



Early Childhood Studies Degrees Network

EARLY CHILDHOOD STUDIES DEGREES NETWORK JOURNAL

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THE RESEARCH & KNOWLEDGE EXCHANGE

Research & Knowledge Exchange Statement

- To develop the next generation of researching graduate professionals to make positive contributions to the care and education of babies, young children and their families.
- To develop a community of practice for early childhood students and academics.
- To develop confidence in students to provide a voice for their research findings.
- To promote early childhood research with the aim of informing and improving policy and practice.

Aims:

- To offer an opportunity for ECSDN members & students to share their research with each other
- To enable the opportunity for development of shared research projects
- To create opportunities for members to collaborate on publication

Themes:

- Early Childhood Studies Degrees development
- Graduate careers
- Professionalism

ARTICLES

Outdoor voices: Children's perception of the natural environment.

Rita Buehring

An exploration of development and prevention of trauma in children within the Emergency Department and the role of the Play Specialist.

Carmen Casingena

Adults' Perceptions on Supporting the Social Needs of Young Children with English as an Additional Language.

Khadija Essat

Reflecting on and evaluating a personal John Muir Award experience in the context of wider sustainability education in the early years.

Emily Evans

Leading Practice in Schools and Settings – Facial Disfigurement.

Rachel Harrison

An Investigation into Early Years Practitioners' perception of Cultural Capital.

Ann Henson

The Early Childhood Studies student as a developing professional. The role of Inclusion, Observation and Reflection in practice.

Freshta Majid

Caring, listening, and appreciating: An exploration of the importance of ethics of care and Bourdieu's Cultural Capital theory on the development and support of children with Special Educational Needs.

Joanna Szupien

EDITORIAL



Dr Helen Perkins

GUEST EDITOR: DR HELEN PERKINS
(THE OPEN UNIVERSITY)

The place of research evidence to inform early childhood education effectiveness has received increasing attention in the last two decades and is making an important contribution to evidence informed policy and practise. The student papers in this edition celebrate the extraordinary range of research into early childhood education and care.

While the differences between the papers make it difficult to arrange them into themed groups, the similarities invite reflection on the way in which inclusion, in its many guises, permeates all aspects of children's experiences in early childhood settings. The papers in this issue form a daisy-chain of loose connections, from outdoor play and the impact on children's well-being through inclusion, special needs, trauma and sustainability.

The first paper by Rita Buehring, introduces us to the concept of 'nature-deficit-disorder' coined by Richard Louv (2005) as result of deprivation of outdoor play. The paper goes on to the positive impact of the outdoors on children's mental health and wellbeing, and social and emotional development. In the second paper, Carmen Casingena shares her research exploring children's experiences of trauma, and how trauma informed care, when visiting the emergency department, can mitigate the challenges and support children and families, particularly those with SEN.

Khadija Essat's paper addresses the challenges of supporting a growing number of children in early childhood settings with English as an additional language. The paper considers the importance of staff training to ensure effective support is in place for children and their families. In the fourth paper, Emily Evans shares a sustainability project in which she explored her local environment with her daughter, identifying ways they could change behaviours to have a positive impact on their world. She considers how this could be applied to early years settings, suggesting that connecting children and practitioners to the natural world, could encourage environmental responsibility and sustainability.

Our fifth contributor, Rachel Harrison, tackles the sensitive issue of facial disfigurement and social exclusion. Rachel proffers that through critical reflection, accessing effective training, creating inclusive environments, that support development of children's social competence, and preventing bullying, ECEC practitioners and leaders can change the attitudes and behaviours of future generations.

In the next paper, Ann Henson delves into the concept of cultural capital, which following its introduction into the inspection framework, became a source of confusion in many early childhood settings. Challenging the perception of it being a 'list of places to visit', Ann offers alternative and more meaningful understandings of Bourdieu's theory and its application to ECEC. Fretsha Majid, shares her experience of reflective practice as she commences her placement as part practice of her ECS degree. She reflects on several examples of how, through reflecting on her experiences, she is developing her knowledge, skills and practice. The final paper from Joanna Szupien returns to cultural capital, with a focus on children with SEN, she argues that not all settings value what is considered atypical, contributing to educational inequality. Joanna draws on Noddings (2002) concept of 'ethics of care', suggesting professionals should examine their own opinions and beliefs on 'normality', to support inclusion, and to consider how incorporating Bourdieu's concept of cultural capital into their teaching practices could make a positive difference.

Presenting the papers in this order has resulted in different connections being made, however they all point to the need for a professional and high-quality workforce with a specialised body of knowledge to support all children and families. The role of the Early Childhood Graduate has never been more important; the complex and ever-changing nature of society requires continuing professional development, and a workforce who understand the value of research informed practice.

My thanks go to the review panel, led by Jo Josephidou, for supporting and developing the next generation of Early Childhood Researchers.

REVIEW PANEL

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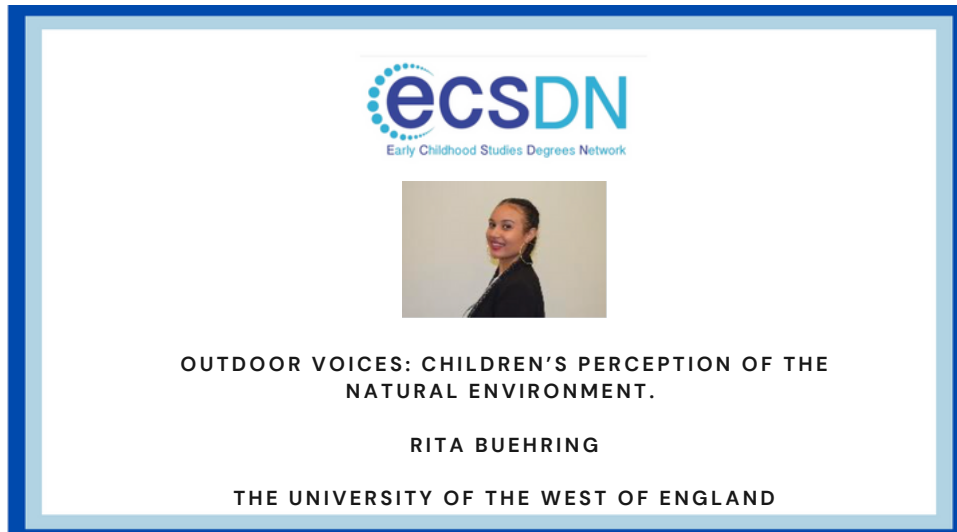
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I am Rita Buehring, a recent graduate of the BA honours Early Childhood degree. Alongside my studies, I worked in early years settings which allowed me to bring into practise what I have learned at university. With a passion for outdoor activities, I conducted my dissertation in a forest school to encourage more use of the natural world in education inspired by children's outdoor experiences. My time working with children has inspired me to find ways to create the best learning environments for children, therefore I will be pursuing a master's degree in the Psychology of Education.

1. Introduction

This paper discusses the value of involving children in research about their outdoor experiences and its significance in supporting and developing practice in early childhood settings. In recent years, there has been increasing concern about the declining time children spend outdoors and its implications on health, wellbeing, and development (Lanigan and Suaven, 2020). The western world shows an increase in childhood obesity and mental health decline and studies are finding correlations between time spent outdoors and these significant epidemics (Bentos and Dias, 2017). The term 'nature-deficit-disorder' coined by Richard Louv (2005) is gaining awareness, as it implies a modern disease conceived as a result of deprivation of outdoor play. Research is raising concerns that the digital world is a deficient play replacement, particularly because children are at their developmental peak and would benefit from the richness of nature-based learning experiences (Kandemir and Sevimli- Celik, 2021). It is estimated that children in the United Kingdom (UK) spend '44 hours per week in front of a screen and less than 10 minutes a day playing outdoors' (Children and Nature Network, 2022). The natural environment as an innate human affiliation, needed to ensure survival and wellbeing (Cameron- Faulkner et al., 2018), is the core theoretical framework of this research. Historically, humans have evolved and thrived within nature, as it provided food, shelter, mental and physical stimulation (Mitten, 2009). Recent research concurs, showing physical movement is perceived as less demanding whilst being outdoors and supports physical health, a phenomenon coined 'green exercise' (Gladwell et al., 2013 p. 2).

Similarly, studies show the brain functions better with regular exposure to nature, impacting positive behavior and psychological well-being (Cameron-Faulkner et al., 2018). Children's voices are significant in understanding the benefits of outdoor play, as they outline their play preferences and the value of outdoor spaces. Inspired by previous research, the research questions investigated were: 'what do children like about the natural world?' and 'what do children prefer to play with in the outdoors?'. With an insight into their opinions, perceptions, and views of the outdoors, links can be made on how these may impact physical and mental health. The conclusion may address the decreasing time children are spending outdoors and inspire educational institutions to create more opportunities for outdoor play and learning following children's needs and interests. This paper will begin with a short literature review, which highlights the benefits of incorporating the outdoors in education and its limitations, before summarizing my research which found several aspects of the outdoors children enjoy and how these can be implemented in early childhood practice.

2. Literature review

2.1 Outdoor education in the early years

The need to incorporate the natural world in early years education has long been identified. Foundational early childhood educational theorists of the likes of Piaget, Vygotsky and Froebel conceptualized these benefits in extending learning and development. The word 'Kindergarten' devised by Froebel translates into 'children's garden' and theorizes his view of children as explorers, with the natural world being at the heart of learning. Piaget saw children as active scientists who were driven by the need to explore and experiment in order to construct knowledge. Studies show that the outdoors' unique physical structure of flexibility, openness, versatility, complexity, and ever-changing nature attracts children's innate curiosity and desire to explore whilst offering endless opportunities for discovering and observing phenomena, developing senses holistically and a platform to challenge abilities (Sandseter et al., 2020). By using loose parts, children discover items that inspire their imagination more than commercial toys (McFarland and Laird, 2017). Studies show these natural materials are free from societal stereotypes of identity, gender and race and afford equity and social justice for all children regardless of background (Parry, 2019). This may be essential in today's society because studies are showing an increasing inequality gap between socio-economic groups in the UK (Choudry, 2021). The outdoors can be a platform to promote equality as children are exposed to the equal opportunities whilst respecting their uniqueness (Larimore, 2019).

2.2 Neoliberalism in early years education

Despite this, today's curriculum delivery is increasingly sedentary as it drives the globally spread neo-liberal discourse of attainment and quality (Ball, 2021). In the UK, the Early Years Foundation Stage (EYFS) statutory framework (2021) has been criticised as constructing the child as a 'tabula rasa' (blank slate) who is filled with pre-determined content to achieve school readiness (Ball, 2020). The child has little agency in the direction of their learning, giving the teacher and curriculum goals enhanced power to diverge from the child's interests and developmental needs (Roberts-Holmes and Moss, 2021). The recently revised framework does not reference outdoor play or highlight explicit policy for outdoor learning, leaving it subject to practitioner's perceptions of the outdoors influenced by their own attitudes and paradigms (Josephidou et al., 2021). This is problematic as some headteachers do not endorse outdoor play opportunities as a means to achieve curriculum outcomes (OFTSED, Bold Beginnings, 2017). Studies show that this inhibits learning and 'misses the point of education' because children benefit from the uncontrolled, unpredictable and stimulus rich environment of the outdoors (Strife and Downey, 2009 p. 2). However, curiosity in the play-based approach is growing, backed up by research showing it as a developmentally appropriate way to educate children (Larimore, 2019). Instead of being spoon-fed information, children in these paradigms lead their own learning through a meaningful medium; play (Ebbeck et al., 2019). As children follow their interests and needs, teachers function as facilitators, and providers of subtle challenges to the next proximal development stage (Blackham et al., 2021). Pascal, Bertram and Fisher (2021) suggest a balance of child-led/play based approaches and adult-led/formal learning approach and coin the term 'hybrid practitioner'. Their research shows a fusion of the two approaches has more effective results in teaching and learning as both parties balance their leadership in the environment. Equally, this reflects Shrewbury's (1987) concept of the feminist pedagogy which proposes a liberatory learning environment that values integrity and interrelationships in the classroom. Teachers and students alike, work together in a self-reflective process, as subjects of learning rather than objects, in order to enhance knowledge. Inspired by these engaging approaches, forest schools, derived from Scandinavian countries, are flourishing in the UK because they allow learning through exploration in woodland environments. Teachers and children report that learning is more meaningful and enjoyable in this type of setting (Natural England, 2016).

2.3 Further societal barriers

It is relevant to acknowledge that access to the outdoors for educational purposes does face several barriers. There is debate whether technology is entirely detrimental to children's health (Arnott, 2017). Some studies show improvements in problem solving and creativity whilst using technology (Kaynar et al., 2020) and some parents reported an increase in imagination and concentration (Slutsky et al., 2019). On the other hand, time using technology compromises outdoor time and its benefits of physical stimulation and social interactions (Hitron et al., 2018). Furthermore, studies show that the risk-averse western society promotes a more regulated and controlled environment in which the outdoors is rarely accessed without supervision (Manner et al., 2020). This reluctance is influenced by media 'stranger-danger' reports, litigation policies and fear of being held liable for injuries. Children however, report enjoying outdoor play without adult supervision so that they can challenge themselves and do things they find scary (Einarsdóttir and Norðdahl, 2015). The lack of micromanagement in the outdoors promotes self-reliance, a sense of responsibility and entrepreneurial traits, allowing children to take control of their own lives (Knight, 2012). Unfortunately, not all children have equal access to natural spaces. Studies in the UK show financial and societal capital, and geographical barriers are determinant (Department for Environment, Food and Rural Affairs (DEFRA), 2021). Factors such as urban design, parental income and education, identity, and race disadvantage children from low socio-economic backgrounds in experiencing the benefits of the outdoors. Whilst policies are being altered to address these environmental inequalities ((DfEF, Environment Agency, 2021), educational settings have a responsibility to ensure children have access to the outdoors when within their care. Studies show that early childhood institutions are the initial platform to address societal inequalities (Moss, 2007), even more so today because children are spending more time in educational settings than in previous decades (Goouch and Powell, 2012).

2.4 Summary

The need to incorporate the outdoors in education is not a new phenomenon. Societal expectations for children have significantly altered the purpose of early childhood education, leaving little room for outdoor play and exploration. This impacts children's relationship with the natural world, their learning and development of traits required in modern society. Involving the outdoors in early childhood educational institutions serves as a platform to promote equality across socio-economic groups, challenges and extends children's holistic capabilities and gives them an opportunity to exercise their agency. This study is therefore significant as it brings children's perspectives to the forefront to address a contested topic, where the benefits of outdoor experiences are acknowledged but there is often a failure to incorporate these into early years education.

3. Summary of study

The research was a small-scale study drawing on the attitudes, opinions, and perceptions of children's experiences in the outdoors. It was of a qualitative nature involving six children ages between two- and five-years old, emphasising that even younger children can express their outdoor play preferences. The study was conducted in a forest school in urban Bristol that uses its natural surroundings as the main avenue to promote learning and development. Whilst creating an opportunity to strengthen children's voices, this undergraduate research aimed to create an insightful project into children's outdoor play preferences and activities to inspire holistic approaches for working with children. Over a period of nine weeks with one day of contact per week, children took photographs of their favourite places, participated in a drawing activity to show their love for the outdoors, were involved in participant observations, engaged in open-ended conversation, and had the opportunity to lead a tour to demonstrate what they enjoyed about the forest school.

The research received ethical approval from the research supervisor and was committed to ethical practise by foregrounding children's best interests throughout. A familiarization period was conducted over three weeks to get acquainted with the children, parents, and setting's culture before seeking written consent from the parents and children themselves. Information was shared through multi-media to accommodate different understanding preferences and to ensure meaningful consent was given (Mayne et al., 2016). The existing power imbalance was challenged by being reflexive on the relationship dynamic between researcher and individual child and adapting the research process accordingly.

Whilst it would have been positive to include quotes from children within this report to illustrate the key findings, publication was not covered by the original consent and therefore I did not feel this would be appropriate. The research had some limitations. As it draws on a limited number of perspectives, conclusions cannot be firmly asserted due to contextual factors such as children's experiences, their cultural capital and age (Alamoodi et al., 2019). Some children were not open to sharing their opinions on their photographs, which was respected, allowed adult's interpretations to be foregrounded during the data analysis stage of the research. Furthermore, because the forest school allowed parents to stay with their children, the research included parental input which may have influenced the findings through biased reporting (Alamoodi et al., 2019).

4. Research paradigm, methodology and methods

Inspired by previous research with children, this research aims to center children's interests by using the mosaic approach (Clark, 2017) to collect data. This is significant as it allows the process to remain meaningful, child-led whilst being accessible for children with differing ages and capabilities and respectful to children as citizens of the here and now. Previous research brings valuable insight as children report to prefer outdoor play to indoor play (PlayWales, 2013) affirming that it makes them very happy (Department for Environment, Food and Rural Affairs (DfEFRA), The People and Nature Survey for England, 2021). Children also chose natural outdoor spaces over constructed outdoor play areas (Norðdahl and Einarsdóttir, 2015). This research creates more opportunity to amplify children's voices, which is important given that historically in the early childhood field, children were perceived as research subjects or objects whose views were not sought and taken into consideration (Clark, 2017). This reflected the construct of childhood in western society as merely a period for maturing into adulthood, which was not valued in its own right. Instead, children were conceptualized as mini adults, becomings, or possessions of their caregivers (Aries, 1962). Focusing on the deficiencies of adult capabilities in children led to various political, safeguarding, and societal concerns. In 1989, the United Nations published a treaty that outlined the rights of children, which has been ratified by most countries. The United Nations Convention on the Rights of the Child (UNCRC) laid the foundation for officially respecting childhood as a developmentally important period in human life and addressed the needs of children across education, play, democracy, freedom and more. Whilst this paradigm shift has empowered children globally, it has also challenged researchers to approach their studies in a manner that respects children. Research methods have been altered to amplify children's voices, as children are increasingly being perceived as experts of their own lives who bring valuable insights into matters that affect them (Mukherji and Albon, 2018). Thus, a child-led tour, participant observations, photographs of favourite places, a drawing exercise, a book reading activity and reflective journaling were chosen as methods to collect data. Involving children in research creates an opportunity to learn from them about their time outdoors and how these can influence practice so that children's needs are met across all developmental requirements of the curriculum.

5.1 Key Findings

The study concluded that children enjoy the freedom of movement afforded by the outdoors. It was apparent from the child-led tour that children enjoyed initiating their play at their own time and directing it as desired. With the flexible routine of outdoor education, children relished their agency to choose activities according to their interests and move with independence from adult's agendas. This child-centered practice allowed children to be intrinsically motivated to learn and challenge themselves at their own pace and according to their individual capabilities. In conversations with children whilst joining in their play, they expressed liking the tailoring of natural materials to extend and develop their play in a manner that suited them. A sense of adventure was discovered as children limitlessly expressed their inner worlds and thoughts through their drawings and photographs and highlighted the interconnectedness of the outdoor environment. Children were observed moving vigorously from one play activity to another and finding ways to connect the two. This research however also found that not all children enjoy physical movement. Some preferred more sedentary arts and crafts activities. The opportunity to claim special places in the outdoors was another key finding (See figure 1 below). Certain places were used for relaxation, challenge and/or mastery of already established skills. The vastness of the outdoors allows for this without interfering with other children's play. In these places, some children expressed their preference for replaying life experiences in familiar and meaningful ways to achieve mastery, some explored their capabilities and others used them as avenues to relax. This was particularly apparent through their drawings and photographs.



Figure 1: Drawing of a swing as favourite place in forest school



Figure 2: Camera-led tour: Photo of favourite place in forest school

5.2 Implications for practice

The literature review, methodology and data arisen from findings of this undergraduate research allowed reflexivity on the view of the child and inspired a range of ways to improve practice whilst involving the outdoors. Figure 2: Camera-led tour: Photo

5.2.1 The child as capable

Researching with children under the age of five strengthened the idea that children are active agents of their lives, competent and capable individuals. Children took charge of the research methods, leading the researcher around the forest school, initiating conversations, and independently displaying their prepositions of the outdoor environment. Working with babies demonstrated an increased understanding that even pre-verbal children are able to express themselves thoroughly through body language, eye contact, pointing, crying, body movements and more. During the research a baby showed dissent by crying, showing closed body language, and running away towards her mother. Another, engaged with the research by holding eye contact in conversations, participating in activities, and initiating play roles.

Acknowledging this in research allows child-centered practice, giving control to the children as opposed to assuming that the adult knows best. This practice inspires practitioners to be mindful. The paradigm of viewing children as capable encourages practitioners to change their approach for working with children whilst acknowledging children's individuality in how they process and express their understanding. Working in this way realizes Malaguzzi's concept of 100 languages of children which creates opportunities to cater to the differing needs of children from multiple backgrounds. In my future practice, I will seek the child's voice by being patient with them and allowing time for responses. One way of achieving this might be asking opened ended questions, which allows children to think critically, challenge their minds and demonstrate their abilities. It builds on language development for verbal children as they are encouraged to express their knowledge in words. For pre-verbal babies, practitioners might plan time to discuss multiple choices of activities either indoors or outdoors for children to choose from by pointing or welcoming body language. This allows children to exercise their agency, enhance their dispositions and strengthen their identity whilst promoting wellbeing.

5.2.2 Supporting the characteristics of effective teaching and learning

Researching with children in this study has shown that they enjoy being outdoors. This finding can be used to inspire delivery of the EYFS framework in the outdoors through incorporating the characteristics of effective teaching and learning: playing and exploring, active learning and creative and critical thinking. Play is a child's right (UNCRC, UN, 1989) and is conceptualized as a 'powerful contribution to children's wellbeing, development and learning' (Birth to five Matters, 2022). As it is flexible and open-ended, the outdoors offers a resourceful and stimulating environment for children to explore, experiment, develop different ideas, work with others, and challenge their thinking (Birth to five Matters, 2022). It is an ideal platform for children to realize their right and equally achieve the early years learning outcomes, specifically focusing on the personal, social and emotional development.

In the outdoors, children can 'find out and explore' whilst using their senses to delve into their curiosity and establish interests in diverse ways not available indoors (Bushnell, 2020). Children learn about weather and seasonal changes, play with natural materials including water, sand, stones, grass and discover more about insects, birds, and other animals in their surroundings in through an active and real-life manner (Larimore, 2019). Children can 'play with what they know' as they interact with loose parts assigning them meanings and representing their experiences. Studies show that symbolic play is enhanced outdoors as children use their imagination to demonstrate their thoughts and ideas (Bernadette, 2006). To support children's play, practitioners may reflect on ensuring the space provided outdoors is large enough for children to move freely and find spaces that are special to them. If limited due to financial or structural barriers, in my future practice I would ensure children have time for excursions to forests, parks or nearby woodland environments as children in this research valued the extended space in the forest school. Children also valued the diversity of the outdoor environment; therefore, it would be important to have places that afford physical movement and somewhere to relax.

Practitioners may also ensure that the resources available outdoors are relevant to children's interests and level of development (Birth to five Matters, 2022). This requires getting to know the child and building strong relationships with them and their family in order to understand their cultural background, interests and needs to provide tailored and meaningful support. Practitioners may sensitively join in the play to encourage challenges and extend confidence. The research findings showed that whilst immersed in their play, which was freely chosen and child directed, children were motivated to challenge themselves, highlighting 'active learning' with high levels of involvement, energy, and fascination (Birth to five Matters, 2022). To extend children's curiosity in the outdoors in my future practice I would make time for quality interactions to expand on interests through shared attention and sustained shared thinking (Siraj-Blatchford and Manni, 2012). This can be done by listening to children's ideas, reading further into their topic of interest, and creating more opportunities to develop and explore these. In the outdoor environment, children can observe natural phenomena such as sunsets, growth, or decay, creating opportunities to make links, predictions, test ideas and understanding cause and effect. This research has shown that allowing children to 'have a go' and giving them time and space to be involved in an activity contributes to their learning. Children valued initiating and directing their play. In practice it is essential to allow for flexibility in routine so that children can be deeply involved in their activities. Practitioners may let children return to their play after a break so that it can be developed further despite the interruption.

6. Conclusion

This paper has discussed the need to involve children in research, specifically about their perceptions of the outdoors in response to the declining time being spent outdoors. Educational benefits for outdoor provision and some limitations have been discussed. This paper draws on the findings of a small-scale qualitative research and discusses some practical implications to allow children to maximize their outdoor time in educational settings whilst incorporating the characteristics of effective teaching and learning.

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My name is Carmen, I currently work at a Children's Emergency Department as a Senior Play Specialist. I have seen how important play is for children in hospital and I wanted to research this further, as there is a lack of research into the role of play specialists.

Introduction

Trauma is an individual experience. It consists of an event that has caused feelings of horror and helplessness. A traumatic experience for children can often result in a visit to the Emergency Department (ED). Once in the ED, a child's stress may still not resolve. Fear of the unknown, medical procedures and parental stress can cause further trauma for children (Marsac et al., 2015). After a stressful experience children may be hypervigilant for a few days or may be reluctant to return to their routine, this is normative behaviour. But when symptoms carry on weeks after the event, interfering with a child and their family's lives, this stress has developed into a clinically diagnosed condition called post-traumatic stress disorder (Bender, 2022).

The characteristics of a traumatic event, and the behaviours of the child observed within the ED have been investigated by the researcher as part of an independent study, during the final year of their Early Childhood Studies degree programme. This was to ascertain which factors or behaviours during the peri-traumatic stage are a predictor of PTSD. Studies that evidence reduction of stress and enhancement of resilience through interventions for children were researched (Fogel, 2004; Rady et al, 2009). Literature was also reviewed on how play specialists can implement these interventions (Tak and van Bon, 2005). The researcher theorised that through trauma informed care (Moss et al, 2019), implemented through play, post-traumatic stress symptoms (PTSS) can be prevented from developing during the child's care in hospital (Brocque, Hendrikz and Kenardy, 2010).

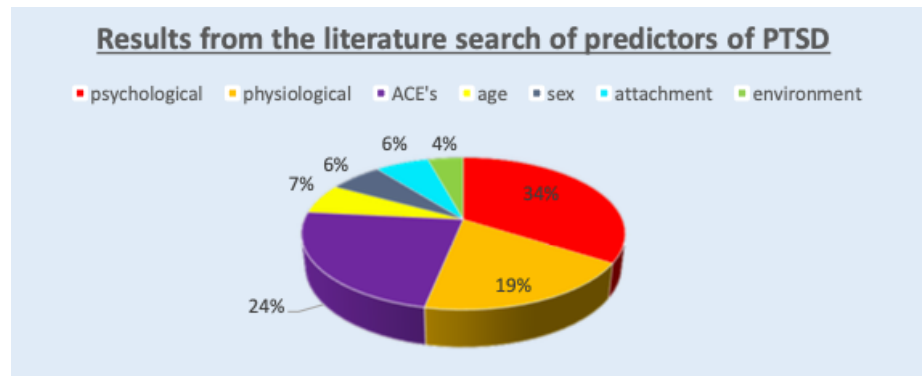
Methods

The researcher wanted to investigate the topic of trauma for children in the ED and what predicts that a child may suffer from PTSD in the future. Relevant research was identified through: (i) database searches and (ii) library reference systems. The terms "PTSD" AND "accident and emergency" AND "children" (and all variations of these words suggested by the database) were inputted into the Library Plus system, which provided sources such as PsychINFO, PsychARTICLES MEDLINE, ScienceDirect, Cochrane Database of Systematic Reviews.

Secondly, the researcher investigated interventions that could be used within the ED to prevent the future development of PTSD for children. The same databases, and libraries, were used to search the terms "early intervention" AND "emergency department" AND "children" (and the variations in wording that the database search tool suggested). Relevant literature extracts from the first and second search were inputted into two Microsoft Excel spreadsheets and codes were identified and applied. Finally, the researcher applied themes to codes that could be grouped together. The three most significant intervention themes and the codes within these were searched against the term "play specialist" OR "child life specialist" to review if play specialists currently implement the determined interventions in their practice.

Results

Predictors of PTSD in Children's ED



The researcher identified 'psychological factors' as a recurrent theme, when analysing the results from the literature search. Emotions such as horror, fear, helplessness, and distress were repeatedly described as a predictor of PTSD during the peri-traumatic stage (Bui *et al*, 2010).

Heightened arousal levels were also recognised as a psychological predictor of PTSD (The National Child Traumatic Stress Network, n.d; Nugent, Christopher & Delahantry, 2006). With regards to the ED, children are continuously observed and undergo medical procedures, thus arousal levels are constantly evoked.

Adverse Childhood Experiences (ACE)

ACE's are a factor in whether a child will experience PTSD after a visit to the ED. Marsac *et al*, (2015) observed that children that have already experienced trauma or have ACE's, have more hospital visits thus more opportunity for negative appraisals to develop. This theory is supported by Shemesh *et al*. (2003) that reported that children said that their most distressing experience was related to previous medical experiences which cause them to feel stress during their current visit to the ED.

Physiological Predetermining Factors

During the literature search there was evidence of physiological indicators of PTSD, such as elevated heart rate (De Young, Kenardy and Spence, 2007; Olsson, 2008; Brosbe, 2010) during the peri-traumatic stage. The more threatened, or fearful a child feels, the more chance their autonomic nervous system will activate their fight and flight response, pumping blood around the body in preparation to escape danger; therefore elevating the heart rate (Berger, 2016).

Attachment

Parental stress was not often recorded as a factor towards the stress of children. This may be due to research often focusing on the parents' own feelings of stress and their development of PTSD, not of the effect on their child. It is far easier for researchers to investigate the stress of adults than it is to document in children.

Age

Bui *et al*. (2010) found a correlation between an increase in age, female gender, and the development of PTSD. Bui *et al*'s study may have garnered a stronger relationship between age as a predictor for PTSD because the study examined children who were victims of a road traffic accident. These children may have felt they were intentionally harmed or blamed themselves, a feeling that would develop with age and understanding.

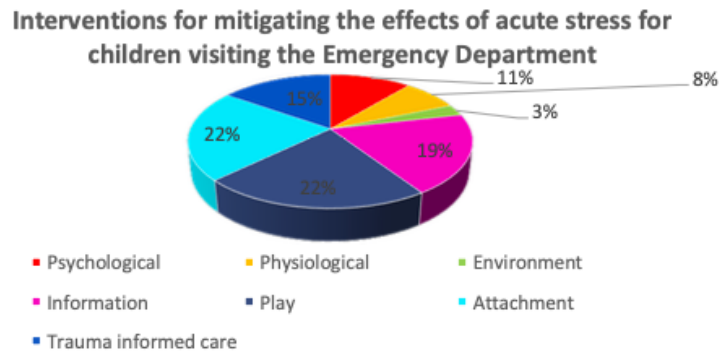
Gender

Trickey *et al*'s. (2012, p.134) meta-analysis indicated that "the degree to which being female significantly increases risk [of PTSD] increases with age." As female children get older, they are more likely to develop PTSD after a traumatic event. Further investigation by Tolin and Foa (2006) into gender and PTSD observed that females have been found to have more intentional experiences of trauma (where trauma has intentionally been inflicted on them), as compared to males being more likely to have unintentional experiences (such as accidents) – which Trickey *et al*. (2012) stated were more conducive to the development of PTSD.

Environment

Olssons et al's. (2008) study recorded that child that were admitted to hospital, following a visit to the ED for an injury, were more likely to experience symptoms of PTSD six months after the incident. This could allude to the hospital environment being a traumatic place for a child to stay, or the correlation may be that children who have a longer hospital stay, have a more severe injury or illness and therefore may be in more pain- corresponding to the results within the psychological predictors theme.

Interventions for PTSD



Attachment

Results from database searches, observed evidence that parents are the best resource for enhancing a child's resilience as described by Horowitz, Kassam-Adams and Bergstein (2001, p.1188) who say parents are "central to a child's recovery- they are generally the best resource for support and coping with stress and play a vital role in the child's follow-care after discharge."

Play

Play is often described as a communication tool for children and a way for them to understand the world, so the researcher hypothesized that it would be an effective tool in developing resilience for children in the peri-traumatic stage. The UK National Service Framework for Children and Young People (2003, cited by Jun-Tai, 2008) recognised the role of play within hospital to communicate information to children and their families, and as a tool to cope with medical interventions, empowering children within an unfamiliar environment.

The literature search demonstrated that play can be implemented in several different ways to support children within the hospital environment. Play specialists (or child life specialists) can use their training to focus children on other stimuli to divert their attention from fear and distress (Jun-Tai, 2008) – which has previously been indicated as a key predictor in the development of PTSD.

Information

Giving families information on what to expect after a traumatic event was described within much of the reviewed literature and by parents themselves. This is supported by the National Institute for Clinical Excellence (NICE) guidelines (2005) who also promote the importance of healthcare professionals informing parents about stress symptoms.

Trauma Informed Care

Trauma informed care was the third most reported theme from the literature search – pertaining to 15% of results describing interventions for PTSD. Marsac et al (2015, p.5) described trauma informed care, within healthcare as "minimizing the potential for medical care to trigger or to serve as traumatic events". To implement trauma informed care the healthcare professional should address stress and provide emotional support for the family unit- such as coping resources and information regarding follow-up care (Kazak et al, 2005).

Psychological

Dyregrov (2001) and the World Health Organisation (2011) observed that children in the peri- traumatic stage should be made to feel safe. This can include reminding them that they are in a safe place and to give them a choices whilst in the ED (Dyregrov, 2001).

Physiological

It is important that a child's pain is properly managed. Children may not be able to articulate when they need stronger pain relief (Cowley and Durge, 2014). Saxe *et al.* (2001) found an inversed correlation between the administration of pain relief and reported PTSD.

Environment

Environment was not found to have an effect as an intervention for PTSD symptoms, other than in a sensory context, as children with sensory dysregulation may find the ED environment overwhelming (Travvarthen, 2008).

Play Specialist Intervention

Play, attachment and information interventions, had the most results when searching databases for strategies that enforce resilience in children. A final database search was designed to evidence how play specialist (or child life specialists) already use these skills in their practice.

Play

Play specialists have several techniques that they use play to calm and educate children. There is anecdotal evidence regarding the positives of play in hospital. Tyson, Bohl and Blickman (2014) conducted a random controlled trial (RCT), where they randomly assigned children attending an imaging department to receive care from the play specialist, or no play interventions. Play was individualised to each patient and included preparation for the procedure, support during the procedure support, and in general. Tyson, Bohl and Blickman's (2014) RCT concluded that the children that received play were more compliant. The authors felt this was due to the play specialist's preparation play.

Play specialists give step-by-step information to children and their families about any medical procedure that a child may experience. This helps eliminate the fear of the unknown and gives children a sense of control. This information does not contain medical jargon and is presented in a way children can understand.

Erikson (1998) in the 1950's, observed that in early childhood, children seek a sense of control in their environment. Play specialists give children control by explaining what to expect in a way children can understand and by letting them explore the equipment needed for their care.

An important aspect of preparation play is that it gives the opportunity for families to ask questions and dispel any misconceptions they may have (Hubbuck, 2009; Hollard, 2020). Often children are afraid that they will feel pain, or discomfort. During preparation play, the play specialist can discuss with the child what they will feel and discuss coping strategies, that can include pain relief and distraction play.

Parents of children that had k-wires removed without anesthetic, were interviewed as part of a study by More *et al* (2008), to seek the effectiveness of play specialist input during the procedure. Play specialists prepared children for what to expect, through play. One parent reflected within More *et al*'s. (2008, p.70) study that preparation for their child "made the difference between the procedure being a bad experience rather than the straightforward procedure that it was." It was a reoccurring theme, throughout the study, that parents felt their child coped well with the procedure, due to preparation play.

This study by More *et al.* (2008) is valuable as it is the only study within the final literature search that has the voice of children within it, discussing their fears before preparation play and how they diminished afterwards. The impact of the implementation of play during K-wire removal meant that less children had to undergo general anaesthesia for the procedure, this meant less time in hospital, less staff required to care for the child and the children were given an active role within their healthcare, eliminating feelings of helplessness, a predictor of PTSD. This can also be linked with the provision of information, which is discussed later within this literature review.

A criticism of Tyson, Bohl and Blickman (2014) and More *et al.* (2008) studies are that the children were scheduled to have the procedures that they received. The children may have been feeling nervous before the procedures, but nothing traumatic should have occurred beforehand. Whereas in the ED, children may already be distressed, because they are ill or have had an accident.

There is not always time for preparation in an emergency. Hubbuck (2009) noted, that when children are severely ill or injured, the need for physical care overtakes the need of emotional welfare. This hasty, but necessary approach can be frightening for children. In these situations, distraction play can be used to diminish a child's stress and fear.

Distraction play is a cognitive technique based on attention control (Bardeen and Read 2010). The child's attention is refocused from associated pain within a procedure to another stimulus that they are interested in (Chu, Brailey and Sen, 2021; White, 2017). In traumatic situations, anxious children will attend distressing stimuli longer, (Bardeen and Read, 2010). This is an example of heightened arousal, which has been indicated to be a predictor of PTSD. The play specialist must then shift attention from "threat-related stimuli" (Bardeen and Read, 2010, p.1) and reduce the negative affect of it. It can be difficult for a child who is experiencing distress to shift their focus and they often need support with this.

Boles (2018, p.1) observed that distraction play is a "consistently documented nonpharmacological intervention for reducing pain and distress in children". It is no surprise that distraction skills have been investigated to reduce children's stress during procedures, as it is a cost-effective intervention. It means that procedures can be performed without anaesthetic, reducing the time spent in hospital, less equipment and staff are needed, and more hospital beds are freed. Another advantage of preparation and distraction play is that it eliminates predictors of PTSD, such as helplessness, stress, frightening medical experiences, reoccurring trauma, pain severity and heightened arousal (Goleman, 1996; Kazak et al, 2005; Trickey et al, 2012; Berger, 2016).

Attachment

The importance of parents and the attachment that bonds families are paramount to intervene with the development of PTSD. The attachment theme encompasses literature that described how families can be supported within the hospital environment by play specialists; especially with regards to developing resilience.

Family-centred care was a code that persistently emerged within the literature search. Researchers recognised how parents are the best people to support their children in a traumatic time.

Research outside of the database search, by the Department of Health (2003, p.16), described the need of parents being able to stay with their child in hospital and that their presence is a "positive factor in aiding the child's recovery". Parents should be provided suitable provision for overnight stay. This policy was influenced by the work of Robertson (1953) and his observation of children's distress and changes in behaviour upon being separated from parents, whilst receiving treatment in hospital.

Policy recognises the attachment of families and seeks not to damage this. However, due to the nature of trauma, parents may need support themselves. Hubbuck (2009), a play specialist, has much experience of working with children and their families within the hospital environment. She observed that being hospitalised is a stressful event. She identified that the stress that a parent may feel, may in turn, cause further stress for the child. Key areas parents may require support are in the provision of information, communication, providing comfort and with their own coping mechanisms.

Berger (2016) explained that too much stress is 'toxic' for a child's brain structure and can result in "permanent deficits in learning and health" (Berger, 2016, p.251). Evidence within the database search found that comfort and care reduced stress (Dyregrov, 2001; Freeman and Miller-Karas, 2015; World Health Organisation, 2011; Dyregrov and Yule, 2006).

Parents of children, especially infants receiving hospital treatment, may be afraid to provide comfort to their child due to medical equipment or their illness or injuries – causing feelings of loss of control. Hubbuck (2009) within her role as a play specialist encouraged parents to care for their children as normal, following care routines and involving parents in their child's healthcare – developing attachment and creating coping strategies for the future. Boles (2017, p.251) describes this as "trauma informed care", which was found to be the fourth most researched intervention for PTSD within this research. She recognised that families coping efforts should be praised and supportive relationships reinforced as parents are a constant source of support within and beyond the hospital environment. However, these statements from Hubbuck and Boles, who, as play specialists, may be biased towards the effectiveness of the role.

Horowitz, Kassam-Adams and Bergstein (2001) recorded the national consensus conference on the mental health needs of children involved in emergency medicine. The clinicians and researchers recognised the need for professionals to have specific knowledge in the emotional responses of families in the peri-trauma stage. They felt there should be a priority in the teaching of distraction, child appropriate language and developmentally normative reactions to pain, illness and trauma. They recognised play specialists amongst healthcare professionals that have these skills.

Information

Sorensen *et al.* (2009) reported that play specialists have a vital role in educating families about the effects of stress and trauma and can develop coping strategies for the whole the family unit (Hubbuck, 2009). Further research found that the National Service Framework, that sets the standards of care for children in hospital, discussed parents need for information and how parents felt that they could be better informed about their child's healthcare (Department of Health, 2003). The framework suggests that not only should time be set aside to provide families with explanations, that information should also be presented in different forms, allowing the opportunity for questions (Department of Health, 2003). This is supported by NICE (2005), who advise that healthcare professionals within the ED should educate families about the development of PTSD and what signs to be concerned about.

However, Hubbuck (2009) states that when families are feeling overwhelmed, it is difficult for them to take on new information. When this is observed, it is role of the play specialist to model coping strategies and work with their colleagues to provide trauma-informed care.

In this case, the play specialist can feed information back to their colleagues. Play specialists, often work as a go between, for families and healthcare professionals. Sorensen *et al.* (2009) described the collaboration between the play specialist and the multi-disciplinary team as essential.

Play specialists use normalizing play to form a trusting relationship between children and themselves and this promotes effective communication. Children and families may communicate their fears with the play specialist more readily than they would with medical staff and in turn, the play specialist can develop coping strategies with the child (Hubbuck, 2009).

A scenario of that often plays out in ED's, is a child that is scared of needles and are reluctant to be cannulated. The medical staff urgently want to insert a cannula so the child can receive treatment. However, the child is in compliant. Medical staff may have to resort to restraining the child, for them to receive life-saving treatment, which is in turn, a traumatic event for the child.

In this situation, the play specialist can individualize coping strategies for the child based on their development and information that the family have given them. The play specialist gives the child information about the procedure, can suggest pain relief and relaxation strategies and also provide distraction to guide the child through the procedure. The child and their family are active participants within the child's medical care (Desai, Ng and Byrant, 2002). This gives the family a less stressful experience with the play specialist acting as an advocate (Lookabaugh and Ballard, 2018) and thus empowering the family to gain new coping mechanisms and eradicating feeling of helplessness, a predictor of PTSD (Goleman, 1996), allowing for a more positive experience and compliance during the medical intervention. This provision of care creates a triadic interaction between healthcare staff, the family, and the child (Power, *et al.* 2003). This is essential for trauma informed care. It enables the medical staff to give care, whilst integrating the family into the child's care. Kenardy *et al.* (2008, p.23) described this as "maximizing the true potential of the child".

Lookabaugh and Ballard (2018, p.1) conducted a study to examine the "current scope" of play specialist's practice. Through interviews with play specialists, they found that there was a consensus that play specialist's desired more training related to family coping skills and dynamics. They also wanted to understand cultural diversity and how these impacts on the family, as to meet the needs of families from different backgrounds. It seems that play specialists develop these skills through their experiences within the workplace, however, desire academic skill development within this field. As the positive impact of the provision of play has been discussed, especially within mitigating the effects of stress for children and families, there should be more investment in the education of these members of the healthcare team.

Discussion

What has come from the database research is that strategies to mitigate children's feelings of stress within the children's department can be simple, cost-effective tools that are translated to children through play. Little things that seem insignificant from spending time discussing a child's interests, giving praise, certificates or stickers for showing resilience, acknowledging feelings of fear, providing soft toys as transitional objects, act as ways to calm children. They are so simple in their essence but can become lost in the chaos of the emergency department.

Focusing on soft toys as transitional objects, Emergency departments can liaise with charities such as "Teddies for Loving Care," (2022) that provide teddy bears to ED's in England and Wales, to calm children within the department. Smirnova (2011) describes soft toys as an object of importance for children, a source of protection and company in lonely moments and unfamiliar situations, especially when a child has forgotten their own from home. These actions seem minute, but come from a trauma informed care approach, in that the child's emotional, developmentally aligned needs are being recognized. Trauma informed care encompasses all the interventions described within the results sections. Treisman (2011) described how it should be embedded into each layer of an organizational system, starting at training, staff should be aware of ACE's that children entering their department may have experienced within their lifetime and how this may make the ED a much more stressful environment for them. This should be from an induction level and ingrained within yearly safeguarding training.

Unfortunately, ED's are often understaffed (Health and Social Care Committees, 2022) meaning healthcare assistants, nursing staff and doctors may not have the time to attend to children's emotional wellbeing, therefore there should be staff dedicated to just this task, ensuring this need is met.

Through recruitment, ED's should employ Play Specialist's, whose sole focus is the emotional wellbeing of children and their families and not any medical or clinical aspects of care. This makes them a 'safe person' for children. The feeling of safety for children was often brought up within database searches as a way to mitigate stress. It is a recommendation of the Royal College of Paediatrics and Child Health (2012) that ED's accommodate the needs of children and that a play specialist service should be implemented to cover peak times. They state that:

Play specialists... have a unique opportunity to complement the care delivered to children and young people within emergency departments and must be respected for their specialist skills in using play for the benefit of children/young people. (Royal College of Paediatrics and Child Health, 2012, p.24).

Dr. Treisman (2011) also described the environment as a factor of trauma informed care. The environment within the ED was not picked up as a factor that can cause a child further stress. This may be due to many hospitals designing medical environments that provide care for children to be welcoming through use of colour, children's artwork on the walls, or colourful pictures and recognisable characters, thus taking the focus away from medical equipment and making the area child focused. ED's should also consider children with additional needs, by having quiet areas, so the senses are not overwhelmed in a busy environment. This is often difficult to do during peak hours.

As described thoroughly within the results, play specialists use play as a medium to create an environment familiar to children within the medical setting. This can be through using normalising play, preparation, and distraction techniques, but play specialists often contribute to ensuring a comforting inclusive environment, through displaying children's artwork and information appropriate for children in displays.

Trauma-informed care means that families should be able to communicate their needs, ED's should provide ways to communicate with families where English is not their first language and communication tools for children that are non-verbal, such as picture communication systems, supporting everyone to communicate their needs and eliminate helplessness. Play Specialists are often skilled in finding ways to meet the communication needs of families (HPSET 2022).

Finally, the database search concluded that families benefit from information regarding developmentally normative reactions to trauma and when to seek support. Families may not process information well when in the ED due to stress, so information should also be given in the form of a leaflet to take away and read when they are less stressed. Leaflets are available online, such as: Great Ormond Street Hospital for Children's (2020) "supporting children and young people after a traumatic

hospital admission: information for families" information sheet. By having information to take home, families can refer to this at a later stage for reassurance or advice.

The interventions described are not time consuming and are simple ideas that can turn a bad experience into a good one. Interweaving trauma-informed care into every aspect of the ED gives children as good an experience as can be given, in what is a stressful time for them, lessening not only the chance of PTSD, but also a fear of healthcare environments, which can be detrimental to health if these fears grow into adulthood.

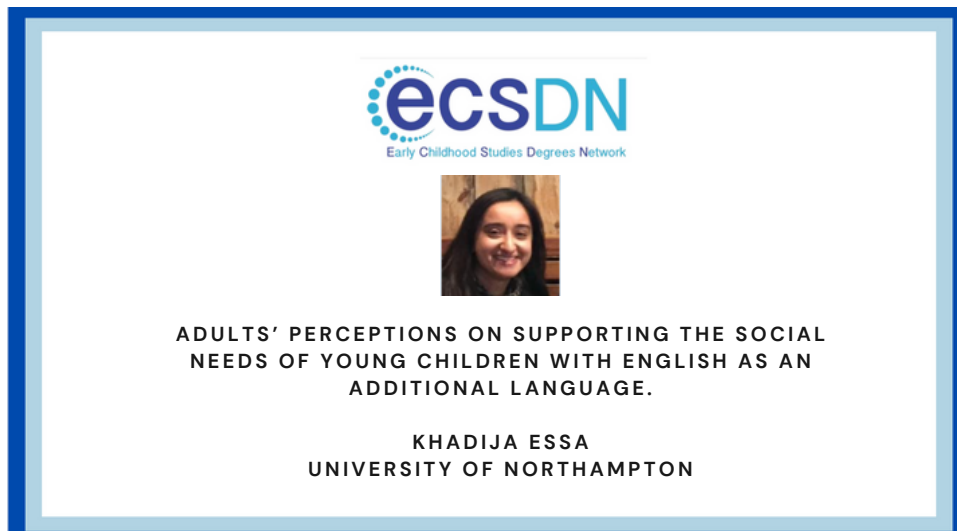
The researcher's final advice, not from research, but their own experience, to mitigate stress in the emergency department is - bubbles! It is amazing how something so simple brings such joy to the child, to the parents, to the medical staff and as they pop and disperse... so does the stress.

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My name is Khadija and I graduated with a first class honours degree in Early Childhood Studies at the University of Northampton. I am a qualified nursery nurse and have been working with children since 2006. I have also had the opportunity of working in Doha, Qatar which has developed my knowledge and understanding of working with children and families from diverse backgrounds. I am currently undertaking a PGCE course in Primary Education at the University of Leicester so I can pursue my dream of becoming a teacher.

ABSTRACT

Recent studies have shown an increase of children with English as an additional language (EAL) attending early years settings, many of whom having limited English (Drury, 2013). This study aimed to investigate the adult's perceptions on supporting the social needs of young children with EAL as this is vital in assisting language acquisition and promoting self-esteem (Department for Education, 2017). A qualitative case study approach was adopted and data was collected using triangulation and thus semi structured interviews and questionnaires were used.

The findings underlined that although early years settings provided an optimal environment for young children to partake in social interactions, the need for practitioners to work collaboratively together and with parents is vital in assisting children in their learning and development. Practitioners were able to provide strategies to support the social needs of children with EAL, however, this was dependent on their experience of working within the early years. The findings also highlight that practitioners had not received adequate training to support the social development of children with EAL. Parents had no concerns around their child's social development and suggested their child have had no issues forming friendships. However, parents noted that they would attend initiatives to support their child's development and valued the support of practitioners.

This study recommends that training to support the social development of children with EAL, in particular, raising awareness of the silent period is vital to assist practitioners with the tools to facilitate children's learning and development (Webster, 2011; Drury, 2013).

Introduction

The aim of this study was to explore parents' and practitioners' perspectives on how to effectively support the social needs of children with English as an additional language (EAL). The Office for Standards in Education (Ofsted) defines children with EAL as children whose first language is not English (2013). The Department for Education (DfE) suggests that the Early Years settings is the most effective environment in supporting children with EAL, due to the emphasis placed on learning through play (2017). Additionally, social interactions, between young children are vital in enhancing their language acquisition (Anderson, 2016; DfE, 2017). Recent studies, furthermore, have shown an increase of children with EAL in England (Drury, 2013). Policies stress children with EAL should be respected and provided with effective learning opportunities in an inclusive manner (Ofsted, 2019).

The motivation of this study was to explore the ways in which parents and practitioners support and provide opportunities to facilitate the social development of young children with EAL. The literature emphasises the need for practitioners to distinguish the varied needs that children with EAL have. Therefore, this study investigated practitioners' understanding in supporting children with EAL, including barriers that practitioners experienced, which in effect, prohibited them from effectively supporting these needs. Pim (2011) moreover, recognises the importance of settings forming positive relationships with parents to successfully support the needs of children with EAL. Hence, why this study explored parents' contribution in assisting in their child's learning and social development.

The Early Childhood Education and Care Context

Pim (2011) suggests that children with EAL should receive the appropriate care and support from practitioners within settings. The DfE (2020) indicates that children with EAL come from various backgrounds and have varied needs and abilities, therefore, practitioners should support children accordingly and resist making generalisations. Siraj-Blatchford (2007) notes that children with EAL will continue to be disadvantaged if practitioners lack knowledge of their diverse needs and do not implement effective pedagogy. Anderson (2016) suggests that children with EAL, who have been able to socialise and form positive relationships are likely to excel in later life. However, there are factors which may inhibit children with EAL developing their social needs, such as, not receiving the appropriate support during the silent period (Drury, 2013). The silent period being the listening phase children with EAL go through to make sense and meaning to their surroundings (Guilfoyle and Misty, 2013). Pim (2011), therefore, argues that practitioners must respect and celebrate children's diverse cultures and religions as it enhances the child's self-esteem and sense of self-worth (Anderson, 2016).

The benefits of the practitioner-parent partnership, which include enhancing the child's self-esteem, is recognised when attempting to effectively meet the needs of children with EAL (Siraj-Blatchford, 2007). However, this requires cultural congruence to avoid homogenising parents and children with EAL as they have diverse needs. Social development is vital in enabling children to develop their self-esteem, build positive relationships and to encourage them to recognise their strengths and abilities (DfE, 2017).

National Context

The effective social development of young children, within the Early Years setting, is crucial in enhancing their language acquisition and their successful transition and integration to the setting (Powell and Smith, 2018). Therefore, due to young children having the capacity to grasp languages quickly, practitioners are encouraged to provide opportunities that promote the social development of children with EAL (Mujis and Reynolds, 2011).

Siraj-Blatchford (2007) notes that effective preschool experiences can accelerate the development of a child with EAL and reduce the chance of them being disadvantaged later in life, as a result of practitioners meeting their individual needs. Additionally, the DfE (2019) states that children with EAL who receive effective learning opportunities and attend school, during key stage one, achieve higher attainment scores than that of children whose first language is English.

Children with EAL have a higher chance of developing their language skills through socialising and interacting with their peers (OFSTED, 2019). Drury (2013) however, indicates that barriers may arise when children have a limited understanding of English, as they may be unable to take part in social interactions due to a lack of self-confidence and inadequate practitioner support. Furthermore, Blandford and Knowles (2016) mention that children with EAL who lack social involvement will experience delayed language acquisition, will underachieve and are likely to face isolation; which can lead to bullying or being an instigator of bullying.

Support Strategies within Early Years Settings

Theorists such as Piaget (1951) propose the importance of social interactions through play, in early childhood, as being central in children's learning and development (Palaiologou, 2016). Radford (1999) suggests this is due to children being innately sociable beings and learn through interactions with adults and peers, which in effect, creates an environment where shared experiences are discussed.

Practitioners may provide play opportunities to children, known as adult initiated play (Woods, 2017). This is useful in encouraging children with EAL to access play to develop their social skills (Andrews, 2012). Activities where children can re-enact their home life, like role playing in the kitchen area, enables practitioners to provide further learning opportunities, which includes introducing labels that increase a child's vocabulary through meaning and concepts (Bayley *et al.*, 2010). Hymes (1972) states that in order for children to communicate effectively, the development of language knowledge; grammar and vocabulary and its appropriate use is needed to participate in social situations. Blandford and Knowles (2016) moreover emphasise the need for practitioners to introduce learning opportunities for children with EAL to feel appreciated and involved in activities to help promote their emotional wellbeing. The introduction of adult led activities will create a platform for children to then partake in child initiated play, whereby the child instigates learning opportunities which is central when encouraging children with EAL to become independent and social learners (Orlandi, 2012). However, consideration must be placed on children not being familiar with certain objects, thus, giving children the inability to put meaning to it. Therefore, practitioners may benefit from providing resources that children are familiar with (Pim, 2011).

The silent period is coined as the listening phase that children with EAL often undergo (Guilfoyle and Mistry, 2013). During this phase, the children will mentally absorb language to make sense and meaning (Drury, 2013). However, children with EAL may encounter social situation where the use of their home language is not applicable and thus also enter the silent period phase (Drury, 2013; NALDIC, 2021). Furthermore, without sufficient training, this may cause practitioners to have a negative perception of the child and hold unsubstantiated judgments. Mistry and Sood (2015) argue that the lack of knowledge in relation to children with EAL have resulted in children being misdiagnosed with having special educational needs, thus, hindering the child's development.

Effective settings, therefore, are key in supporting the social needs of children with EAL (Guilfoyle and Mistry, 2011). As well as providing learning opportunities for children, practitioners must ensure that they are positive role models and converse in a positive manner, as children often mimic their peers and adults (Yang, 2012). Moreover, social interactions are essential for communication to develop and discuss shared experiences and understanding and also, for children to voice and express their needs (Ofsted, 2013).

Challenges and Barriers in Supporting Children with EAL

Practitioners may come across a number of barriers and challenges when attempting to support children with EAL, such as limited guidance and training from policymakers (Gorter and Gomez, 2011; Drury, 2013). As a result, practitioners may hold misconceptions about children with EAL and assume they have low confidence or are not articulate (Mistry and Sood, 2015; Anderson, 2016). Furthermore, that children with EAL are unable to carry out everyday activities or be involved in social interactions due to their cultural background (Drury, 2013). However, practitioners must appreciate that although children may not attain age-appropriate levels in English, they may do so in their home language (Pim, 2011). Therefore, Ofsted (2013) emphasises the importance of practitioners being well trained and receive ongoing professional development to help support children with EAL and to tackle their negative views and assumptions.

The learning environment within a child's home is also vital in supporting their intellectual and social development (Siraj-Blatchford, 2007; Ofsted, 2013). Practitioners may need to motivate and empower parents to become actively involved in this process (Ofsted, 2013). However, Anderson (2016) notes that parental participation may not always be possible, due to the fear of being seen as inadequate and that the use of their home language as inferior.

It is vital for practitioners to acknowledge that children with EAL are not a homogenous group as their attainment and developmental levels vary from one another (Pim, 2011). Additionally, Anderson (2016) highlights that children may converse exclusively in their home language, whereas others may communicate in English alongside their home language. Therefore, children with EAL have varied levels of language acquisition and practitioners should be aware of this when providing appropriate learning opportunities (Guilfoyle and Mistry, 2011). Anderson (2016), furthermore, argues that children with EAL may be academically gifted in subjects such as mathematics, which goes against the common misconception that they are not academically talented. Moreover, additional factors may delay the child's social development, which include having a special educational need (SEN) or needing additional support as a result of experiencing trauma from their homeland (Pim, 2011). Therefore, it is vital that practitioners recognise that children have individual needs and provide support and intervention when needed (Anderson 2016). Nevertheless, despite the potential barriers, practitioners can create an effective learning environment that can support children to enhance their language and social development.

Partnership with Parents of Children with EAL

Siraj-Blatchford and Mayo (2014) suggest that partnerships with parents is vital when supporting children with EAL, to ensure their needs are effectively met. Families are the constant in a child's life, therefore, their knowledge and contribution are vital in facilitating a child's development and learning (Espe-Sherwindt, 2008). The World Health Organisation (2010) argues, however, that certain conditions are needed for positive relationships to be formed, which include respect, trust and shared decision making. Nevertheless, Mapp and Kuttner (2013) propose that the home environment is influential in contributing to a child's social development.

Anderson (2016) mentions the importance of partnership working with parents to effectively assist the social development of children with EAL as this ensures the appreciation of the diverse beliefs and values of children and their families. Furthermore, it is reinforced by the United Nations (2016) who emphasise the importance of appreciating a child's home language to promote their learning. Nevertheless, Misty and Sood (2015) indicate that a child's home setting may consist of older siblings and extended family members who may assist children in developing their language acquisition, therefore, such information may be vital to practitioners. Hence, good relationships with a child's parents and family will encourage and empower them to become proactive in their child's learning (Siraj-Blatchford and Clarke, 2000).

As families come from various backgrounds, consisting of different values and beliefs, practitioners must be aware of the sensitivities that may arise (Papatheodorou, 2010; Allan and Whalley, 2011). As Pim (2011) notes that parents may be reluctant to engage with practitioners of the opposite gender. Furthermore, Edington (1998) suggests practitioners can effectively form relationships with parents when there are shared characteristics, including similarities in backgrounds and languages spoken. However, this is not essential in forming partnerships and it is vital not to homogenise parents of children with EAL either and recognise their individual needs and expectations (Siraj-Blatchford and Clarke, 2000).

Methodology

This study used a case study approach, which enables researchers to understand current situations in the social world (Thomas 2017). It is also effective when conducting small scale studies with small sample sizes (Yin, 2018). Quality and informative data can be collected through a variety of methods, such as, interviews, observations and documents (O'Hara et al., 2011; Mukherji and Albon, 2018).

Methods

The data collection methods used for this study included semi-structured interviews and questionnaires, which are effective in gathering data around participants' views and experiences (Saracho, 2014). Interviews, furthermore, are commonly used within qualitative research studies, due to their efficiency in establishing the participant's perspectives (Bolshaw and Josephidou, 2019) and involves a process of researchers asking questions and participants answering these (Robson and McCartan, 2016). There are a number of types of interviews, but a semi-structured approach was used due to its flexibility and structure (Fontana and Frey, 2005; O'Hara et al., 2011) and the ability to achieve feedback from participants (Saracho, 2014). The flexibility of the model, furthermore, provided a more relaxed atmosphere, whereby hierarchal roles were not maintained (Nolan et al., 2013).

Questionnaires were also used for this study, which consisted of set questions that sought to obtain data from parents of children with EAL. To obtain rich data, the questionnaire consisted of many question styles, which included dichotomous, open ended and likert scale type questions (Bell and Waters, 2018; Flewitt and Ang, 2020). The varied question styles were also implemented to engage the participants and ensure they volunteered and disclosed authentic responses (Siraj-Blatchford et al., 2010). This study used questionnaires, which were uploaded online, via the university portal. The link to the questionnaires were sent to parents, who were then able forward the link onto other parents.

Participant Sample and Data Analysis

The questionnaires were completed by ten parents of various ethnicities and socio-economic backgrounds. Some of the participants were invited to the study using a purposive sampling technique but the majority were recruited using a snowballing technique. All the participants had children, aged between three and five years old and are currently attending an Early Years setting.

Semi-structured interviews were conducted with three female practitioners who work in Early Years settings. The practitioners consisted of one teacher and two nursery nurses. The teacher worked in a nursery within an infant school. One of the nursery nurses worked in the nursery and reception class of a primary school. The other worked in a nursery. A thematic analysis model of coding and identifying themes were applied to the raw data to identify any emerging themes. The themes which arose from analysing the raw data were; strategies practitioners use to support the social needs of children the training available to practitioners, the interaction practitioners have with parents and the barriers practitioners face when supporting the social needs of children.

Ethics

This research worked closely with the ethical guidelines and frameworks of the British Educational Research Association (2018). Prior to recruiting the participants for the study, the researcher discussed and provided their supervisor with a copy of the questions for the interviews and questionnaire, along with a consent form for the participants. Once approval was obtained, the recruitment and data collection process were commenced.

Findings and Discussions

All participants (n=3) mentioned that they had not received specific training in supporting the social development with children who have EAL. A participant mentioned that they had not heard of the term, silent period and were not aware of the quiet phase children with EAL go through. However, she believed her manager would support her to attend training to assist children with EAL. Another participant mentioned that she has completed training for literacy and maths, but not in supporting their social needs. A participant mentioned training opportunities would be useful:

"Because the whole schools got a really high percentage of EAL pupils in all the year groups"
(Participant 1).

This indicates that practitioners are not specifically trained within this area.

Practitioners were able to identify ways in which they could effectively support children with EAL. These include the use of visual clues, mirroring a child's play and providing resources which had meaning to a child. However, practitioner's positive partnerships with parents were deemed to be essential in successfully promoting the social development of children with EAL. A participant mentioned:

"Practitioner and parent like relationships like making sure you're always communicating between one another you know how they are doing how they improve them what they're finding difficult to make sure you are providing them lots of opportunities to support (children)." (Participant 2).

This indicates that participants were aware that interactions with parents is essential when considering EAL support. A number of participants suggested that there was a lack of understanding on the importance of the social development of children. Participants reinforced this belief with statements such as:

"She (member of staff) feels that we are bending over backwards she's like oh, they've come here they sort of have to follow our routine because we're trying to include more true things in natural displays and to make them feel welcome."
(Participant 1).

"There's a lot about their communication and language and obviously how you can support that but I don't think there's not much available to support children social needs with EAL." (Participant 2).

Practitioners highlighted some barriers which they have experienced when attempting to engage with parents in supporting children's needs. Language and time were factors which reported to be common. Furthermore, a practitioner noted that formal learning, such as literacy and numeracy were considered to be more superior to some parents in comparison to the social needs of the child, which was a concept not always understood by parents. The lack of training opportunities and practitioner awareness around ways to support children with EAL was highlighted.

The raw data from the questionnaires showed that the majority of parents were satisfied with the development of their child's social skills. Parents had no concerns around their child's social development and suggested their child have had no issues forming friendships. However, parents noted that they would attend initiatives to support their child's development and valued the support of practitioners. Parents also felt that they have received appropriate support from the setting their child attends. Most parents (90%) were not asked for ways in which they could assist practitioners in supporting their child's social development. One (10%) parent, however, did note that their child's setting did ask for support by way of encouraging the parent to read and play with their child at home.

The literature (Gorter and Gomez, 2011; Webster, 2011) and data collected from the interviews suggests that the allocation of training within early years settings is essential to support the social needs of children with EAL. Although the early years settings provide an environment where young children can partake in social interactions with ease, consideration must be placed on the additional support children with EAL may have. The literature and data collectively emphasize the need for practitioners, including an awareness of the silent period children with EAL may go through (Drury, 2013). Practitioners indicated that they had not received specific support in effectively meeting the social needs of children with EAL. Therefore, it would be beneficial for settings to provide training that raises an awareness around children with EAL and how to capture their differing needs.

The findings of the data collected aligned well with the evidence explored within the literature review. There was a clear benefit of working with parents to support children with EAL (Pim, 2011). However, practitioner's adaptability and forward-thinking skills are paramount in developing effective relationships with both children and parents (Blandford and Knowles, 2016). The data, furthermore, suggests a correlation between the understanding of the silent phase and the length of experience a practitioner had working in settings. As participant two indicated that they were not confident in supporting children with EAL due to their lack of experience working in their setting. Participant three, however, mentioned that their numerous years of experience of working as a practitioner had enabled them to provide appropriate support to children appearing to be going through the silent phase. However, Webster (2011) argues that effective training on how to support children with EAL should be provided to all practitioners and not a dependency on exposure of experiences.

The findings from the study suggest a greater awareness is needed amongst parents of the importance of a child's social development. Furthermore, the allocation of training opportunities for practitioners in supporting children with EAL is essential in providing appropriate learning opportunities and in building positive relationships with children and parents (Drury, 2013).

Conclusion

To conclude, the data collected supports the literature around the importance of practitioners being adaptable and flexible in supporting children with EAL in their social development. The strategies practitioners place in supporting children's social needs will depend on the outcome of a child's social progression (Palaiologou, 2016). Additionally, the need for practitioners to work collaboratively with each other is vital in ensuring children with EAL are equipped with the appropriate learning tools to facilitate their learning and development (Blandford and Knowles, 2016). The study also identified that not all practitioners were aware of the silent period phase that children with EAL go through. Training opportunities, to support children with their social needs is needed within settings as the data suggests practitioners have allocated resources independently, without sufficient assistance from settings. However, Webster (2011) suggests this to be detrimental for the learning of children with EAL as it is dependent on practitioner's experiences. Hence, practitioners with less experience who are supporting children with EAL may not effectively support the learning and development of a child with EAL. Furthermore, the data collected indicated that parents may need to be educated in their child's social development. This can be achieved by inviting parents within settings to support and assist in their child's social development. Due to time constraints, the views of a small number of participants were considered. However, larger sample sizes would allow for an exploration of diverse views. Feedback from a parent suggested that the term, social needs, was not a familiar term. Robson and McCartan (2016) argue that questions within questionnaires should be readily accessible to participants. Therefore, research needs to be conducted with questionnaires and other data collection tools in diverse languages.

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**REFLECTING ON AND EVALUATING A PERSONAL JOHN
MUIR AWARD EXPERIENCE IN THE CONTEXT OF WIDER
SUSTAINABILITY EDUCATION IN THE EARLY YEARS.**

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My name is Emily Evans and I have recently graduated with a BA (Hons) Early Education and Care degree from UWTSU. As a mother of two children, I am passionate about the opportunities for learning experiences within the outdoors and supporting the awareness of sustainable development. Growing up in the countryside I had the opportunity to learn through exploration with nature and hope every child can experience similar experiences. My degree has provided me the opportunity to enhance my knowledge and further my personal and professional development.

This article explores an opportunity I had to undertake the John Muir Award (John Muir Trust, no date). This Award involves exploring, discovering, and conserving a natural area and sharing this experience with others. I decided to discover and explore my local beach in Burry Port. Burry Port is my hometown and I love raising my children here with the beach on our doorstep. We have been visiting this area for as long as I can remember, and the John Muir Award allowed an opportunity to notice the other living things that live alongside me in Burry Port. However, the Award also provided an opportunity to consider how this type of experience through engaging with the natural environment can support wider sustainability discourse on a personal level, as well as to inform early years discourse. The following article will critically evaluate how undertaking experiences such as the John Muir Award could support the philosophy and principles of early childhood education for sustainability.

According to UNESCO (1997) cited in Yuldiz et al. (2021) education is considered as a significant tool to support sustainable development due to the environmental, economic, and socio-cultural foundations of sustainability. This was also supported by the Welsh Assembly Government (2008) in the Education for Sustainable Development and Global Citizenship (ESDGC) policy which highlights the importance of developing an ethos in educational settings that supports positive values, knowledge and attitudes towards the world and all living things. Similarly, this ethos has been embedded within the new Curriculum for Wales as one of the four purposes, to develop 'ethical, informed citizens of Wales and the World' (Welsh Government, 2018).

Moreover, Kahriman-Pamuk et al. (2019) state that from early childhood, children should be provided with an education that offers opportunities to develop positive behaviours and attitudes in order to take an active role in creating a sustainable future for future generations. This is supported by Agenda 21, as stated by Engdahl and Rabusicova (2010), in which children are recognised as influential contributors in the achievement of a sustainable future through acquiring the responsibility of caring and improving the environment. Additionally, Agenda 21 states that children's interests and concerns must be considered in all endeavours to protect and develop the environment in order to safeguard

future sustainability (Mackey, 2012; Engdahl and Rabusicova, 2010; Anderson, 2005). This is supported by Article 12 of the UNCRC (Unicef, no date) in which children have the right to express their views, feelings and wishes on matters that affect them. Similarly, Unicef (no date) states that every child has the right and deserves to contribute to their own future and be involved in discussions about the climate and the environment.

However, there are concerns that children are not appreciated as decision makers and viewed by society as unable to act as agents of change as adults have the decision-making power (Hart, 1992). Furthermore, this could imply that the societal view of disregarding children's voices and opinions could impact their future understanding of sustainable development and ecological awareness (Edwards, 2015). Therefore, as stated by Liebel (2012), for children to embrace their rights, they must be considered through children's life experiences. This is agreed with by Doel – Mackaway (2019) who states that for children to act as significant agents of change then participation plays a key role in facilitating sustainable development. This is supported by Hart (2013) who argues that only through direct participation can children have an influence in future sustainable development by becoming reflective participants in environmental issues locally and globally, thus enhancing their appreciation for the environment and knowledge of their own responsibilities. This further demonstrates the significance of early childhood experiences in developing an understanding and awareness of education for sustainable development (Boyd, 2018).

For my own John Muir Award experience, I explored the beach as this has always been a favourite place for us to visit as a family and walk our dogs. In the past, my children and I love to play and swim in the sea, build sandcastles, spot unusual shells and search for wildlife in the rockpools. Being at the beach also makes me feel more connected to my children and them to each other. My son is now fourteen years old and my daughter only eight years old. This age gap tends to create issues as they have a different range of interests. However, when we are at the beach, we all enjoy the same activities, play together, and feel a sense of belonging. It makes me feel so peaceful being there. As I do not drive, we do have to walk from our home to the beach and as a family it has always been the destination that we are excited about arriving at and not the journey. Therefore, before taking part in this Award I did not pay attention to what I passed on my way. I never appreciated the beauty and history of what was around me.

In order to get to the beach, we firstly have to walk down an old tramway which is now used as a public path. I decided to research the path and discovered that it was originally a route for horse drawn carriages to transport coal from the colliery to the harbour and was used for 109 years. I also found out that in recent years the local council have put up history boards for tourists to learn about the area. However, I am ashamed to admit that I had not looked at these before.

For us, this path is usually just a quick route but whilst taking part in the Award, I decided to take my time walking down it. I noticed many different plants and wildlife. There were birds singing in the trees which I had not really listened to before, bees buzzing around the bluebells and buttercups and lots of nettles. We also noticed fungi growing on the trees and ground. This is all wildlife that I would not have noticed or appreciated before. I felt they were at peace to just grow and go about their day. This encouraged myself and my daughter to draw what we had seen. Next, we passed a pond. We noticed a mother duck and her ducklings swimming around and a swan searching for food. Therefore experiences such as these, where the emphasis is on having the time to be curious and notice the environment, allow opportunities for children and adults from all backgrounds to explore, discover, conserve and share experiences within the natural environment (John Muir Trust, no date) and links to ESDGC (Welsh Government, 2008).

When we arrived at the beach, we decided to carefully explore the rockpools and see what wildlife we could find there. We spotted crabs but we also spotted litter. Usually, we just go to play but with the Award in my mind it gave me the opportunity to think and look around. There was so much litter on our lovely beach. How had I not noticed this before? We even turned a rock over expecting to find wildlife and were greeted with a black bag full of dog waste. This inspired me to help clean the area of litter as part of the conservation section of the Award, in order to help maintain its beauty and protect the wildlife. I also wrote a poem to share with children expressing my concerns of finding litter on the beach. Before this award, I would not have had the confidence or knowledge to inform people of the harmful effects littering has on our environment. So, the following day, after school, my daughter and I headed to the beach to clean. However, something happened on our way. We found a baby bird covered in cobwebs unable to fly. It seemed the bird had attempted to get food from discarded rubbish but was caught in a web along the way.

After helping the bird and watching it fly off safely, this further pushed us to clear the litter we found but to also make a bird feeding area out of an old bottle of juice, which I would have normally put in the bin, to help prevent the birds from trying to go through rubbish bags. We were appalled by the amount of rubbish we found whilst litter picking and disposed of it correctly. We were also thanked by a local RNLi member who told us that we keep the beach clean, and they keep the sea safe.

Experiences such as litter picking, creating a bird feeder and sourcing and cooking with natural ingredients are examples of what can be undertaken whilst completing the Award. Such experiences draw attention to sustainability concerns, which children and adults will encounter first hand in their exploration. This is supported by Dewey's theory as discussed by Sikander (2015) in which the close connection between a child's active life experiences in their environment creates a continuous process where children shape the environment around them, as well as also being shaped and altered by the environment themselves. Therefore, in relation to sustainability, children's lifelong experiences with the natural environment could in turn also influence how they value their environment. This links to ESDGC and Welsh Government's (2015) Well-being of Future Generations (Wales) Act 2015 in terms of developing more sustainable behaviours. This is also supported by Chawla (1998) who states that life experiences in childhood, in which children were exposed to more natural surroundings, were associated with beneficial environmental behaviour and actions as adults.

However, Mustapa *et al.* (2019) argues that although direct experiences with nature influences children's connectedness to the world around them, (now as children and in the future as adults), there are concerns that children have limited opportunities to engage directly with natural experiences. Aaron and Witt (2011) agree and suggest that when children only have indirect encounters with nature, rather than direct encounters, they are less knowledgeable, affectionate, and interested in the natural world, and have a future disregard to protecting the environment and supporting sustainable development. This coincides with Louv (2019) who suggests that children are now disconnected from the natural world and experience nature deficit disorder as a consequence of living in largely urbanised societies, a lack of education on the importance of the natural world and parental fear of outdoor risks. Similarly, Little, Wyver, and Gibson (2011) suggest that parental attitudes regarding outdoor activities and the risks associated have a significant influence on opportunities for children to explore and flourish in natural environments, thus preventing the development of the sustainability knowledge needed to make changes. This coincides with Orestes (2015) who notes that parental fears, regulations and accountability if a child is harmed contribute to practitioner's reluctance to provide children with experiences in the natural environment.

However, one way to move forward is to re-connect children and practitioners to the natural world and encourage environmental responsibility through early childhood education for sustainability (Prince, 2018). Undertaking the experiences, such as those in the John Muir Award offers opportunities for practitioners to encourage children to explore a natural environment. For example, on our way back home, we passed more bees and nettles, and I wondered what I could teach my daughter about these two things. I am usually scared of bees, however having had time to observe these insects they suddenly seemed appealing. My daughter's grandmother is a beekeeper and we decided to pay her a visit. We collected some nettles and watched as she gathered honey from the bees. This was fascinating to observe. Once we had gathered some honey, we decided to make sweetened nettle tea. Wilson (2012) suggests that early childhood exposure to nature and outdoor environments encourage children to develop a positive understanding of self-awareness, introspection and lifelong attitudes towards nature and the environment. This is supported by Malaguzzi's theory in which the environment is defined as being the third teacher and is highlighted as significant to the process of meaningful learning as suggested by Gandini (2011) cited in Biermeier (2015). Additionally, Froebel's belief, as stated by Tovey (2020), in which outdoor learning environments and activities are essential for children to be exposed to direct experiences also supports this. Furthermore, direct contact with nature may be the most effective strategy to develop environmental awareness, as spending time in natural environment fosters an emotional connection to nature and, in turn, produces conservation attitudes and behaviours (Lekies, Yost and Rode, 2015). Furthermore such direct contact could support the aims of the UN Sustainable Development Goals and the Wellbeing of Future Generations Act 2015 in terms of protecting the natural environment. As an adult the John Muir Award experiences also encouraged my own appreciation of the natural world, suggesting these experiences could support practitioner confidence and understanding of nature.

However, Welsh Assembly Government (2007) notes concerns that children are not encouraged to learn within a natural environment thus resulting in a lack of adequate knowledge to the significance of environmental awareness and sustainability. This is supported by Copeland *et al.* (2012) who suggests that teacher personalities and preferences may also be factors in prohibiting children from experiences in the outdoors, resulting in children experiencing less opportunities to engage and learn within a natural environment. Hunt *et al.* (2010) found that although practitioners understood the need for awareness of ESDGC, it was not perceived as a priority due to an already excessive workload. Additionally, pressures on teachers and practitioners to achieve academic results within the classroom add to an already overburdened curriculum may lead to insufficient time to explore ESDGC in the natural environment (Kinver, 2016; Dymont and Hill, 2015). This is supported by Sterling (2001) who suggests that educational settings and systems sustain unsustainability through concentrating on areas of knowledge linked to acquiring jobs in the future and promoting the economy rather than expanding and experiencing alternative routes of learning in the natural environment. Therefore, if practitioners are not provided with opportunities to incorporate experiences in the natural environment within the curriculum, then children may not become acquainted with natural cycles or environmental health and may not realise how they are connected to long term sustainability.

Additionally, Tinney and Hirst (2018) suggests that practitioners may avoid engaging with ESDGC as it is believed to be too complex and has too many variables to consider. This coincides with Estyn (2014) who found that practitioners may lack confidence in teaching ESDGC and would benefit from further training. Therefore, if educators have negative feelings about integrating ESDGC into the curriculum, they may be less likely to engage in this area. However, not only could a lack of practitioner training be detrimental to children's participation with ESDGC but the opinions and values of the parents and practitioners towards it could also impact the children's attitudes and behaviours towards sustainable development as these are gained in early childhood (Bandura, 1986). Therefore, to ensure that children are provided with opportunities to engage in ESDGC and sustainable development, a requirement of a whole setting approach is needed, and only then can they acquire the knowledge needed to make a change (Filho *et al.* 2018). This is agreed with by Welsh Assembly Government (2008) who states that ESDGC must be embedded throughout the curriculum and schools must provide opportunities for children and practitioners to consider global issues in a whole school approach. Similarly, this can be viewed within the new Curriculum for Wales as Donaldson (2015) notes that an awareness of sustainability and global citizenship needs to be supported within educational settings. However, with the new curriculum design constructed by teachers it is essential that they also have an awareness and understanding through continuous professional development. Open ended, hands-on learning experiences such as the John Muir Award in which practitioners can direct their own learning could be valuable in supporting this. Froebel suggested that hands-on learning experiences, (such as those in the John Muir Award), expand children's knowledge of the world around them through first-hand experiences (Castner and Maron-Puntarelli, 2022). This could be developed within the activities as the children will be able to view how behaviours and attitudes can affect and harm the environment and wildlife habitats through direct interaction.

Interactions with wildlife such as crabs and bees within the experiences can encourage children to recognise that we are all connected in this world and mutually dependent. Contact with nature and wildlife may indirectly increase children's motivation to support wildlife conservation by fostering biophilic attitudes, therefore the experiences could encourage children's biophilia, in turn, providing a significant impact on their commitment to overall conservation beliefs that could continue into adulthood (Zhang, Goodale and Chen, 2014).

Additionally, these experiences could change ideas on human superiority and move to a posthumanism way suggesting that all living things are interconnected and therefore important. Experiences where children and adults can notice the diversity of the natural world may mean children become more responsible environmental citizens, as a result of their harmonious associations with plants and animals (Taylor and Pacini-Ketchabaw, 2015; Atkinson, 2015), which also links to ESDGC and the Wellbeing of Future Generations Act 2015.

However, according to Wilson (2008) children may experience and develop biophobia if they are not provided with opportunities to engage with nature. This could cause children to feel forms of fear or discomfort around wildlife or unappreciative of its intrinsic value as they regard nature as merely a resource to be used. This is agreed with by Zhang, Goodale and Chen (2014) who note that biophobia could negatively influence children's willingness to conserve nature. Furthermore, this highlights the significance of introducing children to experiences within nature to avoid the development of fears and negative attitudes towards conservation that could be detrimental to sustainable development and the wellbeing of future generations. However, these experiences could prove difficult if a child has already developed biophobia.

According to a study by Cho and Lee (2010) observation of wildlife can help overcome phobias of insects, as well as rediscovering natural biophilia. The study aimed to promote children's love of nature through observation of honeybees. Prior to the investigation, most of the children's feelings towards honeybees were negative and fearful, however after observing honeycombs, harvesting honey and learning of the importance of bees for our world, children's opinions became more positive. Therefore, experiences such as those in the John Muir Award could encourage children to overcome biophobia and appreciate the importance of all living creatures.

Moreover, Rawstrone (2021) suggests that a litter picking activity can encourage discussions and sustained shared thinking between children and practitioners about the harmful effects dumping litter can have on the environment and all those living in it. Practitioners could encourage sustained shared thinking with children by asking questions such where does the rubbish go? How can we prevent our rubbish from harming the environment and the animals that live in it? This could then further children's understanding of waste management and the harmful effects to the environment. Similarly, recycling and composting opportunities could be introduced in settings to support this (Estyn, 2014; Davis, 2010). Additionally, children could take these suggestions home and encourage family members to also recycle. Furthermore, supporting an understanding of reusing and recycling items in line with the Sustainable Development Goals (United Nations, no date) and can also help lead sustainability development in early years practice. To conclude, from my experience of undertaking the John Muir Award, my knowledge of the connections between all living creatures and the environment has increased. I was appalled by the litter harming our environment and will be continuing to litter pick and raise awareness. Creating the bird feeder also taught me that once I have finished with an item in my home, I should consider alternative uses for it instead of just throwing it in the bin. Undertaking this award also made me feel proud of myself for overcoming a fear. Bees usually terrify me but after observing them working, researching and tasting their delicious honey, I now understand how important they are. I believe these experiences have changed my views on many environmental factors that I would have not paid attention to beforehand and will support me as a practitioner in the future. Undertaking experiences such as the John Muir Award can be influential in supporting educational settings to encourage children's lifelong attitudes towards sustainability and ecological awareness. However, to be fully implemented and applied, practitioners and adults close to the children must also develop an understanding and appreciation of ESDGC.

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I am currently a Level 6 student studying Special Educational Needs, Disability, Inclusion and Childhood and Family Studies at the University of Wolverhampton. I am passionate about the role early years practitioners play in supporting the needs of all children, ensuring educational equity and creating truly inclusive settings. Through my practice as an experienced childminder, I aim to ensure each child I care for has the best possible start to their education, so they have every opportunity to reach their full potential. My university studies are helping me achieve this ambition

Introduction

This report explores the social construction of disabled identities for individuals with facial disfigurements and impacts on experiences of inclusion. For this assignment, 'facial disfigurement' is defined as any visible "scar, mark or condition" (Changing Faces, no date, b) on the face, sufficiently severe in "nature, size, and prominence" (Office for Disability Issues, 2011, p.26) to meet the threshold established in the Equality Act 2010. Whilst acknowledging some may prefer the term 'facial difference' which is perceived to hold fewer negative connotations (Changing Faces, no date, b), the term 'disfigurement' is adopted within this report to align with terminology used in current legislation and guidance. Facial disfigurement affects approximately 1 in 111 people in the UK (Stone and Fisher, 2020) and research consistently suggests people with facial disfigurements are likely to experience significant social and emotional challenges (Bradbury, 2012; Cho et al., 2018; Rifkin et al., 2018). The reasons these challenges arise, and the impacts on social inclusion and identity are evaluated through the theoretical perspectives of Foucault and Goffman. Firstly, the concepts of individual and collective identities are explored alongside consideration of how these may be viewed as being socially constructed. Foucault's theory on regimes of truth is then used to highlight how dominant discourse and the medical model perpetuate the reductionist view of facial disfigurement as a problem requiring 'fixing'. Goffman's ideas of presentation of self and spoiled identity are then contrasted against Foucault's panopticon power relations concept, demonstrating how different theoretical perspectives may be applied to offer explanations for marginalisation and exclusion. Attention is then turned to how the introduction of the social model engendered some recent progress before considering where further improvements are needed, and the role educators can play in creating meaningful, generational changes.

Discussion

Although it is difficult to explore the historical contexts of having a facial disfigurement owing to the sporadic attention this area has received by scholars, there is general agreement that society's attitudes have remained consistently negative since at least medieval times (Sullivan, 2001; Skinner, 2016; Cock and Skinner, 2018). This has persisted despite medical advances in repairing damage and aesthetically altering appearance (Skinner, 2016). Indeed, the first facial transplant in 2005 increased academic interest in identity and disfigurement, highlighting the proposition that identities can be weakened by disfigurement and rebuilt by surgical reconstruction (Martindale and Fisher, 2019).

The implications are identities are fluid, capable of evolution and the face is a major determining factor in identity. This is supported by Rifkin *et al.* (2018, p.310) who define the face as an “organ of identity” owing to the role it plays in interactions, self-expression and self-concept.

The concept of identity has developed over recent history from the Marxist view of a tool of oppression within a class system, to the post-structuralist view of a complex, multi-faceted and ever-changing collection of processes (Riddell and Watson, 2003; Spencer-Oatey, 2007). Although there is general agreement that identity relates to how individuals view themselves and how they believe they are perceived by others, the mechanisms behind this are somewhat contested. Simon’s (2004) self-aspect model of identity suggests identities comprise self-perception of numerous aspects such as characteristics, ideologies, affiliations and physical features. However, Hall (1996) asserts identities are principally constructed through differences, separating people using a deficit view. This contrast demonstrates how identities can be both individual, in the framing of a unique person, and collective. Collective identities use common characteristics or values to create groups representing “collective agency” (Milan, 2015, p.892). Such grouping generates power to potentially exclude and marginalise individuals through what they are not (Hall, 1996).

One example of a social group commonly seen as having a collective, fixed identity which potentially isolates and marginalises its members is that of disabled people (Murugami, 2009; Dirth and Branscombe, 2018). Discourses, policies, legislation and media portrayal all contribute to the notional existence of a coherent, pan-disability identity. This identity is largely based on characteristics which distinguish disabled people from those who fit the societal standard of ‘normal’ (Jenks, 2019). Therefore, it generates expectations for behaviours which attempt to ‘fit in’ with and adhere to the ideals of an ableist society (Capewell, Ralph and Bonnett, 2015; Hill, 2017; Flynn, 2017). Some argue such a collective identity cannot reasonably be applied given the diverse and dynamic nature of disability (Jenks, 2019; Smith and Mueller, 2021). Additionally, others emphasise many disabled people do not “embrace a collective disabled identity” (Shaw, 2021, p.6). What is perhaps less disputed is the notion that such an identity is socially constructed. Social constructionism is a vast and complex field crossing many academic disciplines which cannot begin to be fully explored in the confines of this assignment. However, for our limited purposes it may be described as how knowledge, perceived by the holders to represent truth, is created and sustained through everyday social interactions. These interactions exist within specific historical and cultural contexts, affect what is seen as permissible behaviour and are therefore necessarily intertwined with power relations (Burr, 2015). The inherent implication of accepting that disabled identity is socially constructed is that the specific contexts in which it has arisen may serve certain “political or ideological interests” thereby misrepresenting or disadvantaging disabled people (Burr, 2015, p.23).

This idea of certain political agendas being served through society’s conversations can be highlighted through Foucault’s (1977a) theory of regimes of truth. He suggests knowledge became politically valuable owing to its potential power to influence society and so ‘truth’ must be viewed as something which is influenced and controlled by the political contexts in which it is sanctioned. Each society has its own ‘regime of truth’, positioned on scientific discourse and “produced and transmitted under the control ... of a few great political and economic apparatuses” (Foucault, 1977a, p.13). Through this lens we can see how information, guidance and policies produced by scientific and political establishments, distributed through media, can have major impacts on the contents of everyday social interactions. One pertinent example of how dominant discourse represents the interests of certain powerful institutions is captured in the medical model of disability (Cameron, 2014a). The medical model offers a reductionist view of the problem of disability as an individual and medical problem, requiring treatment or rehabilitation to ‘fix’. This results in a tragedy view of disabled people as inherently flawed, in need of services, and often objectified (Oliver and Barnes, 2012; Cameron, 2014a; Goodley, 2017). This view “distorts our perceptions of humanity”, leading to oppression, fear and embarrassment (Cameron, 2014a, p.100). In the context of facial disfigurement, the medical model perpetuates dominant discourse that quality of life is intertwined with conformity of appearance. The overwhelming assumption is that it would be in the best interests of the individual to undergo procedures or interventions such as camouflage make-up to improve their appearance and reduce the stigmatising effects of having facial disfigurements (Kornhaber *et al.*, 2018; Wakeda *et al.*, 2020; Meynköhn *et al.*, 2021). Such is the power of this ‘regime of truth’ that the assumption the disfigured individual needs to change their appearance to better fit in with society appears to go unchallenged.

Goffman's (1959) work on 'presentation of self' provides a theoretical perspective through which we can explore this idea of altering appearances to improve experiences of inclusion. Goffman (1959, p.26) argues that, like performers on a stage, individuals become 'social actors', changing their actions, mannerisms and appearance to "control the impression" the audience receives. Whilst our faces encompass our self-identity, they are also the principal tool of social interaction, involved in speech and facial expressions (Le Breton, 2015). Research suggests having facial disfigurements adversely affects both initial impressions and subsequent interactions owing to the existence of a 'disfigured is bad' stereotype (Hartung *et al.*, 2019; Jamrozik *et al.*, 2019). This stereotype arguably exposes people with facial disfigurements as having a 'spoiled identity' which Goffman (1963, p.15) introduces as having some "undesired differentness", separating them from "the normals" and creating stigma. Goffman claims the individual internalises the shame of being inferior through this discrediting difference and so assumes responsibility for conscientiously managing their social interactions with 'normals', being apologetic for and explaining or justifying their own stigmatising feature (Cameron, 2014b). However, considering around sixty years have passed since these theories were published, more recent research suggests there may have been a shift in attitudes. Far from being "ready to apologise" (Cameron, 2014b, p.147), individuals with facial disfigurements are more often portrayed as victims of unwanted attention and uninvited questions (Wali and Regmi, 2017; Frances, 2018; Habib, Saddul and Kamran, 2021). Individuals with acquired facial disfigurements have the additional challenge of navigating a change in their identity which Goffman (1963, p.34) supposes increases potential for "developing disapproval of self". More recent research evidences this impacts on self-esteem, confidence and personal worth (Martindale and Fisher, 2019; Mendes *et al.*, 2019; Handschel, 2021). Accepting Goffman's proposals, the individual may be seen as a social actor, recast into a role for which they need to learn new social rules. Some may manage their stigmatisation by covering or disguising their facial disfigurement to avoid association with the spoiled identity (Goffman, 1963). However, others compounded by the challenges of experiencing loss of identity, may instead remove themselves from situations where they are likely to feel stigmatised, limiting their opportunities and experiences, potentially leading to social exclusion.

Foucault's (1977b) panopticon theory offers an alternative explanation for why people with facial disfigurements may become socially excluded. Rather than focusing on internalised feelings of shame, Foucault suggests social behaviours are influenced by the power relationships inherent in the gaze of others. Empirical research and personal accounts have arguably established an association between having facial disfigurements and experiencing staring (Habib, Saddul and Kamran, 2021; Swift and Bogart, 2021). Being stared at induces feelings of 'otherness', discomfort and harassment which can impact on both mood and confidence (Wright, 2017; Swift and Bogart, 2021). In considering the power dynamics of such observation, Foucault (1977b, p.202) suggests the more people who may be looking, the more "anxious awareness of being observed" may be experienced. Consequently, Foucault contends, the knowledge of being exposed to such visibility causes the individual to embody and reproduce the constraints of the power relation. Resultingly, people come to expect to be stared at, and so experience the negative effects even in anticipation, thereby socially constructing their own oppression. This association between appearing in public and experiencing surveillance can lead to individuals avoiding social encounters (Wali and Regmi, 2017; Frances, 2018), thus offering an alternative perspective for why social exclusion may occur.

Whether resulting from internalisation of dominant discourse, stereotyping preventing performance of a desired persona, the stigmatisation of a spoiled identity or oppression under the power of surveillance, these theoretical perspectives all offer some commonality. Each demonstrates how interactions within the structures and operations of society act towards constructing an identity with the potential to marginalise and exclude. This position sees individuals, groups and organisations such as Changing Faces calling for action to improve experiences of inclusion for people with facial disfigurements. One conduit through which some improvements may have been made is the introduction of the social model of disability in the 1980s. Crucially, the social model was developed by disabled people who sought to separate impairment from disability, which became defined in terms of the physical and societal structures, environments and cultures preventing equal participation in society (Oliver, Sapey and Thomas, 2012). It is possible to have severe facial disfigurements yet little to no physical impairment, so reframing the issues as being social in origin can be "empowering and mobilizing" (Riddle, 2020, p.1511). Whilst the introduction of the social model has been credited with much disability rights progress in terms of media representation, physical environment accessibility and legal protection (Oliver, 2013), it has attracted criticism.

Berghs *et al.* (2019) argue the model is not sufficiently robust to ensure disabled people can live dignified lives and flourish, suggesting there is still much progress which needs to be made. In their current report, *Changing Faces* (2019) suggests further progress could be achieved through improvements in media representation, raising awareness in schools, tackling work-based discrimination, reducing hate crimes and improving access to wellbeing services. Echoing the significant role which educators can play, Cock and Skinner (2018, p.3) highlight the need for further training to “help and respond to individuals with disfigurements”. Arguably, there is a responsibility for those who work with children to create meaningful, generational changes through their professional practice.

Professional Practice

If practitioners are to be successful in introducing meaningful changes, there are three key areas of professional practice which arguably need to be considered: training and critical reflection, creating an inclusive environment and preventing discriminatory behaviour or bullying. Within the UK, there are various organisations offering relevant training including Disability Rights UK (2012) who offer disability confidence training aimed at improving experiences of working with disabled people generally, and specific training about facial disfigurements designed for teachers and practitioners available from *Changing Faces* (2021). Undertaking training allows practitioners to develop their own knowledge and understanding of facial disfigurements and their impacts on individuals which should improve their skills in both working with and supporting individuals with a facial disfigurement and role-modelling positive attitudes and behaviours to the children in their care. Critically reflecting on one’s own value systems and biases provides opportunities for practitioners to challenge the preconceptions their own experiences have generated and, as Foucault (1972) suggests is necessary, disrupt the assumptions upon which they were built. This combination of increased self-awareness and theoretical knowledge allows practitioners to increase their professionalism and thereby the quality of their provision (Manning-Morton, 2006).

Creating an inclusive environment involves the formation of positive attitudes and fairness so that each child feels valued and experiences “mutual respect and educational equity” (Giunco and Kelly, 2021, p.21). Practitioners can support the development of children’s social competence which creates emotional understanding and empathy through the embedded teaching of social skills such as through intentional modelling within meaningful contexts (Kennedy, 2019). Creating opportunities for such contexts to arise can be achieved through increasing positive representation of facial disfigurements within the classroom such as through inclusive images within displays, dolls with visible differences, or sharing stories with positive characters who have a facial disfigurement. Positive representation improves attitudes and understanding towards others (Favazza *et al.*, 2017) and can help to improve negative reactions towards individuals with facial disfigurements (Jewett *et al.*, 2018) which is the basis upon which inclusivity within the classroom can be built. Social competence can also be developed through raising awareness of unconscious biases, stereotyping and the negative effects thereof through activities such as collaborative digital storytelling (Rubegni *et al.*, 2022). Helping children think about their own attitudes and feelings around facial disfigurements in this way can create opportunities for meaningful discussions and engagement with others, increasing inclusivity and acceptance (Lalvani and Bacon, 2019).

Challenging discriminatory behaviours and preventing bullying is a legal responsibility for all schools and settings regardless of the reason that bullying is occurring (Department for Education, 2017). Within this context, *Changing Faces*’ (2021, p.4) assertion that some practitioners view appearance-related bullying as “inevitable for students with a visible difference” is particularly concerning. The impacts of bullying are widespread and long-term, effecting life satisfaction (Nozaki, 2019), mental health (Arseneault, 2018) and future employment and income levels (Brimblecombe *et al.*, 2018). Therefore, practitioners have a moral as well as legal responsibility to ensure that schools and settings have rigorous and suitable policies in place to both prevent and appropriately respond to incidents of bullying, and that the policies are followed. Arguably, as 1 in 2 children with a facial disfigurement experience appearance-related bullying (*Changing Faces*, 2020), policies should include consideration of the challenges faced by those children to ensure practitioners are equipped to respond to the bullying in a manner which does not risk connecting appearance to the cause of bullying but rather sees bullying as a behavioural issue which is dealt with swiftly and transparently. Schools and settings in which practitioners are reflectively aware of their own biases, receive effective training to develop their knowledge and understanding of facial disfigurements, and actively seek to develop an inclusive environment will help prevent bullying through creating an ethos of respect (Department for Education, 2017).

Leading Practice

Preedy (2013) argues that, at its core, the aim of every leader in education is to cultivate an environment which aids the learning and development of all within the organisation. Part of this leadership role is to foster a whole-school ethos and culture, where all staff are united in values and behaviours which create a caring, nurturing setting (Warin, 2017). A 'whole-school approach' necessarily involves multiple, simultaneous components to achieve "collaborative and collective action" (Hoare, Bott and Robinson, 2017, p.57). Applied to the ambition of creating meaningful, positive changes for people, including children, with facial disfigurements, such an approach could enhance and support the actions of individual practitioners by improving channels for implementation and dissemination of knowledge gained through training (National Children's Bureau, 2017) and improving consistency and continuity of practice through collaborative efforts (Goldberg et al., 2018). Beyond the responsibilities of enabling access to, and ensuring the sharing of good practice resulting from, training and reflection, leaders also have an important role in creating an inclusive environment.

Having established the crucial role practitioners have in improving classroom experiences for individuals with facial disfigurements, it is arguably the role of leaders to act as agents for those changes. Fullan (2013, p.122) establishes a multitude of dynamic and interactive factors which affect successful change implementation and contends it is for leaders to manage the resulting tensions and generate new meanings through "working in an interaction with others". This suggestion that leaders should establish "personal and shared responsibility" (Shani and Koss, 2015, p.71) and promote collaborative working is neither new nor controversial. Indeed, the success of creating "coherence and consistency across the school" is an outcome against which leadership is judged by Ofsted (2022, p.69). Furthermore, correlation between collaborative working and improved inclusivity of the school environment for children with a range of special educational needs and disabilities is widely supported by contemporary, global research findings. For example, in Canada (Morrison and Gleddie, 2019), in Ukraine (Skrypnyk et al., 2020), and in the Philippines (Basister and Valenzuela, 2021).

Arguably, also central to creating meaningful, generational changes is the issue of preventing bullying. Pearce et al. (2022) highlight the abundance of research into the prevalence and impacts of bullying but suggests there is less evidence to support the effectiveness of interventions. Notwithstanding, they purport a whole-school approach is required, alongside systematic processes and capacity building. Lester et al. (2017) provide support for the concept of parental involvement, finding improved outcomes, especially where both mothers and fathers are involved. Schools have a legal responsibility to prevent bullying and government advice indicates leaders, including governors, should make decisions on how to prevent and respond to bullying according to the local factors affecting their school (Department for Education, 2017). Changing Faces (no date, a) advocate that when drafting policies to prevent bullying, leaders must consider the issues faced by pupils with facial disfigurements and ensure these are addressed.

Conclusion

In conclusion, people's experiences of inclusion have been adversely affected by having facial disfigurements throughout modern history. They are marginalised and excluded through the social construction of a collective identity which sees them as inherently flawed, a problem which needs 'fixing'. This dominant discourse, Foucault argues, is fabricated and reproduced to serve the agendas and ideologies of the few powerful institutions who control it. Different theoretical perspectives offer alternate lenses through which the problem of social exclusion can be analysed. Goffman suggests the stigmatisation of being associated with a 'spoiled identity' leads people to disguise or camouflage their faces to manipulate the impressions others form. However, for some individuals with facial disfigurements the challenges of adapting to a disabled identity may lead to them avoiding social interactions, effectively limiting their inclusion in society. Foucault's work on power relations and surveillance suggests people with facial disfigurements may limit their social interactions to avoid the gaze of others which they associate with intrusion, discomfort and harassment. Whatever the reasons, people with facial disfigurements still face challenges in social inclusion and individuals, organised through groups and charities, continue to campaign for better media representation, raised awareness and increased acceptance to overcome society's structural barriers. Practitioners in schools and settings arguably have a responsibility to bring about meaningful changes in the behaviours and attitudes of future generations through critical reflection, accessing effective training, creating inclusive environments which support development of children's social competence, and preventing bullying. Leaders must promote a whole-school approach and act as agents of change to support practitioners in introducing and maintaining practice which improves the classroom experiences for individuals with facial disfigurements.

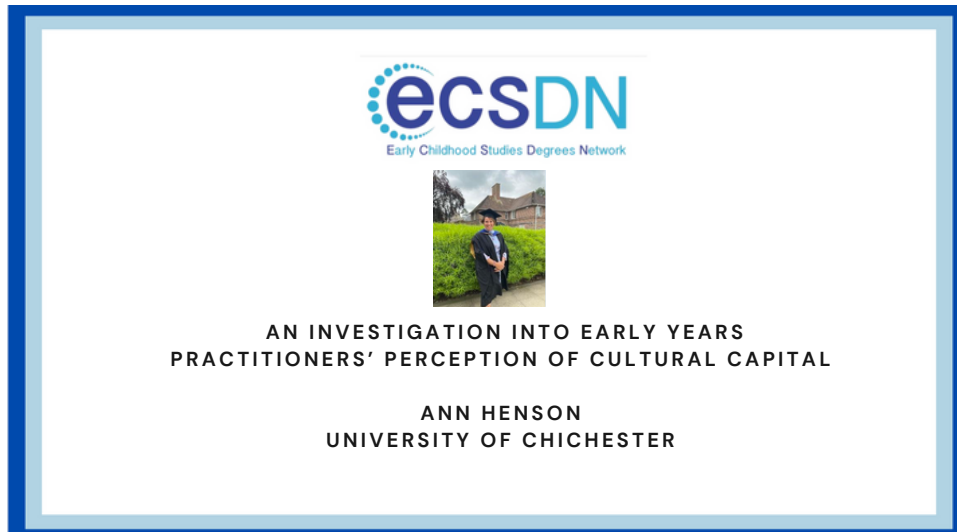
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My name is Ann Henson and I have worked with young children for over 30 years. In the summer of 2021, I graduated from the University of Chichester with a first- class honours degree in Early Childhood Studies. I have always felt passionate about making a difference to the lives of children and their families and providing a quality early years experience to every child I have been fortunate to spend time with during their precious early years. I developed a particular interest in the topic of 'Cultural Capital' and how developing children's capital in an early years setting can support their learning and development.

Introduction

Since the term 'cultural capital' was introduced to the Ofsted Education Framework (Ofsted, 2019) it has raised questions and concerns within the field of Early Childhood Education and Care [ECEC]. Cultural capital is associated with the work of the French sociologist, Pierre Bourdieu (1930–2002) to describe educational inequalities. This paper will analyse the term 'cultural capital' in relation to working within the field of ECEC. Drawing on the findings from a small qualitative research project it will investigate practitioners' perceptions of cultural capital.

.Basford (2019) suggests that the term 'cultural capital' is contentious and that there is disagreement within the field of (ECEC) about how it should be interpreted. Despite a lack of agreement about what might constitute cultural capital there is a clearer understanding of what cultural capital is not. Cultural capital is not simply a list of cultural experiences, such as a visit to a museum or introducing music genres, that practitioners introduce to children and use a tick list. (Basford, 2019). However, in practice this would be easy to document and use as evidence during an Ofsted inspection. In September 2019 the updated Education Inspection Framework was published (EIF, 2019). The introduction of 'cultural capital' within the framework meant that early years settings are now judged on how well they use the curriculum to enhance children's experiences and opportunities. It is suggested that the acquisition of cultural capital will result in social inequalities being reduced for those children and families from disadvantaged backgrounds. The intention being to level the field and increase the life chances of all children.

Bourdieu's Cultural Capital Theory: A New Conceptualisation of Cultural Capital

The idea of 'cultural capital' was developed by Pierre Felix-Bourdieu (1930–2002), a French sociologist who initially worked as a teacher and later became a prolific writer and passionate activist for those he believed to be subordinated by society. In the late 1960's Bourdieu developed the concept of cultural capital whilst studying inequalities in the French education system, his projects were based on school age children, however, his ideas lend themselves readily to the study of the lives of younger children, toddlers and infants. Bourdieu (1984; 1986) suggests that children's identities and advantages are directly acquired from their family and community and are most visible in their earliest years. Although the term cultural capital is widely used in the study of social sciences, according to Prieur and Savage (2011) there are many variations on the use of the concept that do not directly reflect Bourdieu's (1984) original conceptualisations. However, they go on to stress that Bourdieu is still a reference point to debates concerned with what is termed as 'highbrow' culture such as classical music and theatre or museum visits.

Thus, even though the concept does not carry the same meaning as in Bourdieu's (1984) original conception it remains significant in the analysis of contemporary societies.

The term 'capital' is often associated with economic monetary value, however Bourdieu's concept of cultural capital attempts to expand the term 'capital' to mean something more than economic. Bourdieu has written about different forms of capital, including social capital and linguistic capital, (Reay, 2004). Reay (2004) states that all the forms of capital that Bourdieu refers to in his work require investment of a suitable kind which in turn can secure a return on that investment. Bourdieu (1986a) goes as far as claiming that school success is attributed to the amount and type of cultural capital that is inherited from the family background as opposed to individual talent or achievement. Bourdieu (1986a) names 3 variants of cultural capital; firstly, the embodied state which can be described as the long-lasting dispositions of the mind and body and refers to one's tastes, ways of speaking and carrying oneself, in addition to general knowledge of culture that is valued by the dominant classes. Prieur and Savage (2011) state that this form of capital is inherited, or more precisely, acquired through an upbringing in a 'cultivated home.' This form of embodied cultural capital begins in early childhood and requires pedagogical action, investment of time by both parents and family members who can introduce young children to cultural distinctions from an early age (Bourdieu, 1986b) Secondly, the objectified state is described as forms of cultural goods, for example, book collections, musical instruments or works of art, which in turn require embodied cultural capital to appreciate them. Lastly, cultural capital exists in its institutionalised state, which is represented in the form of educational qualifications and academic titles. This suggests that cultural capital is much more than the high-status activities and an introduction to cultural goods.

Social Inequality and social mobility.

Bourdieu (1984) questioned how the acquisition of life's advantages, which lead to gaining knowledge and power, begin in the earliest relationships within the family. According to Cleveland et al. (2006) disadvantage in education starts in a child's earliest years and it is unfair and unrealistic to place an expectation on educational settings to correct large systematic issues in society. He also argues that the earlier children are introduced to stimulating social and cognitive environments, the lesser the extent of educational equality especially for children from low income families. This suggests that high quality ECEC is essential in preventing later educational and socio-economic inequality (Cleveland et al. 2006; Doherty, 2007; Esping-Anderson, 2004; Sylva et al., 2004). In the 1960's Bourdieu noted that middle class students were more likely to persist through school than working class students, arguing that although education is supposed to be a vehicle for social mobility, allowing students to work to their natural abilities, the system actually reinforces social class structure. Dumais (2015) discusses Bourdieu's concept of cultural capital, including concepts of 'habitus' and 'field.' Habitus is concerned with a person's worldview and dispositions and field focuses on the context of the social action. Bourdieu (1984) argues school's culture is dependent on the dominant class and that there is an expectation that all students are familiar and knowledgeable with that culture. This suggests that children from working class and low-income families lack cultural capital and would therefore struggle at school. Furthermore, teachers saw this as a challenge and viewed students as less favourable which in turn, could result in increased likelihood of students dropping out (Dumais, 2015). Mansell (2019) states that since the term 'cultural capital' has been introduced and embraced by The Department of Education, the phrase is frequently used by policy makers who believe that the acquisition of cultural capital is key to social mobility.

Cultural Capital and Early Years Education and Care: The Role of the Early Years Practitioner.

The role of the early years practitioner is multifaceted, and practitioners are faced with many challenges and changes which can impact on the delivery of quality early years practice. Pascal et.al. (2020) asserts that the quality of the early years workforce is key to addressing the gaps and improving the long-term life chances of children. Robert-Holmes (2018) suggests that early years practice is currently led by government policy and initiatives, however, practitioners who can generate their own knowledge and understanding can find themselves in a better position to address, review or omit government policies. In contrast, Moyles (2001) discusses 'passion and professionalism' in relation to practitioners, suggesting that working with young children may cause practitioners to misplace their own motivations. Thus, resulting in a sense that responsibility and power lie outside their domain, at a time when politicians and society are demanding extensive outcomes from children's learning experiences.

Ofsted are responsible for inspecting all services providing education and skills for learners of all ages, their key aim is to 'raise standards and improve lives.' The Early Years Inspection Handbook (Ofsted, 2019) sets out the judgements that inspectors will make which form part of the report in line with the requirements of the Statutory Framework for the Early Years Foundation Stage (2017) (DfE, 2017). Ofsted (2019: 174) framework places a requirement on early years settings to consider how they develop children's cultural capital, it states:

...Cultural capital is the essential knowledge that children need to prepare them for their future success. It is about giving children the best possible start to their early education. As part of making a judgement about the quality of education, inspectors will consider how well leaders use the curriculum to enhance the experience and opportunities available to children, particularly the most disadvantaged.

The footnote added here states 'Cultural capital is the essential knowledge that children need to be educated citizens' (Ofsted, 2019). It also acknowledges that children arrive at settings with different experiences and the role of the practitioner is to introduce children to the 'awe and wonder' of the world (Ofsted, 2019:175). Moyles (2019) comments that Ofsted's use of the term implies that children from low income families do not have sufficient cultural capital to narrow the achievement gap and there is an expectation placed on settings to construct a curriculum that is designed to develop children's cultural capital. Moyles (2019) argues that Ofsted's definition of cultural capital shows how some forms of cultural capital gain prestige whilst others are not equally recognised. This leads to working-class children being taught to be more middle-class and working-class culture is less valued. This revised approach to the regulation of providing quality ECEC through the EYFS (DfE, 2017) has provoked concerns and discussions about what it means in practice and what experiences are provided by practitioners.

Impact of Covid -19 Pandemic.

The Covid-19 Pandemic has had an impact on many children and their family's lives, in particular those children who are from low-income families. The Education Policy Institute (EPI) (2020) suggests that the pandemic will widen the already existing attainment gap between disadvantaged children and their more affluent peers, in addition to exacerbating inequalities. Pascal et al. (2020a) state that the consequence of the pandemic threatens to deepen the already existing patterns of vulnerability and under achievement for those children and families living in poverty, noting that the early years is a crucial stage for social mobility. Furthermore, the poorest children are already 11 months behind peers when starting in school, however, attending a quality early years setting may reduce this gap before the child starts school (Pascal et al., 2020a).

It is not only the children and their families who have suffered the impact of the Covid-19 Pandemic, but also provisions and workforce. Pascal et al. (2020b) claims that the early years sector has been placed under severe pressure because of the Covid-19 Pandemic which has exacerbated existing vulnerabilities. With closures of many family support services, early years providers have been forced to step up and provide support far beyond their normal daily commitments (Pascal et al. 2002b).

As Jenkins (2002) comments, having examined Bourdieu's theoretical concepts, whether one agrees or disagrees with him, there are enormous profits to be made from being acquainted with his work and the conversion of his ideas into everyday provision of ECEC. Dumais (2015) concurs, suggesting that whilst some critics continue to debate the usefulness of this concept, new directions in using it are proving to be fruitful within the field of sociology and educational research. Those working in the ECEC sector must consider Bourdieu's (1984) belief that both economic and cultural capital can be turned into educational and economic success, thus the more capital a child has, the more powerful and successful they will grow up to be which in turn, can improve their life chances. Therefore, for those practitioners who are working with babies and young children it is essential that they develop an understanding of cultural capital which they can apply to their everyday practice.

Methodology

The research project was approached via an interpretivist paradigm which focused on gaining an in-depth understanding of practitioners' perceptions of the term 'cultural capital' and how this can be supported within an early years setting. Robert-Holmes (2018) discusses that an interpretivist approach is useful as it considers the diversity of human interactions, and that the social world is continually evolving in response to negotiating the meanings of our actions with others. It was decided that interviews would be the most suitable method for collecting data as Nolan et al. (2013) suggest that the questions asked can elicit responses that show the breadth of the participants' experiences and the knowledge gained through a semi-structured interview focuses on the participant's individual perspectives. Due to the restrictions of the Covid-19 Pandemic it was not possible to conduct face-to-face interviews, therefore telephone interviews were used.

From the outset of any research project the researcher must consider ethical issues that may arise from research in early years and to develop an understanding of their ethical responsibilities in order to follow both professional and legal guidelines. In line with the University of Chichester's Ethics Policy (2019) ethical approval was gained before the project started. There were six participants, all were working in early childhood education and care settings. Written consent was gained before participants were interviewed. Data storage and confidentiality complied with guidance from The British Educational Research Association (BERA) (2018) and The Data Protection Act (2018) and the University Ethics Policy.

Data Analysis

My research question was "How do early years practitioners understand the term 'cultural capital'?" Thematic analysis, Robert-Holmes (2018) was used to analyse the interviews (Robert-Holmes, 2018). From the analysis four themes were created: practitioners' perception of the term 'cultural capital'; children's experiences and the early years curriculum; and supporting children from low-income families. To protect the identity of participants they are referred to as P1, P2, P3, P4, P5 and P6.

Practitioners' perception of the term 'Cultural Capital'.

In order to ascertain interviewees' perception of cultural capital they were asked what they understood of the term and where they had heard it. The most common response that participants gave was in relation to the Ofsted Inspection Framework (2019), and the EYFS (DfE, 2017). P5 commented:

"I read about in Nursery World and at network meetings, West Sussex are good, they send links, we were bombarded at the time."

Others stated that they had first been introduced to cultural capital through work meetings and through training programmes led by their company. All six participants made reference to the experiences and opportunities that children may not get home. P6 stated that:

"Giving an equal chance to experiences within their lives that are enriching, whether that is inspiring awe and wonder that new experiences bring, new experiences that enrich the experiences they have already had."

Two participants had carried out their own research into cultural capital through reading early years publications such as Early Years Educator (EYE) and Nursery World (NW). They commented that developing children's cultural capital was part of their everyday practice prior to being introduced to them as a requirement of the Ofsted's Inspection Framework (2019).

Children's Experiences and the Early Years Curriculum

In order to investigate how practitioners' develop cultural capital with children they were asked to provide examples of activities. A common response that participants gave related to cultural festivals, such as Chinese New Year and recognising children's diverse backgrounds. All participants made reference to developing individual children's interests and to providing a stimulating environment that supports children's learning and development, with a focus on extending their learning. For example P4 comments:

"Planning is focused on children's interest; we plan for our own individual children as we use a key person approach."

P4 goes on to describe experiences that the setting provides vary for different children's needs:

"It could be something as simple as going for walks around the hospital so children can see ambulances or having a nursery rabbit as some children may have never seen an animal before"

All participants offered a similar approach to planning activities that focus on the individual interests of children in line with the requirements that are set out in the Early Years Foundation Stage (EYFS) (DfE, 2017) which is mandatory for all registered early years settings in England, setting the standards that all providers must meet, although the term cultural capital does not feature in the framework.

P5 spoke about how she adapted the EYFS (DfE, 2017) to the individual needs of both children and practitioners, but was also careful to comply with the expectations from Ofsted:

"We refer to the Early Inspection Framework, and work with key elements. If children are struggling or not quite meeting milestones we do termly review, chat as a team and address any issues with the key person."

P2 and P3 also commented on how they refer to the Early Years Inspection Handbook (Ofsted, 2019) when planning, but were careful to emphasise that this does not mean 'reading out of the book, everything that we need to do.' This could suggest that practitioners who know the children well and understand child development can provide quality early years experiences to all children and are confident in their own practice. During the interviews practitioners did not comment on the origins of cultural capital or the rationale for its inclusion in Ofsted's Education Inspection Framework (Ofsted 2019).

Supporting children from disadvantaged families

Cleveland et al. (2006) state disadvantage in education starts during a child's earliest years and the expectation that educational settings should correct such a societal issue is improbable. Participants were asked, 'Do you feel that by developing children's capital you can help to close the gap between those children who are less advantaged?' The responses confirmed that practitioners have differing views on whether developing children's cultural capital can close the gap between disadvantaged children and their peers from more affluent, middle-class families. P5 stated:

"It sounds awful, I don't think some families ever can, you can always support their learning and development, but it is hard to close the gap, families are struggling financially and mentally, it sounds unkind, I am not saying it is impossible."

This comment relates 2 to 3 year olds that attend the setting and the participant recognises that children come from diverse backgrounds. On the other hand, P1 and P3 both agreed that developing children's cultural capital can only help to close the gap, commenting that accepting those who are less advantaged have a particular perspective and a 'depth of knowledge and experience' which is valid. P1 added:

"don't we all live such different lives and yet we all get on together and we have friends in different areas but we're all in the same school community."

In addition, all participants that responded made suggestions that referred to the usefulness of developing cultural capital in relation to closing the gap, noting that all children's learning and development can be supported, specifically those who are in receipt of Early Years Pupil Premium (EYPP). EYPP is additional funding given to early years providers to improve the education of 3 to 4 year olds from low-income families. Two participants stated that none of the children attending their setting received EYPP, this was understandable in the case of P1 whose role was working in a reception class in a private pre-prep setting. It was surprising though that P6, who was the manager of a daycare setting, similarly stated that the setting did not have children who received EYPP. As this setting was situated in an affluent area it might be the case that children from disadvantaged backgrounds were not able to attend and therefore had limited access to ECEC provision compared to their more affluent peers.

Conclusion

From the outset, the key aim was to explore early years practitioners' perceptions of cultural capital, and how this might impact on children's life chances particularly those from less advantaged backgrounds. From a personal perspective I hoped to gain a clear understanding of the concept which in turn could be used to support the children, their families, and my own practice within the early years sector.

This topic is part of a much bigger picture that must be understood if practitioners are to provide children with the experiences that expose them to the 'awe and wonder' of the world in which they live, through developing an inspiring early years curriculum. Although participants were not familiar with the term 'cultural capital' before its introduction in the Ofsted Inspection Framework (2019), this was something which they recognised in their everyday practice with children. To develop children's cultural capital participants took an individualised approach to their learning, based on the child's interests. Participants had different views about the extent that developing children's cultural capital could close the attainment gap between children from low-income families and their more affluent peers. This research project has led to a greater understanding of cultural capital and what the impact of investing in children's cultural capital may have on their early years experience. Within the setting where I work this has allowed me to share my knowledge with the team and have encouraged them to value individual children and their families' cultural capital.

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**SOME APPROACHES TO DEVELOP PROFESSIONALLY IN
MY PRACTICE (A REFLECTIVE ACCOUNT).**

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My name is Freshta Majid, and I am a Level 4 student at the University of Wolverhampton studying BA (Hons) Early Childhood Studies. Prior to this, I obtained a Diploma in teaching English and worked as a teacher in Kurdistan (Iraq) with students of different ages in primary and high schools. I opted to get this degree in order to further my skills and continue working with children. I am incredibly motivated to become the best early childhood educator I can be. I am married and the proud mother of three wonderful sons. For me, learning about children's holistic development has been an incredible experience during this course and my placement.

According to Lindon and Trodd (2016) early childhood educators will never be able to know and understand everything, but they should always be eager and open to learn in their continuing professional development; by recognising their strengths and highlighting areas for improvement and learning in a continuous process to update their knowledge. Overall, a good practitioner possesses a variety of professional and other skills, such as being a good communicator and listener in order to include every child in their practice. Hence, I will talk about my experience as a developing practitioner through three primary areas of inclusion, observation, and reflective skills. However, these are only a few of the functions of a competent practitioner, and we must recognise that practitioners have a range of other roles and responsibilities.

As a former teacher in Iraq, my previous experience did aid me in the field of BA (Hons) Early Childhood Studies. I have learnt that each student has their own distinct learning style and talents. Meanwhile, students' abilities and academic progress were influenced by their socioeconomic status, their backgrounds and their family lives. The Bronfenbrenner's (1979, in Hodson and Basford, 2011) ecological model of development shows that the interaction between children's environments in which they grow up have a significant influence on their learning and development. Brooker (2002) discussed the variations in social and cultural capital between school and home, as well as how these disparities effect children. She believes respecting children's cultures and integrating their families in the educational system benefits them. Alongside this, Nutbrown et al., (2013) state that diverse curriculum helps children to explore and understand a range of different cultural practices, to respect and accept difference. As a result, I believe that early practitioners should consider diverse cultural backgrounds and resources when creating their curriculum and build partnership with children's families. Inclusion recognises that people differ from one another in a variety of ways, but these differences should not prevent them from fully participating in social, cultural, and economic life (Brodie and Savage, 2015). Practitioners should be aware that while it's important to respect and embrace children's native tongues, they still need to acquire English in order to access the curriculum. According to the OFSTED (2009) people learn more quickly when they interact with peers who can communicate in English effectively. This is in line with Vygotsky's (1978) theory, which claims that a more knowledgeable person is necessary for children's learning. At the University of Wolverhampton, I acknowledge that face-to-face lectures and socialising have increased my confidence in expressing my feelings and emotions, and I most definitely have learned better from more knowledgeable individuals, such as my lecturers.

Meanwhile, practitioners need to understand that not only EAL children have difficulties, but according to Hartshorne (2009 in Brodie and Savage, 2015), up to 80% of 5-year-olds attend schools where they have poor listening and speaking abilities. Therefore, creating an inclusive and welcoming environment that promotes good listening and speaking skills is important in Early Years settings. During my placement, I wanted to be supportive and approachable to all children, and children found that they could confide in me when they needed help, which my Practice Educator observed this in my placement. Branch et al. (2013) discuss the significance of a peace-making circle in hearing the voices of all members, including the child, in order to understand the child's holistic development and needs. This is also visible in the Reggio Emilia approach; which assumes that no one person can verify knowledge about a child's learning; it is something that must be approved with the negotiations between all parties, including the child and their family (Forman and Fyfe, 1998 in Brodie and Savage, 2015). According to Article 12 of the UNCRC (1991) children have the right to be heard and their opinions should be taken seriously. My understanding of children's rights and my roles as a developing practitioner to include children and be an advocate for them made me conscious of my responsibilities. So, I have practiced in my setting to be inclusive, to hear children's voices, not just by hearing them talk to me, but also by observing their behaviour.

Accordingly, my placement counts as one of my positive milestones. It was challenging at first, but it improved my knowledge of early childhood development. Besides, understanding the Early Childhood Graduate Practitioner Competencies was unfamiliar territory for me. I had no idea how to plan activities for children aged 3–5 years old or how to achieve these competencies. Child-led play was interesting to me because, in my country, children do not attend settings until they are five years old, apart from day-cares, which pay little attention to what children learn via play. The placement gave me the opportunity to interact with children of this age and learn about their learning and development. It enabled me to examine children's actions, gestures, and sentiments and connect them to the theorists I learned about during my studies. It was a good practice to learn how theorists assessed children's development based on their age.

My curiosity for understanding children's development allowed me to learn how to observe youngsters in a setting, which was a new skill for me. "We can discover more about a person in an hour of play than in a year of conversation" (Plato in Smidt, 2011, pp. 1). This phrase demonstrates the significance of play in understanding a child's development, which I learned about in other modules such as Role of Play in Childhood. According to Dyer and Taylor (2012), practitioners must understand how children learn and develop, how to meet a child's particular development needs, and how observation and evaluation can guide the planning and implementation to facilitate children's learning and development. The EYFS (2021) highlights the importance of observation and following the interests of the child. In my placement some of the children seemed uninterested in learning about shapes. However, they were interested in playing with the soil and sand and had an enjoyable time doing so. One day, after we had set up a sand table for them to play in, I mixed all the shapes and dipped them in the sand. During this open-ended play, they immediately began to use their imaginations, named the shapes and they had a wonderful time playing with their peers. As a result, in order to develop lessons and activities that fit the needs and interests of each child, I must practise observing children and study more to broaden my knowledge and strengthen this talent.

Furthermore, in order to satisfy the needs of the children and value them in their care, practitioners and their settings must reflect on their provision (Brodie and Savage, 2015). As a developing practitioner, I need to learn more about myself. After understanding themselves and the circumstances of their practise, practitioners can begin to manipulate how they might respond differently (Johns, 2009). Valuing children is important, but it is also important to value myself and my qualities as well as planning for my future development. Dewey thinks that we all have the ability to be curious and to think and learn for ourselves that we can retrieve what have been missed (Musgrave et al., 2017). Therefore, receiving feedback leads me to reflect on my experiences. Being a reflective practitioner is challenging, but the potential for developing and improving my skills is important. As a developing practitioner, it is challenging to have confidence in judging my performance and practise. And to confidently assess what constitutes acceptable practise, but in my following stages, I must strengthen this talent and build on feedback to reflect on my experiences constantly. Because reflection is a critical and reflexive self-discovery and growth process that helps me become the practitioner I want to be (Johns, 2009). Musgrave et al., (2017) argues that reflection helps practitioners to address their areas of development, their strength and abilities. To develop personally and professionally I must always be ready to learn with others including tutors, colleagues, children and their families. Seeking and reflecting on knowledge from different resources will help me to review my own interpretation of what children need and how they can be supported (Musgrave et al., 2017).

In conclusion, this course has taught me the value of recognising professional roles and responsibilities, as well as how to meet the Early Childhood Graduate Practitioner Competencies as a developing practitioner. This reflective writing prompted me to reflect critically on myself and do some research to better comprehend these positions and I focused on three key aspects of practitioners' duties: inclusion, observation and reflection. These competences and skills are interconnected in general, and when employed together, they can help practitioners be more effective in their work. However, these are merely a few of the practitioner's duties and practitioners are accountable for a wide range of roles and responsibilities to assist children attain their full potential.

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My name is Joanna Szupien and I am a 2nd-year student at Manchester Metropolitan University. I am particularly interested in inclusive education and Autism Spectrum Condition (ASC). Alongside my studies, I am working as an SEN teaching assistant in a specialist school, where I support the development of non-verbal students with ASC. In my paper, I explored the importance of incorporating ethics of care and Bourdieu's cultural capital theory into practice by professionals working with children with Special Educational Needs. In the future, I hope to become an educational psychologist to further support children in reaching their full potential.

Introduction

In 1994, the Salamanca Statement (UNESCO, 1994) called for educating all children with Special Educational Needs (SEN) in mainstream schools where possible. Since then, the Department of Education in the UK has published a plethora of acts of parliament that regulate the development of this inclusive ideology within school settings (e.g., Special Needs and Disability Act, 2001; Special Educational Needs and Disability Code of Practice, 2015). Nevertheless, the quality of educational provision for children with SEN remains a subject of many debates (Parsons et al., 2009; Lithari and Rogers, 2017; Howard et al., 2021). Therefore, this essay will explore a sociocultural perspective of the development of children with SEN and will elucidate how this can inform the ethical practice of practitioners, which consequently will increase the quality of educational provision. Firstly, I will highlight the importance of ethics of care and the concept of listening as an example of care-full practice (Bath, 2013). I will then explore Bourdieu's Cultural Capital theory (1986) and its relevance to ethics of care and the development and support of children with SEN. I truly believe that the incorporation of the ethics of care and Bourdieu's Cultural Capital theory can significantly improve the quality of educational provision within mainstream schools as I have observed both approaches being implemented into practice within the specialist school where I work as a teaching assistant. In this essay, I will focus especially on autistic children as, according to the Ministry of Justice (2013), parents of children with autism spectrum condition (ASC) tend to be more concerned about provisions designed to meet the needs of their children, in comparison to parents of children with other SEN.

Ethics of Care

Statistics show that 12% of pupils in England have SEN and the number of these children rises every year (Gov.UK, 2021). These numbers undeniably call for greater awareness of inclusive practises among practitioners as, according to Burnett (1999), people working with children with SEN have an enormous impact on their development. Through their practice, they can significantly improve children's cognitive development and can also support the development of positive self-image and high self-esteem. Therefore, consideration of the experiences of these children within school settings is critical for their development as not meeting their needs may limit their opportunities (Lithari and Rogers, 2016). Thus, to provide children with SEN with the needed support, practitioners are expected to follow school policies and legislation that have been introduced through Special Educational Needs and Disabilities (SEND) reform (Department for Education and Department of Health, 2015). Nevertheless, research conducted by Lithari and Rogers (2016) elucidates that the needs of children with SEN are still not sufficiently met within school settings. Lithari and Rogers (2016) argue that this may negatively impact the construction of their identity and their academic performance. Therefore, according to Bath (2013), to fully support the development of children, practitioners should also incorporate ethics of care into their practice.

According to Noddings (2002:10), ethics of care is a normative ethical theory, which could be characterised by one rule 'never deliberately inflict pain'. Thus, it requires practitioners to reflect on their practice and on the discourses of childhood that inform it to identify potential areas of improvement. Ethical practitioners should value the promotion of diversity and difference within the classroom and consequently be able to make adjustments to their teaching practices in order to meet the needs of all children, typically/atypically developing. Moreover, Callan (2014) argues that ethics of care also ask professionals to be sensitive to children's sociocultural experiences, as this will allow professionals to best understand the child and their needs and thus support their development. According to Bath (2013), an example of a care-full practice is listening to children and their parents as the child's parent/s, or care giver/s, are likely to be the primary source of insight into the child's sociocultural experiences. The concept of listening to children emerges from Article 12 of the Convention on the Rights of the Child (UNCRC,1989). However, Bath (2013) argues that the concept of listening will best inform the practice of professionals when it will be seen as an ethical practice and not only as a legal requirement.

Indeed, a growing body of literature on the perspectives of parents of children with SEN suggests that the importance of their opinions has been recognised within school settings (Lindsay et. al., 2016; Lithari and Rogers, 2017). According to Lindsay et al. (2016), this increased interest in the opinions of parents is a consequence of a plethora of evidence that parental involvement not only has a beneficial impact on a child's educational achievement and appropriateness of provision but also their involvement in decision making has been recognised as their parental right. From an ethics of care point of view, parents' perspectives should be listened to as professionals may be considered experts on a child's learning and development, however, it is parents who are experts on the life of their child (DCSF, 2007). Thus, practitioners should aim to build a mutual relationship with parents, so they can work in a partnership to successfully meet the needs of the child and support their development, although the concept of listening to children and their parents can only be seen as a care-full practice if it is understood and implemented effectively.

One of the hazards of listening to children and their parents is listening that is not followed by any action, which can be referred to as tokenistic listening (Bath, 2013). Evidence suggests that tokenistic listening is a prevalent practice within many educational settings (Lithari and Rogers, 2017). For example, a study conducted by Lithari and Rogers (2017) revealed that despite several conversations between a school and a parent about the educational performance of a girl called Emma, the school did not offer any support as they believed, even with the evident learning difficulties, she could not be classified as severely under-performing. Another example of tokenistic listening within schoolsettings is from Bath's study (2013), which elucidated that parents stated that the transition from primary to secondary school for children with SEN was conducted carelessly. A similar research study conducted three years later (Lithari and Rogers, 2017) revealed the same parental concerns, which suggest that very little had been done to change things for the better. Thus, the above examples, highlight that not all educational settings apply the concept of listening to their practice successfully, which may undeniably impact children's development but also the trustworthiness of practitioners and the willingness of parents to provide any information on the sociocultural experiences of the child.

Sociocultural experiences and cultural capital

Sociocultural experiences of children have been the subject of many classic studies on child development. Many of these studies were inspired by the work of a sociologist, Pierre Bourdieu, who introduced the concept of cultural capital (Alanen et al., 2015). This concept is characterised by three main principles: field, which relates to physical and non-physical spaces where one socialises; habitus, which is a set of rules and norms expected within a particular field; and capital, which relates to a value afforded to an individual for successful implementation of habitus within that specific field (Bourdieu, 1986). According to Bourdieu's theory, children acquire habitus through early experiences within a primary field, which is family. It is then, expressed in a child's behavioural style through verbal and non-verbal communication, values, and aspirations among others (Swartz, 1997). However, habitus differs from field to field, thus children are expected to learn and exhibit norms specific to a particular field. Therefore, the more similar the habitus of a certain field is to the one the child learnt at home, the easier it is to adjust to that new field and consequently attain higher capital. Therefore, this suggests that children, whose home habitus mirrors the one from school are inevitably favoured. However, evidence suggests that this is not the only factor that impacts the social inequality within school settings.

According to Edgerton and Roberts (2014), a school's habitus is concentrated on achievement and meeting educational targets designed to suit typically developing children's abilities. This suggests that schools may perpetuate social inequality in that they privilege the children who develop according to the norm, for example, a study conducted by Lindsay et al. (2015) revealed that the parents of a boy with SEN in year three were concerned about his educational achievement as he was 'falling behind' in reading and writing. Banda et al. (2012) argue that school habitus is designed in a way that favours not only the abilities but also the behaviours of typically developing children as within this field, behaviours characteristic of children with ASD (e.g., vocalisation and stimming) are not being tolerated and valued as they are recognised as disruptive to the classroom. An example of effective inclusive practice can be seen in a study conducted by Harris (2014), which demonstrates that some schools do transition from exclusive to inclusive practices, where diversity is the 'norm' and an inclusive habitus is reflected. Harris (2014) uses the example of a secondary school, located in New Zealand, which implemented inclusive practices that were followed by changes in the language that teachers used when referring to children with special educational needs. All documents were rewritten, and teachers were provided with training on how to change their practices and the way they communicated with pupils to show that diversity was a strength and a reason for celebration. Within this school setting, staff were advised to start asking 'how able' instead of 'how disabled' the child is. Moreover, children were praised more often, which put the attention on what children with SEN could do rather than on things that they could not. Thus, the above example elucidates that re-designing the habitus of a field (school) requires changes within the language, teaching practices and ideas on what is typical/atypical. In a study conducted by Howard et al. (2021) a similar attitude was exhibited by Debbie, SEN coordinator in a secondary school in England, who said "what the children with autism can achieve needs to be recognised and valued" (Howard et al., 2021: 443).

Reflecting on care-full practices and school habitus

Inclusive practices and ethics of care strongly correlated with Bourdieu's theory of cultural capital. Schools should recognise and acknowledge the diversity of children's experiences, abilities, and home contexts and provide them with equal opportunities as children do not necessarily fit the norm; that is the field of the school and the habitus of the majority. I believe that the inclusiveness of educational settings relies on the successful incorporation of ethics of care and Bath's concept of listening into practice. According to Callan (2014), ethical teachers should always take into consideration all aspects of a child's life when making any decisions that may directly or indirectly impact their development. Therefore, they should work in a close partnership with parents, who can positively inform provisions created to support their child's development. Through the implementation of listening into practice, teachers will be able to make informed decisions about the child's development as information provided by parents will allow teachers to create a full socio-cultural profile of the child.

The cultural capital theory allows us to see that the habitus of many schools is concentrated on achievement and reaching targets that are designed to suit the abilities of typically developing children. However, ethics of care requires professionals to question what is considered typical. In doing so, this knowledge will allow them to look at a child's development as something that is unique and that we should value all children regardless of their educational needs and educational achievements. This will allow schools to celebrate and appreciate the things that children with SEN can do rather than highlight the things that they cannot. Moreover, as mentioned above, schools should critically apply cultural capital theory into their practice, in order to avoid persistent educational inequality. Thus, schools should readjust their habitus to fit the development of children with SEN. This will consequently change teachers' expectations towards children's achievements and behaviours and will allow schools to look at a child's development as something unique rather than typical/atypical. Lastly, this will allow all children to obtain equal capital regardless of their educational needs. Thus, this suggests that there is a strong correlation between ethics of care and cultural capital, as both theories implement each other and support the ethical practice of an educator.

Ethical practice requires professionals to question what is considered typical therefore. However, the application of ethics of care into practice is not always an easy process as it can create many challenges for professionals, as practitioners working with children face many demands, which can very often interfere with ethical practice (Callan, 2014). As mentioned above, professionals are expected to follow school policies and meet educational targets but also assure that parents are satisfied with provisions created to support their child's development. Therefore, applying ethics of care into practice may be problematic and, in some cases, may be impossible.

For example, some parents may be concerned that the behaviour of a child with SEN in the classroom can have a disruptive impact on their child's learning and development. Moreover, ethics of care requires teachers to always make decisions in the best interest of the child. Thus, it asks professionals to consider what impact a child with special educational needs has on the educational achievement of others. It also requires them to consider whether concentrating on educational achievement over the celebration of diversity within the classroom is an example of ethical practice.

Conclusion

To conclude, professionals working with children with SEN have an enormous influence on their development and learning. Therefore, to successfully support their development, teachers should implement ethics of care into their practice. According to this concept, professionals should cooperate with and listen to parents and their children as it can provide them with insight into a child's sociocultural experiences. Moreover, ethics of care requires schools and professionals to reflect on their own opinions and beliefs on 'normality', which will support the critical incorporation of Bourdieu's concept of cultural capital into their teaching practices. This theory suggests that not all schools value what is considered atypical, which is one of the reasons for educational inequality. Therefore, schools should readjust their habitus which will allow children with SEN to obtain higher capital. Moreover, schools should change the language they use when referring to SEN, as currently, many schools focus on disabilities and not the abilities of children with SEN. Lastly, learning about the ethics of care and having an opportunity to observe it in practice had a significant influence on my professional development. I started to question my own beliefs and values that inform my practice as an SEN teaching assistant. I learnt that I always need to be sensitive to the sociocultural experiences of the child and work in a close partnership with parents, whose perspectives can significantly inform my teaching approaches.

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