Training the early childhood education and care workforce

Identifying professional development and support needs

Improved interaction and communication between early childhood service providers would support the productivity of the early childhood education and care workforce. Education and health professionals involved in the care of young children often work in parallel dimensions with their various expertise siloed to their respective areas. Improved interaction between the various early childhood services would promote greater insight into atypical development and the impact developmental difficulties may have on a child's general functioning. This improved integrated model of service has the potential to support improved outcomes by empowering early childhood staff with broader strategies for problem solving.

Problem solving to resolve schisms between the delivery of the curriculum and the child's ability to access that learning is inhibited by a growing isolation of early childhood educators and carers from other child development services. The practice of compartmentalizing the various streams of development services for early childhood has been the result of the pragmatic needs of a bourgeoning field trying to keep pace with ever increasing demands. Early childhood workers balance the needs of increasingly complex modern communities with meeting the challenges of supporting the development of children in an ever more technological environment. However, the compartmentalizing of developmental services is counter to the nature of development as development of the child is occurring across multiple domains simultaneously, with development in one area impacting on development in another domain (1-3).

Differentiation of curriculum to cater for developmental differences could be facilitated by improved understanding of development. While developmental delay often presents as behavioural immaturity(4) and supporting improved behaviour is appropriate, improving function requires strategies that support the competencies that underpin mature behaviour(5). Adequate early motor development, for example, allows for the competent engagement with others and the environment(1,3). Improved interaction between early childhood health workers with specialist knowledge in the development of motor, language and social competencies and the early childhood educators and carers who deliver day to day care of children is an important but underused avenue of improving productivity in this arena.

An improved focus on the process of development and the impact it has on a child's affect and function is an important facet of improving productivity in the early childhood educator and carer field. Productivity could be better supported with improved liaison between educators, carers and community childhood development services in both undergraduate training and ongoing professional development. This interaction would promote the optimal and timely development of the child's learning capacities and ability to self regulate before they transition into formal settings where they are expected to learn with minimal support.

Policy recommendations:

1. Improved content of childhood developmental expectations in VET and University training for early childhood educators and carers.

Educators and carers need to understand how and when core skills develop and how these competencies are related to other aspects of development and learning. It is important that problems of motor, language or social development are recognized and supported so that development of other competencies is not confounded. Ensuring that the study of normal development is integral to the training of early childhood personnel is an important pillar of quality assurance in this area.

2. Improved liaison between early childhood education and childcare facilities with community health childcare specialists.

Exchange of expert knowledge between community health child care specialists and a region's early childhood educators and carers is an underdeveloped resource. Educators and carers should be informed about strategies to support and extend a child's performance in order to enhance a child's learning and developmental environment from the earliest engagement in any institution: from infant childcare through to early childhood schooling (8). In turn, communication with educators and carers as to the day to day challenges a child faces in their general function facilitates targeted intervention from child development services. Professional development of early childhood educators and carers could be readily augmented at a community level with interactive workshops with the educator, developmental paediatrician, community childcare nurse, physiotherapist, occupational therapist, speech and language pathologist and/ or psychologist where information can be shared between the various disciplines.

3. Screening for developmental delay.

Instituting routine developmental screening for children entering childcare and early childhood education, including prep and pre-prep, provides important information to the early childhood staff regarding the strengths or potential difficulties the children may have. Cost effective screening tools for developmental problems across populations are available, and have been demonstrated to be valid and reliable as well as predictive of later cognitive performance (3,9,10). It is important to collect this useful data to support the child's individual progress. Conversely it would be important to guard against pathologising a child's development. While established developmental milestones are a useful guide, all children will develop in an individual manner. Consultation with community health childhood specialists for interpretation of screening results would be important if routine screening was introduced.

Better integration of early childhood services would allow for services to proactively address the causes rather than the consequences of developmental difficulties as well as supporting transitions between services: health to education; daycare to prep. Routine screening for developmental difficulties and improved interaction between educators, carers and community early childhood specialist services would optimize outcomes in this crucial area.

References:

- 1. Campos JJ, Anderson DI, Barbu-Roth MA, Hubbard EM, Hertenstein MJ, Witherington D. Travel Broadens the Mind. Infancy 2000;1(2):149-219.
- 2. Cummins A, Piek JP, Dyck MJ. Motor coordination, empathy, and social behaviour in school-aged children. Dev Med Child Neurol 2005;47(7):437-42.
- 3. Piek JP, Dawson L, Smith LM, Gasson N. The role of early fine and gross motor development on later motor and cognitive ability. Human Movement Science 2008;27(5):668-81.
- 4. Baker BL, Blacher J, Crnic KA, Edelbrock C. Behavior problems and parenting stress in families of three-year-old children with and without developmental delays. American Journal on Mental Retardation 2002;107(6):433-44.
- 5. Isbell JS, Jolivette K. Stop, Think, Proceed: Solving Problems in the Real World. Intervention in School and Clinic 2011;47(1):31-8.
- 6. Viholainen H, Ahonen T, Lyytinen P, Cantell M, Tolvanen A, Lyytinen H. Early motor development and later language and reading skills in children at risk of familial dyslexia. Dev Med Child Neurol 2006;48(5):367-73.
- 7. Webster RI, Majnemer A, Platt RW, Shevell MI. Motor function at school age in children with a preschool diagnosis of developmental language impairment. J Pediatr 2005;146(1):80-5.
- 8. Young M, Richardson M. Early Child Development from Measurement to Action: A Priority for Growth and Equity. Illustrated ed: World Bank Publications; 2007.
- 9. Limbos MM, Joyce DP. Comparison of the ASQ and PEDS in Screening for Developmental Delay in Children Presenting for Primary Care. Journal of Developmental and Behavioral Pediatrics 2011;32(7):499-511.
- 10. Skellern CY, Rogers Y, O'Callaghan MJ. A parent-completed developmental questionnaire: Follow up of expremature infants. Journal of Paediatrics and Child Health 2001;37(2):125-9.