001) challenges all early childhood practitioners to reconsider their perspectives on early education, their images of the child, and their understandings about professional practice.

Currently, one of the challenges for practitioners, and those responsible for designing and delivering preservice early childhood programs is not only to respond to a call to review our professional practices but to reconsider the lenses through which we view such practices (Dahlberg et al, 1999). In addressing the need to reframe early education, early childhood practitioners need to ensure that they not only concern themselves with research outcomes and the theories of practice but the values, beliefs and expectations that they hold

concerning the nature and responsibility of children's services. Further, they need to be mindful of the nature and extent of the democratic processes in which they engage (Dahlberg et al, 1999; Goodfellow, 2001).

While such considerations may initially focus on the child, early childhood practitioners need to appreciate that they take a secondary role to that of parents in influencing young children's development. Indeed, the preamble to Principle 3.1 in the recently published Source Book for the National Child Care Accreditation Council's (NCAC, 2001) Quality Insurance and Accreditation System (QIAS) makes two particular points in relation to this matter. First, the Source Book identifies that the family 'is the most important influence on a child's life' (p.31). Second, it recognises not only the importance of parent involvement and the active exchange of information but a need for co-creation of expertise between parents and early education staff (Hughes & MacNaughton, 1999). This attention to co-construction of knowledge goes far beyond the *technological transfer* or *social control* views of parent participation. While such views have been articulated as being involved in the practical and organisational functions of a service, *collaboration* requires a bringing together of resource information and the sharing of ideas, power and authority (Erwin & Rainforth, 1996; Leavitt, 1994). Collaboration requires interaction. Adult interactions, within a collaborative approach, need to emulate many of the practices indicative of responsive caregiving such as attunement, receptiveness, respectfulness and empathy (Goodfellow, 1998).

Parents' values and beliefs play a major role in determining the type of child care environments they choose for their children (Shonkoff & Phillips, 2000). Values may be described as acceptable ways of being and beliefs, the things that are held as truths. While parents' values may not be clearly articulated they do influence their perceptions of the nature and type of care they wish for their children, their reactions to differing child care environments and their satisfaction with those environments (Goodfellow, 2000).

This presentation, in exploring what parents have identified as reasons for their choice of child care arrangements, will draw from a research project (i.e. the multicare study) that investigated the multiple child care arrangements used by parents in New South Wales for their children of below school age (Goodfellow, 1999). In that study, parents identified their reasons for making choices concerning child care arrangement for their children. These reasons will be discussed here within the context of recent understandings about young children's development and capacity for early learning. These developments include understandings about the early development of the brain and the nature of critical and sensitive periods throughout the early years of life. The discussion will highlight the need for early childhood practitioners to demonstrate an appreciation of the importance of environmental contexts in fostering young children's development and, as an outcome, address the changing views of young children as knowledgeable investigators and learners. Set within these contexts, this presentation raises questions concerning the need to reframe early education in response to the values that parents hold for their children.

Research concerning parents' choices of child care arrangements

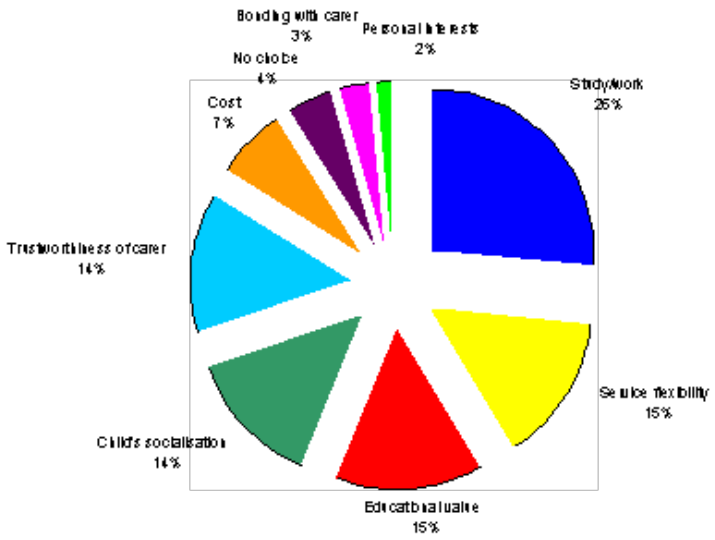
In 1999, in response to a concern for the well being of young children who were experiencing differing care arrangements, the NSW Department of Community Services funded a research project to investigate issues surrounding such arrangements (Goodfellow, 2000; 1999). The objectives of the study were to examine the extent and incidence of multicare arrangements in NSW; the types of multicare arrangements used by parents; the rationale used by parents for choosing multicare arrangements; and, the impact of these arrangements on children, parents and families.

Questionnaires were distributed to all parents in a sample of 52 services across service types in regional and rural New South Wales. In addition, 33 parent interviews and seven focus groups were conducted. Twenty-nine percent of the 1114 respondents to the questionnaires used multicare arrangements. Eightythree percent of the parents who used multicare arrangements were employed and used an average of 41 hours of care a week with the range being between 9 and 70 hours per week. Just under eightyfive percent of respondents described themselves as belonging to dual families with the median income of all families being $600 - $799 per week. The majority of the families spoke English as their first language. Analysis of open responses was undertaken using deductive coding with the statistical package, SPSS, being used for analysis of comparative data. The mix of child care arrangements identified by the respondents and reasons for that mix provide some insight into parents' child care needs and reasons for selection of child care services. The responses also provide insights into what parents value for their children and, importantly, into matters to be addressed when reframing early educational practices, provisions and professional development.

Major findings

Parents were asked to indicate their reasons for the mix of child care arrangements that they were using. Their responses varied from not having any choice at all, to considerations of parents' work patterns and benefits to the child. Graph 1 displays two important features in relation to what parents value for their children and how those values can potentially be supported through the nature of the caregiving practices within those arrangements. First, it shows that the greatest percentage of parents (29%), when asked why they chose the different arrangements, indicated that their arrangements benefited the child. Second, it shows that parents were concerned about the trust they, as parents, could have in their child's carer. Some parents also expressed concern about carer/child *bonding*.

Graph 1: Reasons for choice of multiple arrangements

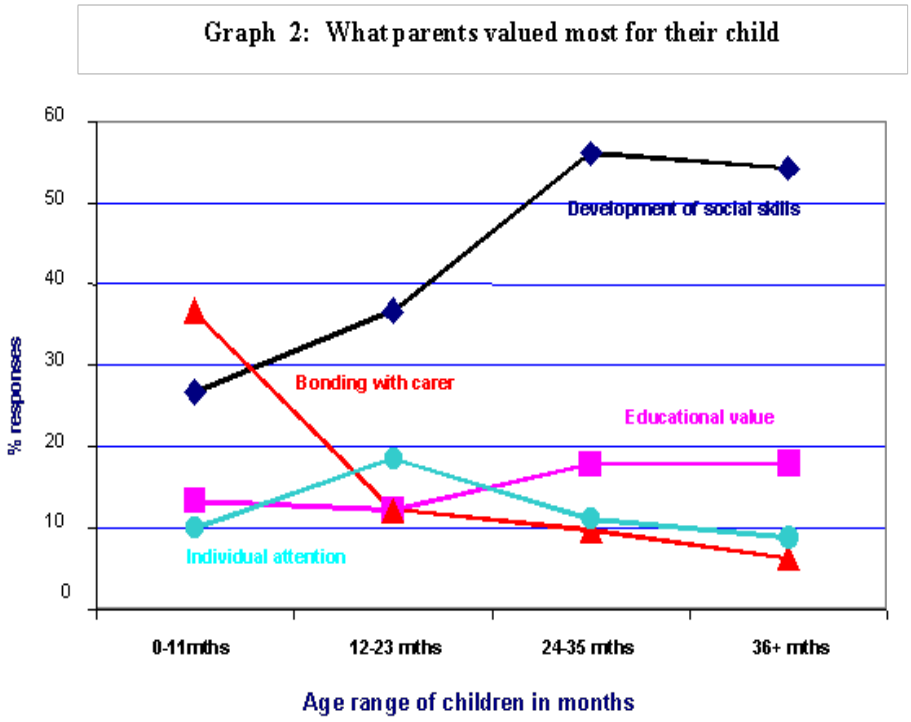


Two other questions in the survey sought to clarify what it was that parents perceived to be of benefit for them and for their children. These questions asked about the*good* and *not so good* things about the child care arrangements and those features of the arrangements which children liked most and least. One parent wrote:

> *I had a choice of three long day care centres and chose this particular one after visiting it on more than one occasion, speaking with staff members and looking at the policies. Staff are nurturing, meals re nutritious and I felt that staff attitudes, values and morals were similar to my own.*

To some extent, these comments could be considered to be related to the notions of trustworthiness and bonding because in trustworthiness parents wished that carers could be trusted to meet the parents' expectations.

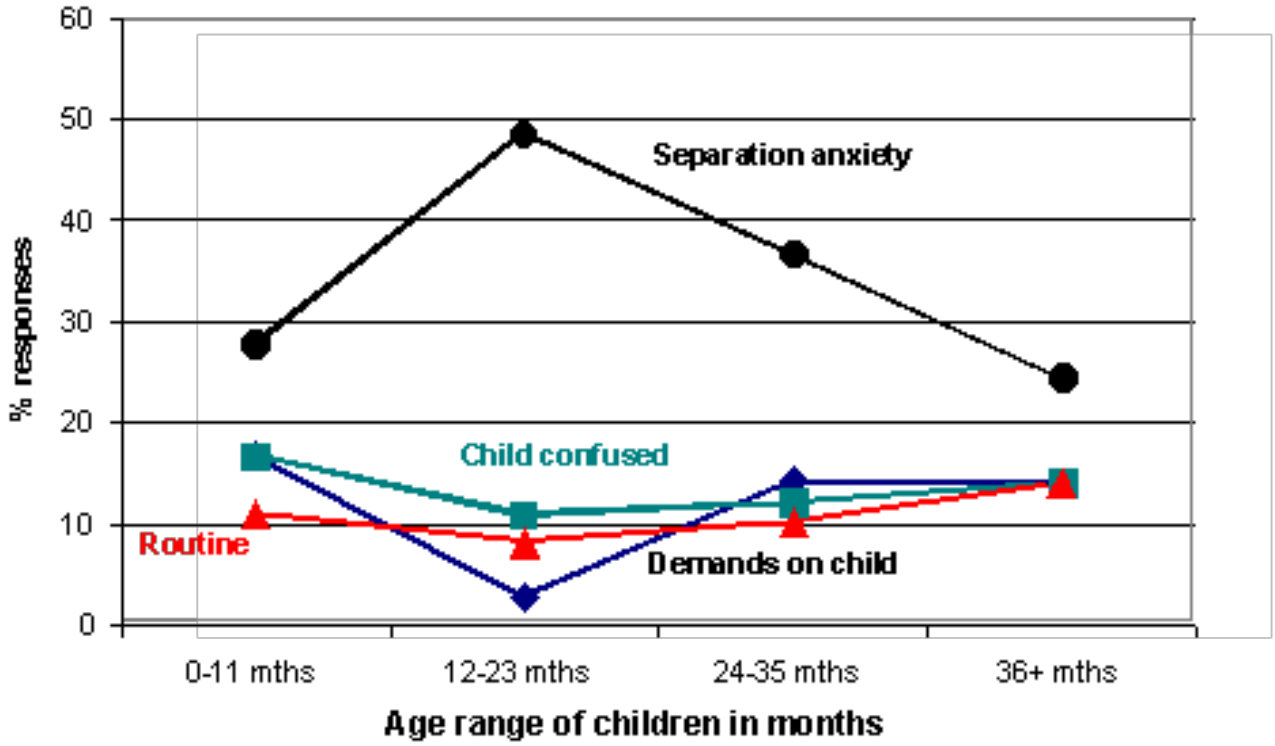
The following graphs highlight the importance parents assigned to relationships and attachment. They also show the movement of parents' focus from a concern with*bonding* at a very early age to *development of social skills* as children come of preschool age where *educational value* was identified by many parents as being of importance.



Regarding the potential for child care arrangements to have a negative impact on children, Graph 3 shows that parents identified *separation anxiety* as being of major concern for parents who had children in the eighteen months to 2 year old age range. Separation anxiety was indicated through children's 'unhappiness' and 'clinginess' in being left at the child care service. Such behaviour was in sharp contrast to the development of more sophisticated but

developmentally appropriate social skills. Although parents' understandings of those factors that significantly influenced their child's development were not made explicit, their responses in the questionnaire and in telephone interviews do reveal considerable insight about parents' expectations and understanding as well as their values and beliefs when interpreted within the light of recent research.

Graph 3: Parents' reported negative impact of arrangements on their children



Research that provides insights into parental values and concerns

There are two main areas of interest that have guided recent research on the impact of child care on young children and these are relevant to providing an interpretation of parents' values and concerns. The first area of research is biological/relational and is informed by neuroscience. It is also relative to issues of attachment relationships especially that of mother-infant.

The second area of research focuses on social/environmental influences and is concerned with the effects that placement in child care can have on children's development (Shonkoff & Phillips, 2000). These research foci have direct relevance to the major issues raised by parents in the multicare study. In particular, parents in that study sought environments that supported their valuing of effective relationships and the need for their children to acquire those skills necessary to function effectively in relationship with others.

Understandings about the nature of early development - brain development

The basic building blocks of the brain (i.e. neurons) are formed by four months of gestation and most will survive until death. Unlike other cells, the cell division that produces neurons is the last cell division that the cells will undergo. What is more formidable is that no new neurons are added after birth. However dendrites (the root system for neurons) and synapses (neuron connectors) sprout furiously throughout the early years of life (see Attachment 1). Electrical signals between neurons flow along dendritic branches, along axons and across the synapse linking and connecting messages. As much as 83 per cent of total dendrite growth occurs after birth with a child's cerebral cortex tripling in thickness, as a result of dendritic growth, during the first year of life. Synaptic connections allow neurons to communicate. Synaptic density reaches its peak at around eight months of age. It takes about two years before the neurons with their accompanying dendrites and synapses, to be fully matured. Then, during the relatively long period of **synaptic pruning** of unused synapses that occurs through to adolescence, this synaptic refining synaptic underlies emotional grow and is evident in what is commonly referred to as *maturity*.

The human brain has 100 billion neurons which are 'born' during the period from conception to birth. Chains of neurons, connected by synapses, create specialised functions and are organised within specific areas of the brain. During early development neurons respond to patterned repetitive stimulation and subsequent **sculpting**. Sculpting occurs as existing neural mechanisms readily accommodate the essential learnings that are required for survival. This process encompasses attachment to a significant adult (most often a parent) for the purposes of sustenance, protection and comfort and, in the longer term, physical development and the establishment of social and cognitive competence (Cynader & Frost, 1999).

Imprinting also occurs as the brain successively matches all incoming sensory signals against previously stored patterns. There is a greater likelihood that a behaviour will subsequently re-occur given similar situations if there is frequency and consistency of these matches. This is a particularly interesting phenomenon in the context of situations such as domestic violence where very young children may set up inappropriate protective response patterns that they subsequently apply in a more generalised way to other circumstances. This process of generalisation can alter the way future experiences are sensed, perceived and processed.

Critical and sensitive periods in early development

There is considerable evidence to support the view that there are critical periods when the brain is more likely to be influenced by physiological and environmental factors (McCain & Mustard, 1999; Perry, 2000; Shore, 1996). However, rather than these periods being definitively age related, it is more likely that the periods are times during which the brain's mechanisms may be shaped or modified in accordance with their usage. For this reason, these periods can be considered to be sensitive rather than critical periods (Cynader & Frost, 1999; Shonkoff & Phillips, 1999).

Sensitive periods for early development have been identified as being largely found within the first years of life. The primary sensations of touch, taste, sight, smell, sound and movement in caregiver-infant interaction play a major role in providing the patterned, repetitive sensory stimulation and experiences that help organise the child's developing brain. However, these do not operate in isolation but contribute to ongoing sensory, social, emotional, physical and intellectual development. The importance of this to later development of social competence cannot be overestimated.

Sensory development

Early touch experiences play a surprisingly potent role in the overall quality of brain development (i.e. a thicker cerebral cortex) particularly in relation to touch sensitivity and general cognitive development (Eliot, 1999). Embryos of just five and a half weeks postconception can sense touch to the lips or nose. This sensitivity rapidly extends to the rest of the body. By the ninth week, the chin, eyelids, and arms can all sense touch; by the tenth week, the legs; and by the twelfth week, almost the entire surface of the body is responsive to touch. However, these senses are still quite immature at this stage.

Babies can learn to discriminate the smells and sounds (i.e. voice) of their mother quite early. They also develop face recognition and subsequently link these perceptions in ways of socially (and emotionally) responding to their mother's presence. It is, therefore, important for early childhood practitioners to address the ways in which each child may experience and respond to different adults and to consider the extent to which the child may nee to experience continuity and consistency of care. Sensitivity to touch has develops to such an extent during the first few month that by six months of age an infant can perceive different textures.

- Pain sensitivity

Pain sensitivity is present at birth and is one of the more mature senses that the newborn experiences. However, while babies can feel pain from a very early age it would appear that they do not have the thinking skills to understand that they are suffering or the conscious memory to later recall their suffering. On the other hand, the lack of a specific sensory input during development (i.e. sensory deprivation) results in abnormal development in those brain systems which sense, perceive, process, interpret and act on information related to that specific sensory deprivation (Perry, 2000). Negative acts against a newborn or infant such as physical punishment, or having food, affection or touch withheld, can actually cause the brain to develop abnormally because of the inappropriate neurological patterns (or imprinting) that can become established.

- Stress and brain development

The brain’s ability to react to stressful factors is influenced by the ways in which the brain develops. In turn, the young child’s ways of responding in such situations influences the brain’s ability to think and to regulate bodily functions. This interrelational effect is reliant upon the quality and extent of the messages the brain receives early in life. That is, the quality of sensory stimulation in the early years is critical in subsequently enabling the child to be *less emotionally damaged* in stressful situations. In these situations, the early years include pre-natal development.

There is a known link between maternal emotion, hormones and foetal development. A feeling of stress activates the stress hormones - corticol and adrenaline, in the endocrine system (Eliot, 1999). In particular, the hormone cortisol has a major part to play prior to, during and following birth. Researchers have known for some time that adverse or traumatic events, whether physical or psychological, can alter daily cycles, elevating cortisol levels at particular times of the day. In turn, cortisol affects metabolism, the immune system, and the brain. One way cortisol alters the brain is by making it vulnerable to processes that destroy neurons and reduce the number of synapses in certain parts of the brain.

Stress hormones are normally present in the mother’s blood and, therefore, capable of crossing the placenta. Mothers, who are very anxious or unduly stressed during pregnancy, may:

- overdose' their foetuses with chronically high amounts of corticosteroids
- restrict the flow of oxygen and nutrients to the foetus, thereby inhibiting brain growth. (High levels of adrenaline can also trigger uterine contractions, which may explain the link between stress and preterm birth.)
- have babies that have become attuned to higher levels of a group of hormones associated with adrenaline (i.e. catecholamines) in the womb and so produce higher levels themselves after birth. These higher levels of adrenaline may explain why they tend to be more active, irritable, and temperamental than the newborns of less anxious mothers (Eliot, 1999). It has also been proposed that such stress contributes to a wide variety of behavioural deficits and mental illnesses in older children.

In extreme circumstances, it is thought that intense maternal stress or anxiety may contribute to neurological impairment and to newborn health problems including eczema, respiratory difficulty and ear infections (Eliot, 1999). Children who have chronically high levels of cortisol have been shown to experience more developmental delays - cognitive, motor and social- than other children.

The major stress hormones (including cortisol and adrenaline), also interfere with the production of the sex hormone, testosterone. Testosterone has different growth-related effects in different parts of the brain, thus promoting or restricting mental functioning. Indeed testosterone may slow down some aspects of 'synaptic pruning' in early postnatal development. On the other hand, reduction of testosterone may lead to greater degree of pruning than otherwise would have occurred.

Recent research shows that babies who receive warm, responsive care in the first year of life are less likely to respond later to minor stress by producing more cortisol than other children (Eliot, 1999). When they do react to stress by producing cortisol, these children can turn off the response more quickly and efficiently. This protective factor has been shown to carry forward to later childhood.

The implication for early childhood practitioners here is the need to be sufficiently informed about those practices considered appropriate in their engagements with babies and young children. Those practices not only need to complement but support practices used by parents and provide appropriate nurturing environments for babies and young children, hence parents' concerns about child/carer relationships. Practitioners also need to be able to interpret for parents, the practices identified by those parents. In planning environments for young children practitioners must also be cognisant of what it is that children experience in those environments rather than focus solely on the objective, concrete and technocratic aspects of children's learning.

- Motion

Another sensory experience that babies and young children enjoy is motion. The sensation of motion is also important for early brain development. The sense of balance and motion is located in the vestibular system. Soothing methods such as rocking, jiggling, bouncing and swinging or just carrying may assist in the young child's vestibular development (Eliot, 1999). Results of these activities have been evident in advanced development of reflexes and motor skills. Such activity has also been shown to have a significant effect on the baby's overall state. Infants who are comforted through vestibular stimulation show greater visual alertness than babies comforted in other ways (Eliot, 1999). However, like touch, the stressed parent may not spend time with her child engaging in such activity. Child care providers need to be aware of this as they engage in their caregiving practices.

- Vision

All of the infant's primary visual abilities (such as depth perception, colour vision, the ability to detect fine detail and well-controlled eye movements) will have emerged by six months of age, By one year, these abilities will almost be fully tuned. Of all the senses, vision is the only one that receives no stimulation in the womb. However, stimulation following birth is critical to visual development because such development is linked to cortical wiring and shapes the visual cortex. In particular, the coordination action of both eyes is very important for information processing. There are critical periods for the development of visual acuity with development peaking between nine and 11 months with the peak period has largely concluding by two years of age. The child's early environment, therefore, becomes an important factor in facilitating development of visual acuity.

- Hearing

In contrast to vision, auditory stimulation may actually begin influencing brain development well before birth. Older foetuses can actually discriminate different speech sounds and these actually begin shaping the development of language areas of the brain. Generally speaking, lower -frequency tones penetrate the mother's abdomen better than high tones; however, the mother's voice is actually louder to the foetus's ears than to outside listeners because it travels directly through her body to get there. Some researchers have raised concerns about the dangers of excessive noise exposure during pregnancy (Eliot, 1999). This fact has implications for the developing foetus when it may be subjected to sporadic loud bursts of anger from the mother. The period of greatest sensitivity to noise damage begins at six months of gestation and extends through to a few months after birth. Animal experiments have even proved that loud noise can damage cochlear hair cells, leading to some degree of permanent hearing loss.

While touch, smell and vision all play a part in establishing the bond between parent and child, hearing is also vital to emotional development. Each of these aspects of sensory development requires that the early childhood practitioner ensure that they pay careful attention to how the young child experiences their early learning environments. It is the experiencing of their physical and social environment that is critical to young children's development and, in child care, it is the early childhood practitioner who is responsible for creating such environments and providing such experiences.

Emotional development

It is arguably children's emotional intelligence - the ability to recognise and control their own feelings, as well as to read and respond to the feelings of other- that plays a much greater part in determining later success than does the emphasis that has been placed on IQ (Gardner, 1999). For babies, the basic purpose of emotion is to drive the rest of the brain to seek food, protection and comfort. Each child is born with his/her own emotional make-up or temperament. The unique environment in which the child is reared moulds this temperament with the result that the child develops its own individual and unique personality.

By birth, a baby has roughly half of their emotional hardware meaning that even the youngest babies have some form of emotional experience when faced with painful, pleasurable or surprising stimuli. That is, all babies:

- undergo much the same physiological changes (respiration, heart rate, motor activity etc.) and,
- produce the same facial expressions as adults although they do not actually *feel* things the same as adults.

Young babies are also particularly skilled in recognising the emotions in others. Babies' drive for social interaction is especially strong because satisfying these needs depends almost entirely on other people. Babies can emit different types of cries for hunger, anger and pain in order to attract the attention of a caring adult. However, these behaviours do not require sophisticated levels of brain circuitry. Early emotional learning comes through imitation of others particularly the facial expressions of others. This fact is interesting given how poor a baby's vision is at birth.

Attachment

Of all the social/emotional advances in infancy, the most important is the emergence of attachment. Babies do seem to be programmed (or hard wired) to form an attachment to a single preferred individual although they can simultaneously form bonds with other family members. However, they tend to prefer their mothers (especially in any kind of distressing situation), and continue to do so until at least eighteen months of age. Some parents in the multicare study even identified bonding with their child's carer as being something they valued within carer/child relationships.

Many psychologists regard attachment as the most critical element of a person's emotional development. Attachment is the primary source of a child's security, self-esteem, self-control and social skills. It is through attachment that a baby learns to identify their own feelings and how to read them in others. If the bond between child and primary carer is positive and supportive then the child will feel loved and accepted and begins to learn the value of affection and empathy. The development of attachment appears to have a relationship with another cognitive advance - that of object permanence.

As mentioned earlier, while research has demonstrated that there are links between stress and brain development, there are also links between stress and attachment relationships. While attachment and brain development go hand in hand the critical link appears to be stress. Neuroscientists are just beginning to piece together the ways in which neglect and abuse leave lasting marks on children's limbic systems (Eliot, 1999). It would appear that secure attachment with a nurturing adult influences a child's capacity for cognitive, social and emotional development. Children whose parent(s) are depressed or otherwise troubled are most at risk for losing the opportunity to establish a secure attachment in the first 18 months of life (Eliot, 1999). Further, Gardner (1999) argues that knowledge is situated within the person's own understandings and that those understandings arise within relationships between human beings. Emotional experiences associated with early relationships can have a formative role to play in the development of subsequent academic skills (Pianta, 1997, 1992).

Memory and cognition

There is a strong link between emotion and memory for we tend to store memories that have a strong emotional impact. While babies are not capable of conscious, long-term memory, there are capable of simpler forms of memory such as learning that they will gain attention if they cry or, forming emotional associations with particular people. These habitual behaviour patterns require many repetitions of *stimulus-response pairing* in order to become imprinted. This repetitive requirement explains why it is important to have constant caregiving. Thus the baby grows secure in his ability to control his environment. If the care is inconsistent then the baby can never predict what will happen and will fail to develop the confidence and emotional security that are essential to a healthy psyche.

In situations where a baby is abused, the link between emotion and memory can be particularly devastating for the child. Even though the child may never remember the specific

events at any conscious level, his lower limbic system, situated within the cerebral cortex of the brain, does store powerful associations between an emotional state, like fear and pain, and the person or situation that brought it on.

Cognitive development is the product of two interacting influences - brain growth and experience - both of which exert their greatest impact during the first few years of life. The brain triples in size in the first year of life alone and is virtually fully grown by the time a child commences formal schooling (Eliot, 1999). Children begin referring to events from memory almost as soon as they begin to talk, early in the second year. Verbal recall then improves dramatically during the toddler and preschool years, in close parallel with language itself. While experience accrues throughout life, experience is particularly influential in the earliest months and years of life when the synapses are still forming and the brain is at the height of its plasticity.

Language

There is a spurt in brain development between thirteen and twenty months when children's brains grow increasingly specialised in the way they respond to words. Increasing ability to apply basic rules of syntax follows this (Eliot, 1999). Both the quantity and quality of the child's language environment appears to be important in early language development. It would seem that the more words a child hears, the larger the vocabulary. However, these words need to be addressed *to* the child and be within a context that is relevant to the child and to which they can readily relate. Positive relationships encourage positive language development.

Neuroscience and the changing images of children as learners

The discussion of recent research on brain development has highlighted not only the importance of the early years but the early years in the context of physical and social environments. In addition studies of brain development have shown that there is an interrelationship between the body's neurological, immune and endocrine systems and that these can be impacted upon by environmental factors (Hertzman, 1999). This area of research highlights the uniqueness of individuals and challenges previously held assumptions about developmental norms and the universality of childhood (Dahlberg et al , 1999).

An increasing focus on the uniqueness of each child combined with knowledge about young children's creativity has challenged the thinking of early childhood practitioners. Work undertaken in the early childhood centres in Reggio Emilia, Italy, has further demonstrated children's capacity for self-learning and co-construction of knowledge within the context of relationships. Rinaldi (1993) argues that adults who are responsible for the care and education of young children must be active reciprocal listeners. However, they also need to invite children to 'explore in multiple, comfortable ways, the physical world, the biological world, and the social world (through) furnishing evocative materials' (Gardner, 1999, p.91). In the words of Malaguzzi (1993), the founder of the Reggio schools, the central action of adults is to 'learn to teach nothing to children except what children can learn by themselves' (p.73). Adults are viewed as co-constructors of knowledge with young children (Dahlberg, et al, 1999). The image of the child in this context is one of richness, strength and powerfulness where children are knowledgeable and have the potential, the plasticity and the desire to grow, to have curiosity and a desire to be engaged in relationships with others (Rinaldi 1993).

The role of early childhood practitioners

There is compounding evidence that early childhood practitioners need to be sensitive caregivers who display warm and caring attitudes towards young children. However, the question arises - how do individual young children experience their engagements with their carers? If the messages that young children receive from their physical and social environments within the child care setting do not readily complement those already experienced by them within their home environment then what challenges does this pose for the child? More importantly, how can relationships be established between those who are primarily responsible for young children in order that there is not only consistency but also continuity of care through the development of a collegial approach to children's development? The responses of many parents in the multicare study indicated that they are already seeking such an approach.

Observable and measurable caregiver behaviours have been identified in lists of competencies (see, for example, the Australian Child Care National Competency Standards, 1997). However, competencies imply an over simplification of what it means to be an early childhood practitioner. Competencies are only able to give limited attention to professional judgement and to 'the interplay of context, biography, and values in the shaping of practices' (Ryan, Ochsner & Genishi, 2001). Competencies may also give only limited attention to the early childhood practitioners' role as meaning maker engaged in the artistry of wise practice (Campbell & Smith, 2001; Goodfellow, 2001). Joint meaning making between practitioners and parents is required in order that young children can benefit most from their early experiences.

Parents' expectations - family environments and educational programs

Parents in the multicare study sought child care environments for their children that addressed the relational aspects of care. As identified earlier in this paper, they placed importance on *family environments* and on *educational programs*. Parents were concerned about their child's *separation anxiety* and about their child's developing competence.

Many parents intuitively know of the association between early physiological functioning and the child's later cognitive, affective, social and behavioural activities. They have a sense of the significant association between early emotional regulation and social competence. Many are aware that school readiness encompasses a holistic approach to the development of children's social/emotional competence rather than providing a program that purely prepares children for school routines (Lockwood & Fleet, 1999).

Research has also established that infants who have developed appropriate social, emotional and attentional capabilities are more likely to display appropriate patterns of competence and coping in later life (Keating & Miller, 1999). The impact on children's cognitive functioning of the social and emotional influences found within close relationships with parents and caregivers cannot, therefore, be underestimated. Expressed succinctly, Keating & Miller (1999) argue that there is a strong link between neurophysiological patterns, behaviour and subsequent competence that result in 'habits of mind' and 'habits of learning' (p.232). The quality of interpersonal relationships experienced early in life, therefore, form the foundation for the way in which we behave, learn, think, interact, and perceive ourselves in relation with others - a foundation for life.

Reframing early education

If early childhood settings are to be truly family as well as community centred and, at the same time, accommodate how the child experiences its world, then early childhood

practitioners need to view their role with a new lens. No longer is it appropriate to work only in *partnership* with parents. No longer is it appropriate to focus on the activities provides for children within the daily program. No longer should carers of very young children feel that demands on their time are such that their day is structured around children's routines.

Already early childhood practitioners are being alerted to challenges concerning changing images of the child (Fraser, 2000; Rinaldi, 1999); the need to move beyond the boxes (Fleet & Patterson, 1998) when planning for young children; the need to attend to the quality of the social environments for young children (Keating & Miller, 1999); the need for collaboration with families (Hughes & MacNaughton, 1999); and, the call to address a community context in service provision (Hayden & McDonald, 2000). Practitioners need to address the importance of

- being knowledgeable not only about the developmental needs of young children but factors affecting young children's health and well-being including mother's health and their social/emotional circumstances;
- sensitive caregiving/caregiver behaviour involving a capacity to 'read the cues' that are provided by children and their families;
- collaboration with parents and the development of common understandings about their child;
- developing an appreciation of the social/emotional influences on young children's development and the child's capacity to function effectively in relationships with others.

Above all, the early childhood practitioner as meaning maker, needs to develop the capacity to not only interpret children's behaviour in light of theoretical knowledge and understandings gleaned through effective collaboration with parents but through insights into how individual children experience their world. Finally, and given this situation, questions need to be asked about the level of expertise of early childhood practitioners who are currently responsible for working with our youngest and most vulnerable children and their parents - those children below three years of age.

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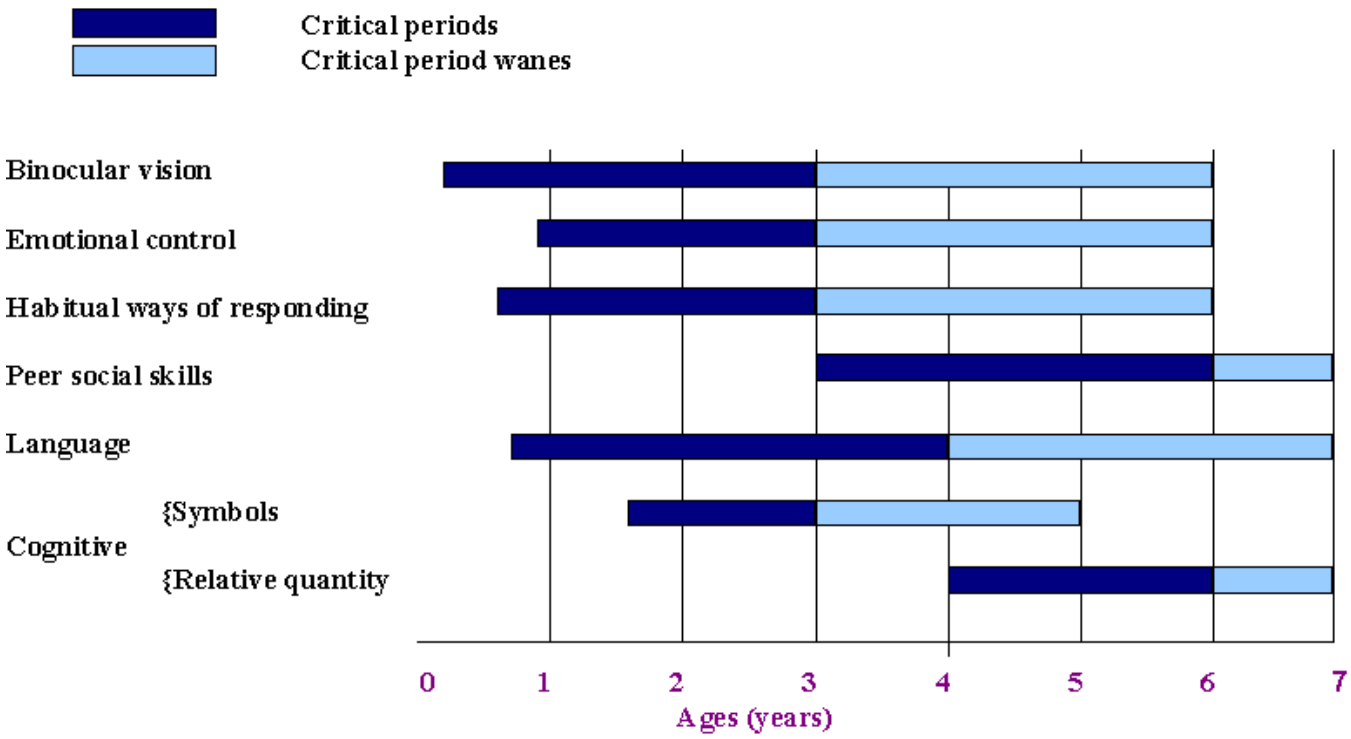
CRITICAL PERIODS FOR SOME ASPECTS OF BRAIN DEVELOPMENT AND FUNCTION



Source: Eliot, L. (1999). What's going on in there? How the brain and mind develop in the first five year of life. London: Penguin