State Government Victoria

Department of Education and Early Childhood Development

Play Learn Grow

Using the Play, Learn, Grow resources in the Maternal and Child Health Service

Contents

Play, Learn, Grow

The Play, Learn, Grow resource package consists of:

- a booklet for Maternal and Child Health nurses

- five posters

- eight postcards that correspond with Key Ages and Stages visits

- one personalised postcard.

Children's learning, health and development are interdependent. The Play, Learn, Grow resources are designed for Maternal and Child Health (MCH) nurses to support the crucial role that families play in fostering their children's learning and development. It aims to support MCH nurses in establishing collaborative and respectful relationships with families to positively influence their child's health, learning and wellbeing.

The Play, Learn, Grow resources are based on the following principles:

- Children are ready to learn from birth.

- Nurturing and responsive relationships in the first years of a child's life are crucial for building the brain's architecture. These relationships lay the foundation for a child's future learning, health and wellbeing.

- Contributing and belonging to family, culture and community is the foundation for children's identity and development. Children thrive in supportive and caring families and communities.

- Children learn through play.

- Learning happens every day, everywhere.

- Talking with, and listening and responding to children helps them feel valued and loved. This interaction builds communication skills and gives meaning to their world.

Using the Play, Learn, Grow resources

In their consultations with families, MCH nurses play a crucial role in helping families nurture their child's learning and development.

MCH nurses can use the Play, Learn, Grow resources in the Key Ages and Stages (KAS) consultations to spark strength-based conversations with families about their children's communication, play and learning.

In each KAS pack (except the '4 week' pack) there will be a Play, Learn, Grow postcard that gives suggestions about how families can nurture their child's learning and development. There are also five posters that can be displayed in services. Copies of the postcards and posters can be found in Appendix 1.

This booklet builds on what MCH nurses are expert at – making observations and noticing subtleties. It draws on the Victorian Early Years Learning and Development Framework (VEYLDF) to help MCH nurses apply a 'child learning lens' to what they see, and use the language of the VEYLDF in their conversations with families.

The VEYLDF also gives MCH nurses and other early childhood professionals a shared language and understanding of children's learning when working with children and their families. This enables MCH nurses to form closer working relationships with other early childhood professionals in their neighbourhood to improve outcomes for children and families.

Using the VEYLDF also means that families hear consistent messages about children's health, learning and development from MCH nurses and other early childhood professionals.

This booklet provides information about children's communication, play and learning. Each section of the booklet also includes:

- **Conversation starters** – suggestions for conversations with families about children's learning and development.

- **Resources for MCH nurses** – further reading and resources to support your professional learning.

- **Resources for families** – resources you may wish to recommend to families.

- **Reflection** – reflective practice questions and prompts to use individually or with colleagues (MCH nurses and other early childhood professionals).

The appendixes contain additional details on resources referred to in the booklet, a language development table and information on atypical language development.
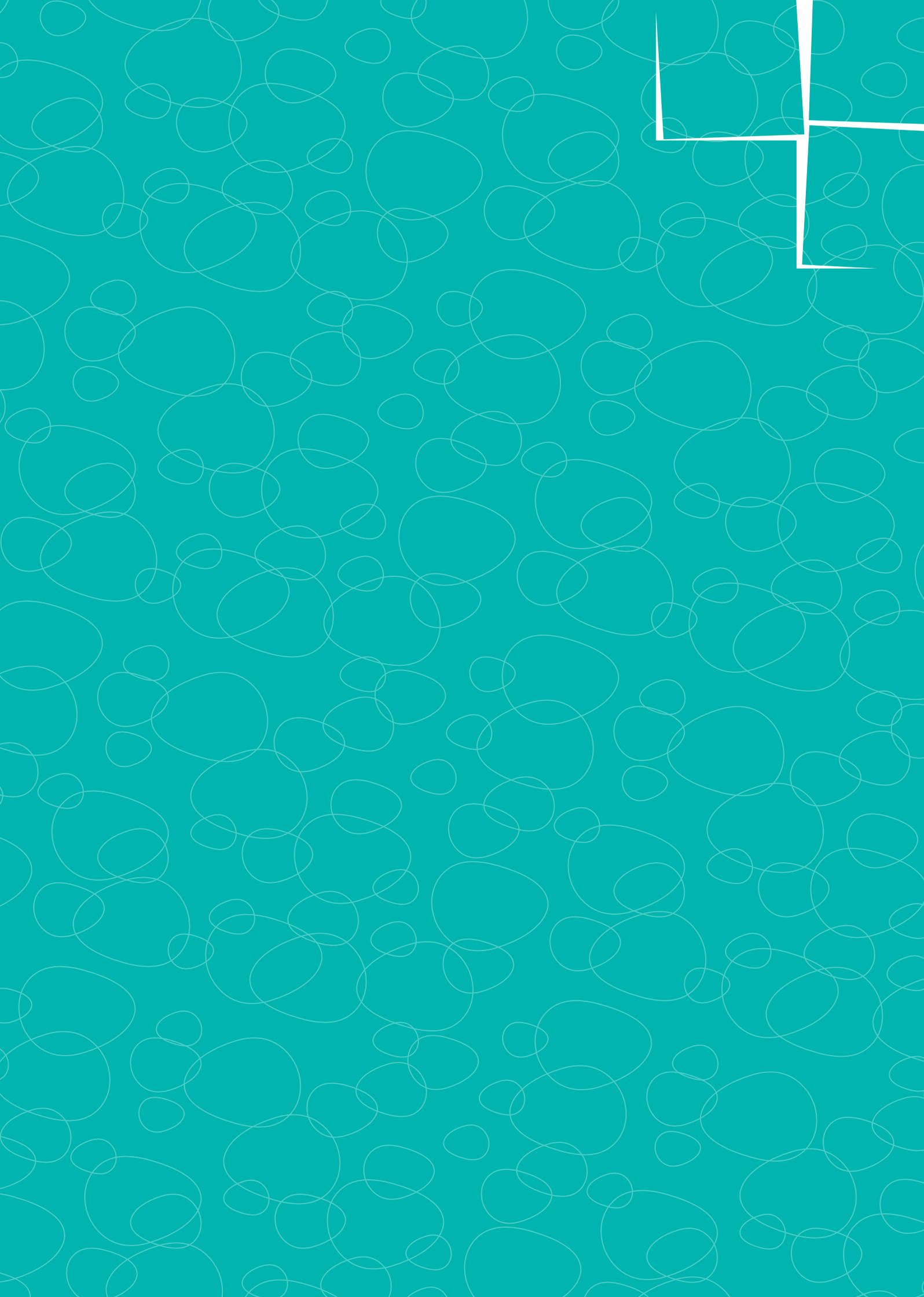
Learning from birth is crucial for a child's healthy development

Children's learning, development and health are interdependent. Therefore, helping families to support their children's learning from birth by encouraging them to play and communicate with their children is a crucial part of your MCH practice.

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Children's early experiences and environments shape their brain development and have life-long effects.

In the first five years of life, a child's brain develops faster than at any other time in their life. The early experiences that a child has – the things they see, hear, touch, smell and taste – stimulate their brain, creating millions of connections. This is when foundations for learning, health and behaviour are laid down.

Children who experience warm, nurturing relationships and positive, engaging activities from birth are much more likely to have better mental health, social adjustment and employability throughout life, than children who don't experience these strong, positive foundations in early childhood.

The ecology of child development

Families are children's first and most important educators. Children's learning and development takes place in the context of their families. Families provide children with the relationships, opportunities, and experiences that shape their learning and development (VEYLDF 2009).
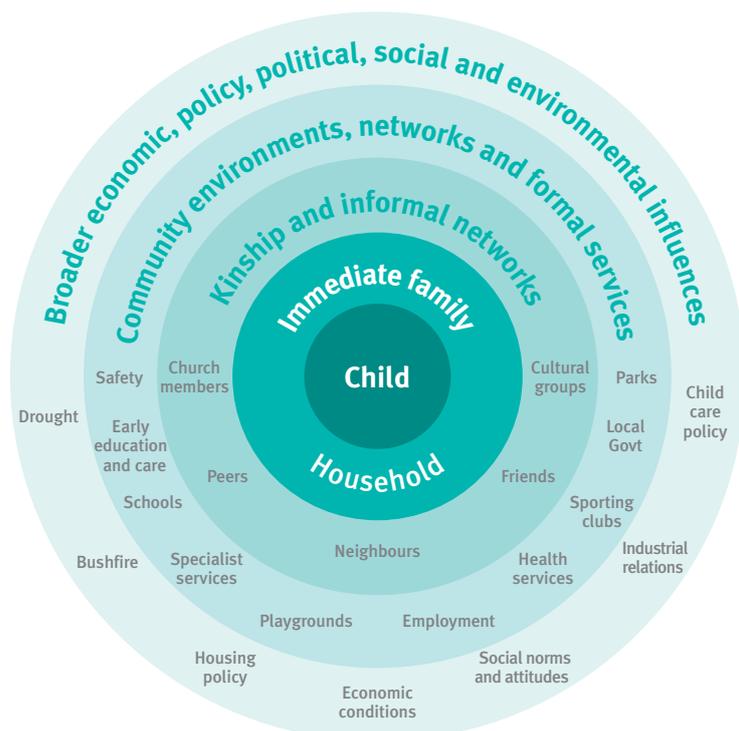
Figure 1: The ecological model. Adapted from: Bronfenbrenner (1979), VEYLDF, p. 43.

Every interaction – positive and negative – with families, friends, neighbours, and other people in their lives, as well as interactions in education settings and in their community, influences children's brain development (CCCH 2011).

Early childhood programs and community settings play an increasingly important role in children's development as they grow. The ecological model in Figure 1 identifies factors that have an impact upon child development.

When early childhood professionals collaborate and develop close working relationships with families, they are able to have a strong, positive impact on children's learning and development. Every child's development is unique and all children need different levels of support – some will need significantly more than others (VEYLDF 2009).

Conversation starters

In their work with families, MCH nurses are accustomed to taking into consideration a family's cultural background, disposition and different ways of being and knowing. Taking a respectful approach that values a family's knowledge and understanding of their child enhances children's learning and development and enables strength-based approaches to conversations with families.

By starting the conversation focusing on the child's and family's strengths – what they can do and are doing – you build the family's confidence to discuss other issues with you.

The following strength-based conversation starters can enable you to introduce a broader discussion about how children develop – one that encompasses how children develop skills, back-and-forth interactions, parenting skills, family environments, learning opportunities, community and so on:

• What are some of the things you've noticed about your child recently?

• What does he/she like doing?

• What places do you go together?

These conversations can help open the Parents' Evaluation of Developmental Status (PEDS) discussion with families.

"Children's personal, family and cultural histories shape their learning and development."

Practice Principle #4: Equity and diversity

Victorian Early Years Learning and Development Framework, p. 11.

Resources for MCH nurses

- Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

- Practice Principle Guides and Evidence Papers. Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

- Community Paediatric Review: www.rch.org.au/ccch/cpreview

- Harvard Center on the Developing Child: www.developingchild.harvard.edu

- Zero to Three: www.zerotothree.org

- Alberta Family Wellness Initiative: www.albertafamilywellness.org

- Australian Institute of Health and Welfare: A picture of Australia's children 2012: www.aihw.gov.au/publication-detail/?id=10737423343

- Raising Children Network: www.raisingchildren.net.au

Resources for families

- Raising Children Network: www.raisingchildren.net.au

- Grow and Thrive: www.rch.org.au/ccch/growthrive

Reflection

- *How do you best support a nurturing parent-child relationship?*

- *How could you incorporate the science of early childhood development into conversations with families?*

The VEYLDF in Maternal and Child Health practice

The Victorian Early Years Learning and Development Framework is based on international evidence about the best ways early childhood professionals can support children's learning and healthy development.

The Victorian Early Years Learning and Development Framework (VEYLDF) is for all professionals working with children from birth to eight years and their families. The VEYLDF supports all early childhood professionals to work together and with families to achieve common outcomes for all children. It provides a shared language for early childhood professionals and families to describe children's learning and development, and identifies:

• five Outcomes for Learning and Development for all professionals to work towards

• eight Practice Principles that describe the most effective ways for early childhood professionals to work together and with children and families to facilitate learning and development.

The VEYLDF is designed to complement discipline-specific resources, such as the MCH Practice and Service Guidelines.

It defines an early childhood professional as 'anyone who works with children between the ages of birth to eight years'. This includes, but is not limited to:

• maternal and child health nurses

• all early childhood educators who work directly with children in early childhood settings

• school teachers

• family support workers

• preschool field officers

• inclusion support facilitators

• student support service officers

• primary school nurses

• primary welfare officers

• early childhood intervention workers

• play therapists

• health professionals and teachers working in hospitals

• education officers in cultural organisations (VEYLDF 2009).

The VEYLDF established five Early Years Learning and Development outcomes for all children:

• Children have a strong sense of identity.

• Children are connected with and contribute to their world.

• Children have a strong sense of wellbeing.

• Children are confident and involved learners.

• Children are effective communicators (VEYLDF, 2009, p.6).

Practice Principles for every early childhood professional

The VEYLDF also outlines eight Practice Principles that underpin the professional practice of early childhood professionals. The Practice Principles are closely aligned to the ethos and approaches in MCH nurses practice including:

• A strength-based approach: recognising the potential, strengths, interests, abilities, knowledge and capabilities of individuals, rather than their limits.

• Family-centred practice: acknowledging that all families are different, with individual strengths and competencies. It also recognises that families know their children best and that the wellbeing of children depends on the health and wellbeing of the family as a whole.

High expectations of children – what that means in practice

When you ask your child to do simple things you're doing something very important as a parent – you're giving your child the opportunity to learn and develop their skills – emotional skills, cognitive skills and physical skills.

When a parent encourages their baby to pick up his food with his hands or gives their toddler a spoon to eat with they're teaching them important life skills, like learning how to do something independently. By giving the child the opportunity to learn how to use a spoon and helping him to do it, the parent is showing they have high expectations of their child.

Having high expectations also means setting sensible, realistic, goals for children. When a parent sits down with their child and draws with them they don't expect their child to be able to write their name immediately. Instead they're building their child's early literacy skills, their child's familiarity and confidence with holding pens and their child's fine motor skills. This simple little activity is a rich learning experience for the child.

Having high expectations doesn't mean setting aside time to formally teach a child as if they're in a classroom. It's about parents encouraging their child to join them in doing everyday things around the house and using these small moments as a learning experience for their child.

When a parent asks their child to help make the bed and they talk about the shape, colour, texture of the bed and the number of blankets, the child is learning early literacy and numeracy skills and other important skills like joining in and being cooperative.

– An MCH nurse with more than 10 years experience

The VEYLDF Practice Principles are arranged into three categories. The following provides a brief description of what each of the Practice Principles mean for you as an MCH nurse:

Collaborative

1. Family-centred practice – you engage in family-centred practice by respecting the pivotal role of families in children's lives.

2. Partnerships with professionals – you draw on the skills and expertise of peers and use multidisciplinary approaches to provide better support to families.

3. High expectations for every child – you understand that every child has the ability to learn and develop. Having high expectations is especially important in achieving better outcomes for the most vulnerable children.

Effective

4. Equity and diversity – you value and respect that children's personal, family and cultural histories shape their learning and development.

5. Respectful relationships and responsive engagement – you understand that, from birth, a child's learning and development depends on secure attachments formed through warm and respectful relationships with familiar adults.

6. Integrated teaching and learning approaches – you understand that learning is an active process that must involve children's engagement through the integration of child-directed play and learning, guided play and learning, and adult-led learning.

7. Assessment for learning and development – you assess the progress of children's learning and development and use it to provide advice to families about what they can do to further support their children.

Reflective

8. Reflective practice – you become more effective through critical reflection and a strong culture of professional enquiry.

Resources for MCH nurses

- Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

- Practice Principle Guides and Evidence Papers. Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/providers/edcare/Pages/profresource.aspx

- Early Years Strategic Plan www.education.vic.gov.au/about/department/Pages/eystratplan.aspx

- The Principles for Health and Wellbeing www.education.vic.gov.au/about/department/Pages/wellbeing.aspx

- Family Partnership Training Australia: www.fpta.org.au

- VICSEG New Futures: www.vicsegnewfutures.org.au

- Australian Institute of Family Studies – Training Organisations: www.aifs.gov.au/cfca/training

- Centre for Culture, Ethnicity and Health: www.ceh.org.au

- Assessment practices in the early years: www.vcaa.vic.edu.au/pages/earlyyears/index.aspx

- Report on the Assessment for Learning and Development Project 2012: www.vcaa.vic.edu.au/Documents/earlyyears/ALDProjectReport2012.pdf

Resources for families

- Relationships Australia (Victoria): www.relationshipsvictoria.com.au

- Supported Playgroups and Parents Initiative: www.playgroup.org.au/
Programs/Supported-Playgroups-Parent-Initiative-SPPI.aspx

Reflection

- *How do you see the VEYLDF Practice Principles reflected in your work with families?*

- *What professional learning would support and enhance your work?*

- *How could you use the VEYLDF learning outcomes language in your KAS consultations?*

- *What opportunities (both formal and informal) are there for working with families and communities in your area (e.g. cultural groups, off-site appointments)?*

- *How can you assist families who are experiencing social isolation?*

- *What opportunities exist for working with services in your community such as early childhood education and care, Supported Playgroups and Parents Initiative programs and early childhood intervention?*

Play and learning

Parents are their child's first playmate and they have an important role in guiding and participating in children's play.

What is play?

Play can mean lots of different things to different people. While there is no single definition of play, there are a number of agreed characteristics that describe play. Different types of play include:

• Pleasurable-play: an enjoyable and pleasurable activity. It can sometimes include frustration, challenges and fears.

• Symbolic-play: is often pretend, it has a 'what if?' quality. The play may have meaning to the player that is not evident to others.

• Active-play: requires action or mental engagement with materials, people, ideas or the environment.

• Voluntary-play: is freely chosen, though players can be invited or prompted to play.

• Process oriented-play: is a means unto itself and may not have an end or goal.

• Self motivating-play: is considered its own reward to the player (Shipley, 2008).

Play provides 'a context for learning through which children organise and make sense of their social worlds, as they engage actively with people, objects and representations.' (DEEWR 2009, p. 46). It is the experience of play that is important, not necessarily the end product.

Why is play important?

In the early years, children do most of their learning through play. It's a chance to discover, create, improvise and imagine and is so important for children's development that it has been recognised by the United Nations High Commission for Human Rights as a right of every child.

When children play with their parents, other family members, alone or with other children, they create social groups, test out ideas, challenge each other's thinking and build new understandings. Play provides bonding opportunities and a safe environment where children can ask questions, solve problems, engage in critical thinking and enhance their desire to know and to learn.

Learning through play

In your work, look out for opportunities to help families understand, value and engage in play with their child.

Parents are their child's first playmate and they have an important role in guiding and participating in children's play. When parents make play part of everyday life with their child, they support intricately related aspects of their child's learning, which span physical, social, emotional, personal, spiritual, creative, cognitive and linguistic development (DEEWR 2009).

Learning in everyday moments

Everyday moments, household tasks and other routines in a family's life offer great opportunities for play and learning. Children don't need expensive toys to play with. Tasks such as sorting the washing, gardening, making a meal, dressing, or packing toys away, offer opportunities to play games such as counting, naming things, discovering colours and shapes. Encourage parents to find fun, everyday tasks around the home. In noticing and encouraging their child's interest, and describing and discussing daily activities they are using play to develop their child's language skills.

Encourage families to constantly talk to their children, surrounding every routine event in a child's day with words, in a playful way. Encourage them to go exploring and try new things with their child. This helps children learn new skills. For example, making a meal as a family can be an opportunity to learn early science and maths skills. Play strengthens responsive learning relationships, as families and children learn together and share decisions, respect and trust. Responsiveness enables parents to respectfully enter children's play, stimulate their thinking and enrich their learning (DEEWR 2009).

"Everyday activities can be play, and safe objects found in the home can be things to play with"

Families New South Wales, 2005
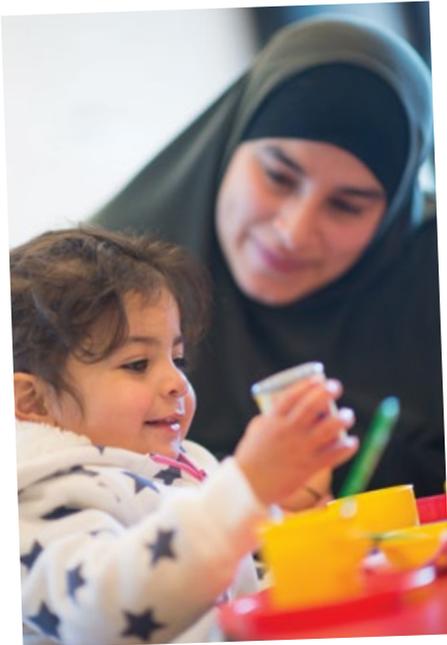
CASE STUDY: relationships, learning and development

More than just a simple game of peek-a-boo

A five-month-old baby girl loves playing peek-a-boo with her mum and dad. When they stop, she squeals and reaches out to let them know she wants more. So they continue. Soon her parents add another twist to the game as they start to hide behind the pillow for a few seconds before they 'reappear' to give her time to anticipate what will happen next. This simple game is more than just fun.

It shows how all areas of the baby's development are linked and how her parents help to encourage her healthy development. Her interest in playing with her parents is a sign of her social and emotional development because she has fun with her parents and can see how much they enjoy being with her.

This makes her feel loved and secure, and will help her develop other positive relationships as she grows. Her desire to play this game with mum and dad leads to the development of new intellectual abilities as she learns to anticipate what comes next, an important skill for helping her feel more in control of her world. Knowing what to expect will also help her to more easily deal with being separated from her parents as she learns that people exist even when she can't see them. The baby's early language and motor abilities emerge as she squeals, makes sounds and moves her arms to let her parents know that she does not want them to stop.

This game of peekaboo highlights that relationships are the foundation of a child's healthy development and learning.

– Zero to Three 2003

Digital technology and play

Digital and media technology such as computers, laptops and smart phones are an increasingly common part of family life, so people often have questions about its role in play and children's development. Digital technology can be a useful tool to support learning. It can be a source of information, allowing a family member and child to find out more about something together. It can also enhance a playful interactive activity for children. For example, families and children could use a camera or sound recording device to record a song or conversation they're having, to play back later. Some mobile or tablet apps are also valuable learning tools. Technology provides many opportunities to foster a child's sense of identity, curiosity, and their language and communication skills.

However, some people are uneasy about the possible impact of new and complex forms of digital technology and media in everyday life, especially its impact on young children (Buckingham 2007; Rutherford, Bittman & Biron 2010).

Currently there is limited evidence about the impact of new media technologies on young children (Rutherford, Bittman & Biron 2010; Bittman et al. 2011). However, when families raise concerns about the impact of digital technology it is useful to remind them that the best way for children to learn is to engage with others about their world and time spent in front of a screen should not replace interaction with people.

Lengthy amounts of screen time involve passive, sedentary activity when young children need to be active to engage with people and their world.

Families can make play with digital technology more meaningful by talking to their child about what they watched or did with the electronic device. They can also take time to sit with their child, use the technology together and talk about what they are doing or seeing. Consider emphasising the importance of moderation when watching TV or using electronic devices.
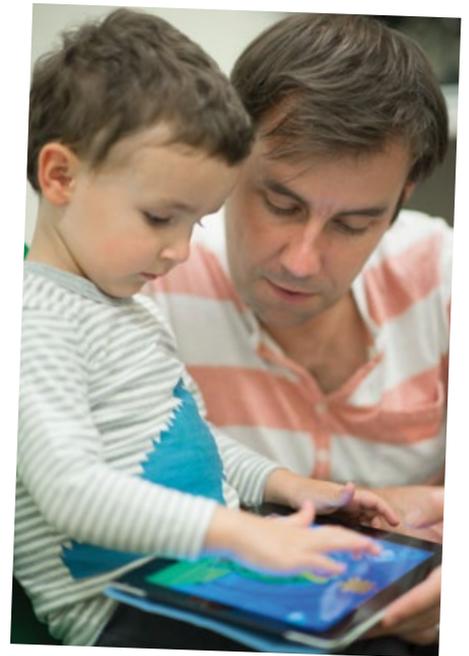
Sensible screen time

Screen time and very young children is a question that often comes up when I chat with parents because digital technology is everywhere in our homes and children tend to use their parents' devices. However, it's important to try to limit screen time because children learn their language and emotional skills through constant interactions with humans, not screens.

Limiting screen time to half an hour or less a day for children under two is something that parents tend to feel is more reasonable, especially if they can share the screen time with their child and use it as a learning opportunity.

Long periods of screen time every day can prevent children from doing enough running, climbing, jumping and playing – all the things that children need to do.

Parents often feel they don't have time to play with their children or do physical activities with them. So making daily, household routines fun and playful is a good way for parents to get children to be more physically active.

Instead of a child walking to the bath, a parent can turn it into a fun activity by hopping or jumping together with their child to the bath. Instead of walking to the car you can skip to the car with your child. Getting your child to help you with the gardening, raking the leaves, folding the washing, walking to the nearest park every day, are great ways for children to get active and learn about their surroundings at the same time.

– An MCH nurse with more than 10 years experience

Conversation starters

Ask families about their child's play:

• Tell me about some of the things your child likes to do?

• What things do you like to do together?

• Does your child show an interest in digital technology?

Resources for MCH nurses

- Victorian Early Years Learning and Development Framework:
www.education.vic.gov.au/childhood/providers/edcare/Pages/
profresource.aspx

- Practice Principle Guides and Evidence Papers. Victorian Early Years Learning
and Development Framework: www.education.vic.gov.au/childhood/
providers/edcare/Pages/profresource.aspx

- Early Childhood Australia (Victoria) – Why play-based learning?
www.earlychildhoodaustralia.org.au/every_child_magazine/every_child_
index/why_play-based_learning.html

- Playgroup Victoria: www.playgroup.org.au

- smalltalk Early Home Learning Study: www.earlyhomelearningstudy.net.au

- Zero to Three: Child development – play:
www.zerotothree.org/child-development/play

- Toy Libraries Australia: www.toylibraries.org.au

- Australian Physical Activity and Sedentary Behaviour Guidelines:
www.health.gov.au/paguidelines

- Australian Council on Children and Media: www.childrenandmedia.org.au

Resources for families

- Raising Children Network – why play is important:
  www.raisingchildren.net.au/articles/why_play_is_important.html

- Raising Children Network – media and technology information:
  www.raisingchildren.net.au/articles/screen_time.html/context/1112

- Playgroup Victoria: www.playgroup.org.au

- Toy Libraries Australia: www.toylibraries.org.au

Reflection

- *How does children's learning through play connect with the outcomes in the VEYLDF?*

- *How do you explain and model play to families?*

- *How do you respond to families if they ask you whether television, tablets, smart phones or computers are okay for children to use?*

Communication

Because babies learn by interacting with and copying others, it is never too early to encourage parents to talk, sing, read and play with babies.

Children have an innate drive to communicate verbally and non-verbally. They quickly learn how to attract adult attention, have their needs met and to interact with others and their world. Babies communicate from birth by using vocalising (cooing, squealing, crying), facial expressions (eye contact, smiling, grimacing), and gestures and body movements (moving legs in excitement or distress, and later, gestures like pointing) (Zero to Three 2014).

Because babies learn by interacting with and copying others, it is never too early to encourage parents to talk, sing, read and play with babies. Adults help babies learn about and interpret their new environment. They do this by telling babies the names of people and things around them. You will find some great practical examples of this in the 'Talking with babies and young children' section on page 28 of this booklet. When babies respond to others, these back and forth interactions build and develop children's brains.

Research has revealed ways to talk with parents that help them understand why verbal and non-verbal interactions with their child are crucial for their child's healthy development. 'Serve and return' – can be used to describe the back and forth interaction between children and adults. Young children naturally reach out for interaction through babbling, facial expressions, gestures and language (the serve). Adults respond with the same kind of vocalising and gesturing back at them (the return). This back-and-forth process is fundamental for brain development, especially in the earliest years (National Scientific Council on the Developing Child 2011). This metaphor can be useful when explaining how interactions shape development (Kendall-Taylor and Lindland 2013).

When adults don't respond, respond less frequently, or if the responses are unreliable or inappropriate, the architecture of the baby's brain may not form as expected. This can lead to disparities in learning language and have psychological effects in the future. (National Scientific Council on the Developing Child 2011).

CASE STUDY: a nurse's perspective

Responding to children

Attitudes to child rearing vary within and between cultures. Some parents will smile and cuddle their babies but they won't talk to them much because they think the baby won't understand what they're saying.

When you see parents smiling at their baby and touching them, encourage the parents to see this as the start of a conversation with their child. You can say to the parent, 'That's great. Now you can actually talk to him. See how thrilled he is now, he's smiling at you'. By doing this you're encouraging parents to understand that communication means being responsive to their child, it means talking and engaging with an infant, no matter what age the infant is.

However, you can't tell a parent what to do. Use the voice of the child to work through the child to help the parent learn how to improve their communication skills and their baby's. You can say, 'Have you noticed he's trying to get your attention?' 'What's she trying to tell you?' You can encourage parents to turn daily sounds and observations into fun conversations.

If the phone rings, you can say to the baby, 'What's that noise?' Take the baby over to the phone and show him. If a dog is barking outside, take the baby over to the window and say, 'That's the dog, Darcy. He barks and makes the sound woof, woof'.

These little bits of interaction start a baby's language development. Babies who are talked to all the time vocalise much more quickly than babies whose parents don't talk to them much.

– An MCH nurse with more than 30 years experience

For more information about the importance of other types of communication see VEYLDF Outcome 5: Children are effective communicators.

Language development

The first five years of life are extremely important for the development of children's language. Communication skills develop very rapidly. Children benefit when professionals and families have high expectations of children's language and learning. Research shows that two-year-old children typically have between 200-300 words (Reilly et al. 2009). By the time children start school, they have developed sophisticated language skills that enable them to form relationships and to negotiate the considerable variety of new experiences and situations that are at the heart of every child's development.

Children's early language experiences are vital for later literacy development (Reilly et al. 2009). Language pathways in the early years are complex and variable – development can accelerate, plateau and sometimes go backwards. If you are concerned that a child may have some problems developing their language skills please refer to Appendix 4 of this booklet for more information.

The importance of the home language and multilingualism

Sometimes, families might wonder about the role of languages other than English in communication and development. Using the home language is important because it contributes to children having a strong sense of identity. Multilingualism is beneficial and possible for most children, provided they have opportunities for language learning. Use of the home language:

• enables children to construct meaning from their experiences

• develops strong foundations in the cultures and language/s of their family and the broader community without compromising their cultural identities

• develops their social and cultural heritage through engagement with elders and community members (Nicholls and McDonald 2014).

How families can encourage their child's language development

Reading with babies and children every day, as well as parents doing other activities daily with their children such as singing, sharing nursery rhymes, observing and talking about their immediate environment, telling stories, and drawing are very important in developing children's learning and communication skills.

Families can be encouraged to do these simple, everyday activities at home. They can also do many of these activities when they are away from home, such as while walking or driving. Activities like cooking together can introduce new words and concepts to children like numbers, measurement, science and healthy eating.

Drawing and mark making also support children's developing literacy and mathematics skills. Children who see their parents regularly writing and making marks will be encouraged to make marks themselves as a way to communicate.

Encourage families to go to the local library to borrow books and attend story-time sessions. Encourage them to ask about activities that libraries offer children and young families. This is especially important when you are working with families who have low literacy levels or limited English.

Families, early childhood professionals and community services such as libraries and playgroups all play an important role in establishing high quality literacy activities that help children develop strong literacy foundations in the years before they start school.

Remind families that they don't have to only use books or visit libraries to create high quality literacy activities for their children. Encourage them to tell stories or make up stories for their children using a series of pictures or photos. This sort of verbal and visual story telling is very useful for families with low reading and writing skills.

Talking with babies and young children

Research shows that the best way to develop children's vocabulary is to talk with them a lot. This is particularly important in the first three years, when children's brains are developing rapidly. Hart and Risley (1995) found that the size of children's vocabulary correlated most closely to the number of words the parents spoke to the child. A key finding was that children raised in more talkative environments had almost double the vocabulary size of children raised in less talkative environments. Their longitudinal research subsequently found that vocabulary size at age three predicted language test scores at ages nine and ten in areas of vocabulary, listening, syntax, and reading comprehension (Hart and Risley 2003).

"Maintenance of first language is important for children's identity, wellbeing, communication and learning."

Victorian Early Years Learning and Development Framework, p. 28.

Encourage families to use signs or cues from their babies or children to start conversations with them. Strategies that families can use:

- Follow your child's gaze and start talking about what your child is looking at.
- Talk to them about the everyday tasks you are doing. Describe how you are getting dressed, changing their nappy, sorting the laundry, washing the dishes, preparing food.
- Make eye contact with your child when you are talking with them or interacting with them in a non-verbal way such as smiling or using facial expressions.

Other verbal strategies that families can use to develop children's literacy and communication skills include:

Recasting – rephrasing something the child has said in a different way.

For example, the child says: "Daddy car." The parent says: "Is it Daddy's car?"

Imitating (also known as 'echoing' or 'copying') – repeating what a child says, especially if it is an incomplete phrase or sentence.

For example, the child says: "Daddy car." The parent says: "Daddy car!"

Expanding – restating, in a slightly more sophisticated sentence, what a child has said.

For example, the child says: "Daddy car." The parent says: "Daddy's driving the car".

Extending – adding new information to what the child has said.

For example, the child says: "Daddy car." The parent says: "It's a red car".

Labelling – frequently saying the names of objects or making sounds objects/animals make that are of interest to the baby.

For example, the child points at a car. The parent says: 'Car'.

Asking questions – promoting language development by asking questions about what interests their child. When a child asks questions about what they are seeing, wonder about it together – 'Why do you think it might be like that? How could we find out?' This encourages children's thinking. It encourages them to use language to express themselves.

For example, the child is playing with a toy car. The parent says: 'Who's driving the car?' 'Where is the car going?'

CASE STUDY: a nurse's perspective

Taking the pram and facing your child – a great opportunity for learning

Taking children for a walk in a pram or a stroller is a great opportunity for children to learn new things. When parents have their child facing them in the pram or stroller, they're able to make eye contact with their child, the child is able to respond to their parent's facial expressions and it makes it easier for parent and child to have rich and entertaining conversations.

The parent is able to notice what their child is looking at, to describe what their child is seeing, and talk to them about it, no matter what age their child is. If a child is looking at the leaves in a tree, the parent describes the tree, and how the wind is blowing the leaves and so on.

These are lovely learning excursions for a child, where the constant conversation between parent and child strengthens the child's emotional bond to their parent, their language skills and their comprehension of what they're seeing and doing.

– An MCH nurse with more than 10 years experience

Conversation starters

Children's communication skills develop enormously during the first few years of life. In a consultation, MCH nurses can help families to identify and encourage age-appropriate language development for their child. For example, in a consultation a nurse can:

• respond to the child's vocalisations or start talking to the child and explain to the parent or family member how the child is learning to communicate through these interactions

• observe the interaction between parent and child and reinforce positive behaviour. For example, 'See how you did…, that is such a rich learning opportunity for your child.'

• encourage the parent to notice and celebrate how their child is learning to communicate by pointing out what the child is doing in the consultation. For example, show how the child is making eye contact or how the child is turning her head to hear her parent's voice.

• model strategies from the 'Talking with babies and young children' section of this booklet.

Questions to ask families include:

• How does your child communicate with you?

• Can you think of ways for you and your baby to keep the conversation going?

• How do you encourage communication with your child?

Resources for MCH nurses

• Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/providers/edcare/Pages/ profresource.aspx

• Practice Principle Guides and Evidence Papers. Victorian Early Years Learning and Development Framework: www.education.vic.gov.au/childhood/ providers/edcare/pages/profresource.aspx

• Learning English as a Second Language in the Early Years (birth to six years). Dr. Priscilla Clarke: www.vcaa.vic.edu.au/Documents/earlyyears/supporting_ children_learning_esl.pdf

• Let's Read: www.letsread.com.au/Resources/Facts-Sheets-and-Reports

• Premiers' Reading Challenge – for all children from birth: www.education.vic.gov.au/prc

• Early Years Exchange: www.vcaa.vic.edu.au/Pages/earlyyears/eye/index.aspx

• Zero to Three: www.zerotothree.org/child-development/early-language-literacy

Resources for families

• Raising Children Network: www.raisingchildren.net.au/literacy_reading/lets_read.html

• Let's Read: www.letsread.com.au/families

• Premiers' Reading Challenge – for all children from birth: www.education.vic.gov.au/prc

Reflection

- *How do you discuss communication skills and language development with families?*

- *How do you demonstrate or model serve/return interactions with the families you see?*

- *What services in your area can families access if they think their child may have a communication problem?*

- *What sort of home environment promotes communication development?*
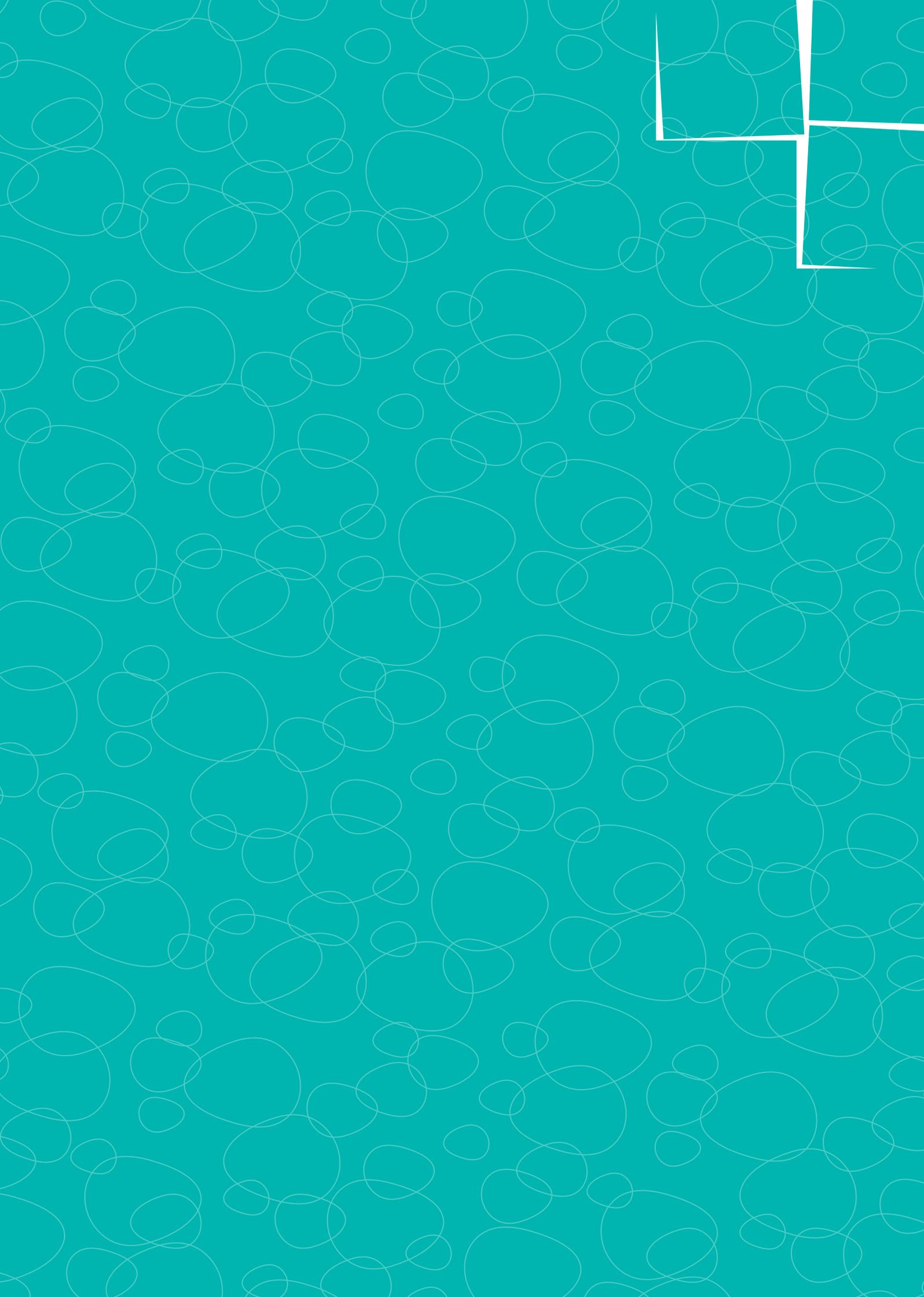
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Zero to Three 2003, *Healthy Minds: Nurturing Your Child's Development from 2 to 6 Months*. www.zerotothree.org/child-development/brain-development/2-6months.pdf

Zero to Three 2014, *Supporting Your Child's Communication Skills*. www.zerotothree.org/early-care-education/early-language-literacy/communication-skills.html

Appendix 1:
Play, Learn, Grow resource package

The Play, Learn, Grow resource package consists of this booklet for MCH nurses, five posters, eight postcards that are included in the Key Age and Stage packs and one personalised postcard.

Booklet
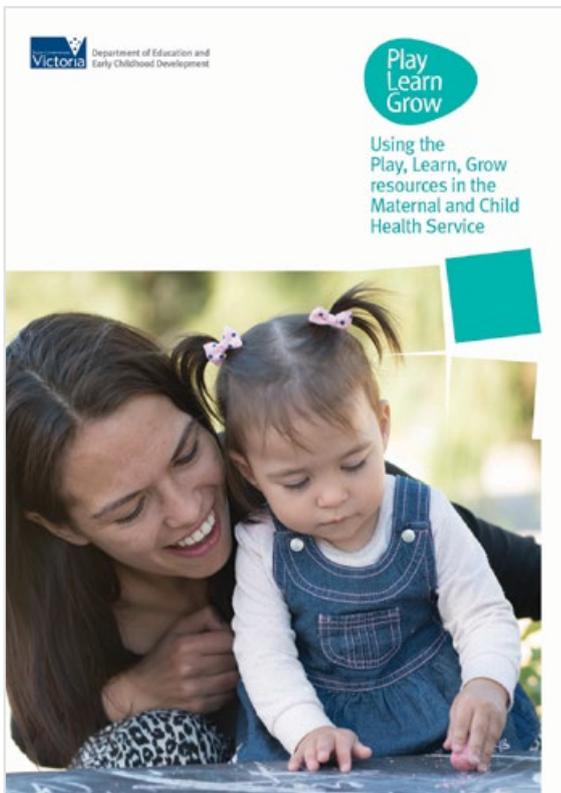
Posters
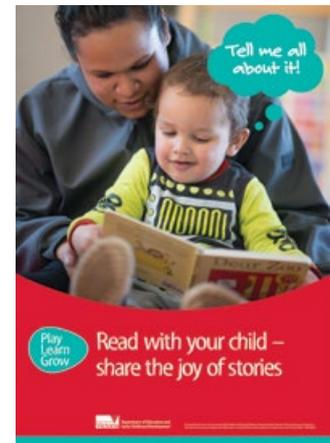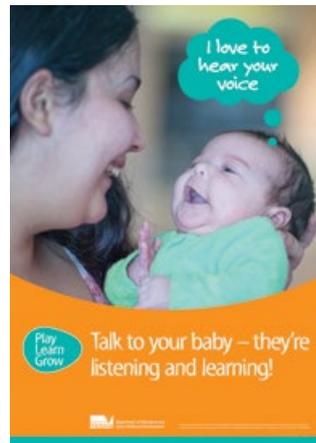
You can download copies of the Play, Learn, Grow resource package at www.education.vic.gov.au/childhood/professionals/support/pages/nurses.aspx

Postcards

Personalised postcard

A personalised postcard, inviting the child and their family to visit the MCH centre, is available from the Nursing Services Unit of the Department of Education and Early Childhood. To order copies of the personalised postcard please email MCH@edumail.vic.gov.au with the required number and delivery address. The postcard is addressed to the child, and invites them to bring along something to share or talk about with the MCH nurse (e.g. a favourite book, picture or toy). The postcard aims to prompt re-engagement with the MCH service and, by encouraging sharing something that is meaningful to the child, provide a gateway to conversations about the child's health, development and learning.

Appendix 2:
List of resources

Alberta Family Wellness Initiative
www.albertafamilywellness.org

The Alberta Family Wellness Initiative connects early brain and biological development and children's mental health with addiction research, prevention, and treatment.

Assessment practices in the early years
www.vcaa.vic.edu.au/pages/earlyyears/index.aspx

This resource focuses on learning and development to support implementation of the VEYLDF.

Australian Council on Children and Media
www.childrenandmedia.org.au

The Australian Council on Children and Media promotes healthy choices and stronger voices in children's media and is a comprehensive source of information about children and the media.

Australian Institute of Family Studies
www.aifs.gov.au

The Australian Institute of Family Studies is the Australian Government's key research body in the area of family wellbeing. Its role is to increase understanding of factors affecting how Australian families function.

Australian Institute of Health and Welfare
www.aihw.gov.au

The Australian Institute of Health and Welfare is an Australian Government agency that provides reliable, regular and relevant information and statistics on Australia's health and welfare.

Australian Physical Activity and Sedentary Behaviour Guidelines
www.health.gov.au/paguidelines

The Guidelines provide information about the health benefits of leading an active lifestyle and offer suggestions on how to incorporate physical activity and minimise sedentary behaviour in everyday life.

Centre for Culture, Ethnicity and Health
www.ceh.org.au

The Centre for Culture, Ethnicity and Health provides specialist information, training and support on cultural diversity and wellbeing.

Community Paediatric Review
www.rch.org.au/ccch/cpreview

Community Paediatric Review is a publication from The Royal Children's Hospital Centre for Community Child Health and covers current health issues affecting children from birth to early primary.

Early Childhood Australia (Victoria)
www.earlychildhoodvictoria.org.au

Early Childhood Australia works with government, early childhood professionals, parents, other carers of young children and lobby groups to secure the best options and outcomes for children as they grow and develop.

Early Years Exchange
www.vcaa.vic.edu.au/Pages/earlyyears/eye/index.aspx

The Early Years Exchange is an online resource that assists early childhood professionals to implement and embed the Victorian Early Years Learning and Development Framework in their practice.

Early Years Strategic Plan
www.education.vic.gov.au/about/department/Pages/eystratplan.aspx

The Victorian Government's Early Years Strategic Plan outlines directions and actions from 2014-2020 to continue to improve all children's outcomes.

Family Partnership Training Australia
www.fpta.org.au

The Family Partnership Training Program assists non-mental health workers, regardless of profession or background, to deal effectively with the psychological and social problems that commonly arise in the life of all families.

Grow & Thrive
www.rch.org.au/ccch/growthrive

Grow & Thrive is a publication from The Royal Children's Hospital Centre for Community Child Health and covers current health and development issues affecting children from birth to early primary.

Harvard Center on the Developing Child
www.developingchild.harvard.edu

Harvard Center on the Developing Child leverages growing knowledge about the developing brain and human genome to drive science-based innovation and achieve breakthrough outcomes for children facing adversity.

Learning English as a Second Language in the Early Years (birth to six years)
www.vcaa.vic.edu.au/Documents/earlyyears/EYAddLangResource.pdf

These resources support early childhood professionals to assist children from birth to six years in learning English as an additional language.

Let's Read
www.letsread.com.au

Let's Read is a national early literacy initiative that promotes reading with children from birth.

Playgroup Victoria
www.playgroup.org.au

Playgroup Victoria helps all Victorian families discover the benefits of playgroup.

Premiers' Reading Challenge
www.education.vic.gov.au/prc

The Premier's Reading Challenge aims to inspire children and young people to read more books.

Principles for Health and Wellbeing
www.education.vic.gov.au/about/
department/Pages/wellbeing.aspx

The Principles for Health and Wellbeing underpin professional practice across government and early childhood services and schools to support young Victorians' optimal health, wellbeing and educational outcomes.

Raising Children Network
www.raisingchildren.net.au

Raisingchildren.net.au is the complete Australian resource for expectant parents and parents of newborns to teens, providing information on child health, development and behaviour.

Relationships Australia (Victoria)
www.relationshipsvictoria.com.au

Relationships Australia (Victoria) provides high quality and comprehensive services that assist families and children to overcome challenges, grow and thrive.

Report on the Assessment for Learning and Development Project 2012
www.vcaa.vic.edu.au/Documents/
earlyyears/ALDProjectReport2012.pdf

This report summarises the findings from the Assessment for Learning and Development Project (ALD) 2012.

smalltalk Early Home Learning Study
www.earlyhomelearningstudy.net.au

smalltalk provides parents with strategies to enhance their children's learning at home.

Toy Libraries Australia
www.toylibraries.org.au

Toy Libraries Australia is the peak body for over 160 toy libraries in Australia, representing libraries in Victoria, New South Wales, Queensland, South Australia, ACT, NT and Tasmania.

VICSEG New Futures
www.vicsegnewfutures.org.au

VICSEG New Futures provides support and training to newly arrived and recently settled migrant communities throughout the northern and western Melbourne regions.

Victorian Early Years Learning and Development Framework
www.education.vic.gov.au/childhood/
providers/edcare/Pages/profresource.
aspx

The Victorian Early Years Learning and Development Framework (VEYLDF) supports early childhood professionals to work with families to advance children's learning and development from birth to eight years. The VEYLDF is supported by Practice Principle Guides and Evidence Papers.

Zero to Three
www.zerotothree.org

Zero to Three is a US-based national non-profit organisation that provides parents, professionals and policymakers with the knowledge and the know-how to nurture early development.

Appendix 3: Language development

Language pathways in the early years are complex and variable—development can accelerate, plateau and sometimes go backwards. Table A3.1 is a guide to how children's language develops. It reflects the growing body of research about children's language learning and development. If you have a concern about a child's language development, ask questions, observe and explore the child's history, use PEDS and complete a Brigance Screen where indicated.

Early childhood professionals can support language development by encouraging families to provide rich language opportunities for their children.

These can include reading every day, sharing songs and rhymes, drawing, talking, playing and exploring together.

General points to look out for:

• A family history of speech or language difficulties

• A history of hearing problems

• Concerns about parent-child interaction

• Difficulties with behaviour or attention.

Table A3.1: Language learning and development

Typical development			Potential areas of concern		
Speech sounds	**Expressive language**	**Comprehension**	**Speech sounds**	**Expressive language**	**Comprehension**
0–1 year			**0–1 year**		
Cooing after 6 weeks, babbling from 6 months, child experimenting with sounds.	Gradually begins to use specific sounds in specific contexts e.g. 'woof' for all animals. Uses gestures, particularly pointing, during social interactions to: • request an object or event • draw attention to or comment on an event. First words emerge around 1 year.	Participates in games—e.g. 'peek-a-boo' and begins to anticipate what happens next. Turns head toward speaker. By 9 months understands 'no', 'bye'. By 1 year recognises names of some objects and responds to simple request e.g. 'clap your hands' with an action.	Not making sounds.	Little or no attempt to communicate.	Little or no awareness of others or the environment.
1–2 years			**1–2 years**		
Initially uses strings of intonation ('jargon'), which clearly include speech sounds and sounds that resemble words. These gradually become assimilated into recognisable words.	Words appear slowly at first. May begin to combine words by this stage. Gradually replaces gestures with oral language. Begins to use two to three word phrases in context at a time. By 2 years a child often has a substantial vocabulary (on average 200–300 words*).	Responds to a variety of social cues. Comprehension almost always precedes expressive language. Will hand over familiar objects on request. Begins to understand verbs and simple attributes.	Little variation in sounds used. No meaningful intonation.	No words by 18 months.	No recognition of the words for simple household objects.
2–3 years			**2–3 years**		
A good range of sounds, though there may be difficulties with fricatives /f/ /sh/ /s/ etc.	Short sentences emerge and language is used for a variety of purposes: possession/assertion/refusal/attribution etc. Begins to use verbs in spontaneous speech including '-ing' to show action. Begins to: • use '-ed' to indicate past tense (e.g. 'breaked'). • use prepositions e.g. 'away', 'over', 'under' • use 'and' to list objects or list events • use possessive pronouns • ask questions.	Takes turns in conversations. Able to find two or three objects on request (e.g. 'can you give me the ball and the book?').	Single sounds only e.g. /d/. Poor control of facial muscles. Others do not understand much of what is said.	No word combinations reported by 2½ years. Very restricted vocabulary.	Unable to find two items of request by 2½ years.
3–4 years			**3–4 years**		
Most speech sounds correct. May have difficulties with /ch/ or /j/. Intelligibility may decline when excited and with more complex new vocabulary.	Talks increasingly fluently. Able to refer to past and future events. Marks tense with –ed etc, but there may be some confusion e.g. 'I goed to the park'. Begins to: • narrate simple stories that are comprehensible to others • talk about and recount immediate experiences • have conversations with others.	Able to understand concepts such as colour/size etc. Will understand most of what a parent is saying. Able to recognise when their messages are not understood and can take steps to fix misunderstandings.	Very limited repertoire of sounds – much of what is said is unintelligible. Normal non-fluency, common in younger children, may persist.	Little feeling of interaction because the child continues to echo what is said. Restricted use of verbs/attributes.	Comprehension outside everyday context very limited. May have limited understanding about the function of objects.
4–5 years			**4–5 years**		
Completely intelligible except for occasional errors.	Grammatical errors may persist but rarely affect the meaning. four to six word sentences used consistently. Questions now commonly used. Able to construct own stories.	Understands abstract words e.g. 'always', abstract time concepts e.g. 'now', 'later'.	Much of what is said is still unintelligible. Stuttering is persistent, distressing the child and interfering with communication. Increasing awareness and frustration.	Child avoiding verbal demands e.g. in child care. Continues to respond in single words or using very simple grammatical structures. Little idea of tense. Cannot retell a story.	May be able to understand enough to cope with familiar routines but cannot cope if structure changes. Child often isolated because cannot deal with the verbal levels of peers.

Adapted from Sure Start 2001, Promoting speech and language development, Dfes Publications 2001, Nottingham by the Murdoch Childrens Research Institute 2014.
*Reilly et al. 2009

Appendix 4:
Atypical language development

Atypical language development

When children fail to meet key language milestones in the preschool years their language is often described as being delayed. For these children language development may seem to be slower than their peers in the first few years of life or to be developing differently. However, language does not always develop in a predictable or consistent way. It was previously thought that the development of language followed a relatively stable, upwards trajectory. However, studies have shown that language development in children under five can accelerate, plateau or even go backwards within the space of a year. For example, not all children who are late to talk are at risk of later problems; many two-year-olds whose language appears delayed catch up by the time they are four. Meanwhile, some two-year-olds who have typical development in their talking go on to have problems with language by age four (Reilly et al. 2014).

Why the concern about early language development?

Children whose language milestones are delayed do have a higher chance of having poorer language when they start school. Language skills are an important component of readiness for school and language impairment is strongly associated with later literacy and numeracy problems. Many children with early language delay who develop language problems later on also have associated social, emotional and behavioural problems (Reilly et al. 2014).

How common are language problems?

One in five Victorian children start school with limited language skills, which can have significant effects on their ability to learn, make friends and generally negotiate the new challenges of the school environment. Language problems come in many forms and can be the result of biological (e.g. genetic) and/or environmental factors.

Language problems vary in severity. Of those four-year-olds with language problems, around 2 per cent also have general learning disabilities while 7.5 per cent have a specific Language Impairment. Although children with Language Impairment come from all socio-economic backgrounds, language problems are more common in children who live in a vulnerable or disadvantaged community; in those circumstances up to 50 per cent of children may be affected. Sometimes children being raised in culturally and linguistically diverse environments are thought to be at greater risk of having language problems. However, there is wide variation and children from culturally and linguistically diverse backgrounds are not necessarily at greater risk of Language Impairment than monolingual children (Reilly et al. 2014).

Language Impairment is more common in children who:

• have a family member with a history of language or literacy difficulties

• have other developmental impairments (Reilly et al. 2014).