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Young children shaping interprofessional practice in early years settings: towards a conceptual framework for understanding experiences and participation

Learning, Culture and Social Interaction

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Abstract

The value of interprofessional service provision for children and families has had widespread support internationally. However, researchers have called for greater focus on service users' experiences to inform future development. Nonetheless, young children's experiences of such practice in early years settings are under researched. Drawing on findings from a study of interprofessional practice from the perspectives of five young children with additional needs, this article suggests a theoretical and methodological conceptual framework as a guide to understanding how children participate in and shape integrated service provision.

The stance is framed by social practice theory, whereby our everyday practice draws on, challenges and is constrained by history, context and relationships. Shotter's (2008) work revealing meaning-making in conversational exchanges and Dreier's conceptualisation of trajectories of participation (2003; 2008) guided the analyses of

digital video recordings of children's participation in interprofessional practice in early years settings. Findings showed young children shaping the nature of provision. The theoretical constructs and methods revealed the otherwise hidden dialogic nature of interprofessional practice, highlighting children's influence on elements of fine-grained expert practice. Careful attention to children's perspectives, revealed through analysis of their multimodal voices, contributes to settings' capacity for planning, modifying and evaluating effective integrated working.

Keywords

Interprofessional practice; principles; early years education and care; young children's participation

1. Introduction

1.1 Interprofessional practice (IP) in children's services has been on the agenda now for some considerable time internationally (Wong & Sumsion, 2013). Interprofessional practice (also referred to as collaborative and/or integrated practice), brings together the expertise of a wide range of professionals in early childhood education and care (ECEC) settings, and is especially important for responding appropriately to the needs of, and supporting the best outcomes for, children and families who are facing multiple and complex challenges, which might include disability. In England for example, progress was made in service design and structural arrangements of integrated early childhood services, particularly during the first decade of the twenty-first century. Sure Start Children's Centres, for example, were tasked with ensuring that early childhood services in their local area were made available in an integrated manner, often co-located in a one-stop, information, health, care and education services hub for families with children from pregnancy to age five-years (House of Commons Education Committee 2013). Likewise, in Australia, integrated service delivery is one of four

key focus areas of the Council of Australian Governments' National Partnership Agreement on Early Childhood Education and Care (Allen Consulting Group, 2011; Wong et al. 2012). However, research into interprofessional work in early years settings *other* than children's centres has been limited. More limited still has been the research into young children's experiences and the ways in which they participate in provision incorporating interventions and guidance from various services and professions (Wong & Sumsion, 2013).

1.2 Researchers have called for greater focus on the experiences of service users in relation to interprofessional practice to inform its future development (Anning *et al.*, 2006; Freeth *et al.*, 2002; Tucker *et al.*, 1999; Wong & Sumsion, 2013), addressed partially by Bertram *et al.*, (2002), and to a greater extent by Aubrey and Dahl (2006), Broadhead *et al.* (2008) and Kellett, 2011. The evaluation of 29 pilot Early Excellence Centres (forerunners of Children's Centres) in England by Bertram *et al.*, (2002) reported on the impact of the services on young children and their families, rather than their experiences, reporting gains for children including enhanced social competence, cognitive development and early remediation of special needs (Bertram et al., 2002. p.1). They also noted positive impacts on the training, competence and confidence of practitioners. Aubrey and Dahl's study (2006) with children aged between five and eleven years showed that children held valid and sophisticated views and information to share with regard to their experiences of services. Broadhead *et al.*'s study (2008) addressed the role of early years staff in day-to-day practice in one Children's Centre in the north of England, incorporating the voices of families using the services. It showed how a centre imbued with community-led aspirations can alter the lives of families. In relation to the ways in which interprofessional practice is experienced by young children, research reported in Payler *et al.* (2008) suggests that separate and distinct discourses operate with regard to 'therapy' and 'play' during the routine daily implementation of therapeutic inputs in early years settings, potentially influencing children's participation and learning.

1.3 This paper discusses theoretical concepts and research methods useful in understanding the participation of young children with additional needs, drawing on exemplar findings from a small-scale study. The study involved children aged three to four years who had been identified as having additional needs requiring the intervention of more than one agency or children's services' professional. Most of the children's verbal language was still in an emergent form and the children had been referred for speech and language therapy. The research question addressed here is:

How do children experience and participate in aspects of interprofessional practice in early years settings in England?

However, while the study used for exemplification was based in England, this paper's unique contribution is to suggest a conceptual framework for interprofessional practice research that extends beyond geographic boundaries. It outlines a theoretical and methodological approach to scrutinise the complex nature of social practice at the point at which IP interventions are implemented on a daily basis between young children and early years practitioners. The aim of the framework, then, is to suggest a way of attending to how young children respond to, participate in and contribute to IP, thus making it possible for practice to be scrutinised and to unravel how good practice can happen.

2. Policy and research context

2.1 It is possible to identify different strands of policy motivating research into children's perspectives of interprofessional practice. Human capital policy (Heckman & Carneiro, 2003) looks for research evidence to demonstrate that investment in any kind of initiative in the early years is effective in producing some kind of later gain (as exemplified in Bertram et al., 2002, above). Research into interprofessional practice motivated by this policy will be

designed to demonstrate that investment in special or targeted provision in the early years which involves interprofessional practice is associated with a decrease in later costs to the state, and in particular a reduction in the 'financial burden' that 'special education services place on municipal budgets' (Layton, 2015, reporting on Muschkin, Ladd and Dodge, 2015). Finding out from the child on the receiving end of interprofessional practice - consulting the end-user - could therefore be interpreted as leading to more efficient and effective use of intervention funds.

2.2 Research into children's perspectives is also motivated by very different considerations concerning the extent to which services are meeting children's rights. According to the United Nations Convention on the Rights of the Child (UNCRC) children have the right to have their views respected (Article 12) and to freedom of expression (Article 13) and these rights apply to all children (Article 2: United Nations, 1989). Signing up to the UNCRC means countries commit to upholding all 54 articles and Article 4 states that Governments' responsibility to implement children's rights under the Convention may involve legislative, administrative and other measures, although it is up to individual countries to decide how best to implement the UNCRC. In England and Wales, for example, the Children Act of 1989 and subsequent policy and legislation reflected the three interlinked aspects of the UNCRC: provision, protection and participation (see DCSF, 2010), and it is the latter which promotes children's involvement in decision-making through expression of their own views. There is therefore not only a moral but also a legal obligation (Lundy, 2005:939) to take account of a child's wishes and feelings in decisions that affect them. This has led to the development of techniques and processes for building relational interaction with children (Nind and Hewett, 2006), for consulting children about their environment (Clark and Moss, 2012), to involve them in research (Kellett, 2010), to comment on services and support (Aubery & Dahl, 2006) and to help schools incorporate consultation with disabled children into their programmes (Porter *et al.*, 2008; Porter *et al.*, 2010).

2.3 In practice this means that children should be consulted about adjustments that education professionals make to the curriculum and the environment with the aim of offering equality of opportunity (Lundy, 2005, p.928). In order to be able to do this, children need to be able to communicate their views on such adjustments and professionals need to be willing to listen and able to apprehend these views. The Mosaic Approach, developed by Clark and Moss, is a widely used multi-method and multi-perspective framework for collecting and reviewing data about what it is like to be a child in a particular place. The approach was originally devised as a research tool to include the voice of the child in the evaluation of a multiagency network of services for children and families (Clark and Moss, 2001), and then extended to consult young children about their outdoor environment (Clark and Moss, 2005). Theoretically it draws on the Reggio Emilia concepts of the strong and competent child communicating in a 'hundred languages' and on a pedagogy of listening (Clark and Moss 2001:5). Multi-method participatory approaches have since been adopted by practitioners to help preschool children, both with and without disabilities, to explore what they do and do not like (Gray & Winter, 2011) and start to develop self-advocacy skills early (Kleinert, Harrison, Fisher & Kleinert, 2010). However, to become effective self-advocates, children must also understand the *necessity* to communicate with others their views, on how and when their needs might be met and by whom - and what strategies and supports might help them to overcome difficulties (Georgeson *et al.* 2014).

2.4 Article 12 of the UNCRC is often cited in initiatives to promote children's voice but can be difficult to interpret in context and in conjunction with other rights (Bae, 2010; Lundy, 2007, p.928). Because Article 12 refers to "the child who is capable of forming his or her own views", this can be interpreted as suggesting that there are limits to the applicability of this right, which would contradict Article 2 by potentially discriminating against very young children or children with moderate or severe learning difficulties. Approaches such as the Mosaic approach, which rely on adults and children making meaning together, become more

challenging with very young children and children with limited verbal communication, particularly those who have yet to develop a sense of self, or theory of mind. Research suggests, however, that young children with limited language need not be excluded from decision-making; the body language of even premature babies can offer insights into preferences and dissatisfactions (Alderson *et al.*, 2005; Bae, 2010). Appreciation of the many different communicative channels available to young children with disabilities is not straightforward, though; often only those closest to them can 'hear' their voices. Below, we demonstrate how the work of Shotter and Drier can help to shed light on how this sensitive skilled practice happens.

3. Theoretical stance

3.1 Research into interprofessional practice can also be motivated by the insights it offers into broader pedagogical concerns, notably how people work together to support learning and development. Several different layers of interwoven influence contribute to shaping the extent to, and the ways in which, young children and their families are active agents in interprofessional practice. Finding a way to theorise these various influences, all in shifting relationships to each other, is challenging; such theorisation can, however, provide a useful guide to methodology in researching participation.

3.2 While social practice theory (Holland and Lave, 2009) has been helpful in understanding the perspectives of early years practitioners as they reflect on and carry out IP (Payler & Georgeson, 2013a and 2013b) additional theoretical concepts are needed to help understand young children's participation where their communication is less verbal and more physical, through bodily movements. We have found further theoretical approaches within the sociocultural paradigm helpful in researching young children's participation in interprofessional practice. In particular, John Shotter's work on 'conversational realities' and bodily activities (Shotter, 2008) and Ole Dreier's work on trajectories of participation (Dreier

1999, 2003, 2008) provide refreshing conceptualisations for investigating and understanding the ways in which young children with additional needs participate in and influence provision.

3.3 Shotter, drawing on Bakhtin and Garfinkel, explains how shared understandings are developed or negotiated over time in ongoing conversational exchanges (2008, p.1), which form the basis of relationships. He argues that the process of understanding is not simply a matter of transmitting and receiving information, but rather is a process of responding to and anticipating each other's verbal and bodily reactions to negotiate a shared understanding over time (Shotter 2008, p.8). In this ongoing conversation, verbal exchange is only one part of the complex whole that constitutes interaction: '*Merely linguistic versions of social constructionism...fail to emphasize the role of our spontaneously expressed bodily responses to events occurring around us*' (Shotter 2008, p.89). Instead, Shotter argues for a focus on spontaneous, unique events enacted bodily (2008, p.iv). He argues that such unique events are shaped by social influences, but that each individual engages in co-creation of unique events by their 'spontaneous, unthought out, living bodily responses' (2008, p.vi). Shotter proposes that people participate through:

Spontaneous, expressive-responsivity: '*the fluid back and forth flow of living, interdependent activity – activity that is always inseparably intertwined, as in an ecology, in with all the other activities occurring in its surroundings*' (2008, p.vi). Much of this is unconscious response, not based on conscious rationalising, but on bodily, relational responses.

3.4 People check, test, challenge and reformulate to arrive at a shared understanding. It is this responsive, talk-intertwined interaction, transitory but gradually constructing understanding that Shotter (2008) suggests requires a fuller portrayal. He argues that our ability to draw on the detail of what is going on around us and our embodied responses to that detail are underestimated in many portrayals of human interaction. It is our '**contingent**

action guiding feelings’ (or ‘embodied feelings’) (Shotter, 2008, p. 12) on which our interaction is based that should be described. These concepts are a helpful guide to unpicking what Shotter describes as:

Relationally-responsive forms of understanding: arrived at through attention to the ‘*crucially contingent “replies”*’ and subsequent actions between people, ‘*coming to a unique, never before encountered understanding within such an exchange*’ (Shotter, 2008, p.vii). Although he emphasises the bodily aspects of these dialogic exchanges, he notes that they are ‘*talk-entwined*’ (Shotter, 2008, p.vii).

3.5 Shotter’s work helps us to know where to place our research focus and offers a way towards understanding the power of very young children’s bodily participation, even where their verbal language may still be emerging. It also helps towards making sense of practitioners’ skill in guiding, supporting and interpreting with and for young children. Although this paper focuses most clearly on the children’s participation, the role of practitioners is inevitably part of the story in sustaining, mediating, interpreting and facilitating children’s participation in activities designed through IP. Thus, the relationally-responsive nature of participation, interaction and understanding is apparent. In our analysis we have drawn on three constructs to reflect on and delineate what strategies children use in participation and what makes expert practice as it is:

1. Shared understandings developed over time in ongoing conversation;
2. Spontaneous, expressive-responsivity;
3. Contingent action guiding feelings.

Dreier’s work adds to our guiding framework by explaining how these separate ‘instances’ identified by Shotter contribute to learning over time (2003). Dreier explains the ways in which people participate in different contexts, with distinct agency shaped by the constraints and affordances in each (personal action potency), and how learning takes place in people’s

trajectories of participation between these different contexts. This is of particular relevance where 'contexts' include the different approaches and discourses brought into the arena of activities developed as part of IP.

4. Methods

4.1 Case studies were carried out in five English early years settings (day nurseries, preschools and children's centre) rated as 'outstanding', the highest rating under the English inspection regime, Ofsted. Each setting had practitioners with similar qualifications. Each of the case studies focused on one child (aged three or four years) whom the setting had identified as in receipt of support from other services for special educational needs. Methods used incorporated observation (eight days), sixteen audio-recorded interviews (435 minutes in total) with six graduate leaders, five practitioners and five parents, and video recordings following the children during routine practice (in total 510 minutes during 8 days over a three month period). Practitioners and, where possible, parents were consulted during and after filming to assist with the interpretation of children's responses. Documentation (including early years setting information brochures and children's Individual Education Plans) was also consulted to provide further contextual data on the settings and the way in which practitioners interpreted and recorded planned interventions.

4.2 The methods of analysis were initially guided by the theoretical constructs noted above. These methods were used in the selection of episodes from the logged video and interview data, which were apparent as 'critical moments' (Byrne-Armstrong *et al.*, 2001; Coffey & Atkinson, 1996; Thomson *et al.*, 2002). The term 'critical moments' is used in various ways to describe pivotal times in the research process or in the lives of 'researched' subjects, and we use the term in a similar way to describe our own 'noteworthy' moments during data collection or analysis. The critical moments included children's participation in routine and 'intervention' activities, although these were often intertwined into daily early years activities. Episodes were then examined in detail, paying attention to verbal/vocalised and bodily

features of interaction as well as emotional responses revealed in facial expression, voice and body. Interpretations of the episodes were contextualised by reference to the child's patterns of participation at home, their interests, ways of participating in family life, responses to discussions about their early years experiences, drawn from interviews with parents. The research design was thus akin to 'facet methodology', crafted to shine light from the facets on everyday practice of interprofessional working (Mason, 2011).

4.3 Examination of bodily interaction was influenced by features of Laban Movement Analysis, although it did not follow the method in detail. The approach (see for example Penfield, 2005 for an outline) has been widely used in drama, dance, and in the USA in non-verbal communication and somatic studies. It involves attention to the following elements, although it should be noted that all are interconnected:

- Body (e.g. which parts are moving, relationship to other parts, initiation, sequencing)
- Effort (e.g. strength of movement, speed, flow, directness)
- Shape (e.g. integrating other categories into meaningful movement: flow, spoke-like)
- Space (e.g. spatial intention through direction or pointing).

In this study, the elements guided attention to aspects of bodily response and were used to structure the analysis. The analysis highlighted a range in emphasis in communication along a continuum from largely vocal to largely bodily. Although the analysis, and hence the reported findings below, are organised around the theoretical concepts listed 1-3 above and reflect differing emphases on vocal and bodily communication, they are fluid distinctions, showing shades of emphasis rather than concrete differences. Together, the theoretical and methodological concepts can be drawn on to provide guiding principles.

4.4 Ethics

Ethical issues were addressed following ethical guidelines of the University of Winchester and the British Educational Research Association (2011). Informed consent was obtained

from all participants; parental consent was used as a proxy for the children, but with sensitivity maintained (Dockett, Einarsdottir & Perry, 2009) with regard to each child's signs of willingness to be videoed (e.g. in one case filming was quickly abandoned when an unwell child appeared sensitive to the extra attention). All names of participants and places are pseudonyms. Video stills are used in the presentation of data analysis, but as automated sketches to conceal the identity of participants.

5. Findings and discussion

5.1 Shared understandings developed over time in ongoing conversation

Vocal / bodily – Jenny

Jenny was a four-year-old girl who had a brain malformation that affected her general development with delayed speech and language and mobility difficulties. She attended a Sure Start children's centre, which provided full and sessional day care and education with integrated health and social work services co-located or visiting regularly. Her difficulties had been known from birth. Consequently, assessments and support from the health service involving a paediatrician, physiotherapy, speech and language therapist and occupational therapy were already in place by the time she started at the setting at age three-years.

Her development is slow probably in all areas, but she is progressing at a relatively rapid rate for her...She doesn't have any behavioural problems...Her sight is quite limited in some areas, movement of the eyes, but it's getting better all the time though since they started monitoring her eyes. (Jenny's mother)

Jenny's mother said that Jenny particularly benefitted from being in an environment with typically developing children.

She does really enjoy it and she's getting more and more confident all the time and she's talking more. At home she talks all the time...In a group environment she [used

to] struggle a bit, she's getting much more confident all the time and more independent, she loves it. It's great. She really thrives on being around other children who are – dare I say, normal – I hate using the word normal, but just in the normal environment, she does do well. (Jenny's mother)

At home, Jenny participated in a variety of activities and therapy with her family outside pre-school including swimming, horse riding and physiotherapy on alternate weeks.

She loves helping, being part of being at home... Loves cooking, being involved, all the things a normal little girl would like to do, we try to adapt it to work for Jenny, (Jenny's mother)

According to her mother, Jenny was aware of why physiotherapy was necessary, understood that it would help her development and was a willing participant. *'She does it because she wants to; she really wants to do it'* (Jenny's mother).

Jenny used verbal and bodily means to indicate her preferences. She was clear in indicating her views about who should be involved in looking after her at the setting.

The only thing she ever expresses is she's very particular about who looks after her. She knows she has someone with her... On the way to school every day she asks me - she says that she wants to be with B or A. (Jenny's mother)

All children in the setting were allocated a key-person (a member of staff with responsibilities to help them feel safe and cared for), but Jenny had been instrumental in selecting an additional key person.

I think that A wasn't the key person choice on paper when we started...[Jenny] used to come in and ask for [A] and now we've just shuffled it so that A does have her one of the times she's here. (Jenny's mother)

Jenny used bodily means to reinforce her choices. For example during a free play session with other children guided by her main key person, Jenny crawled over to her 'chosen' key person, ensuring that she could spend time with her, although that member of staff was supervising another activity at the time.

Jenny also used pacing (slowing and stopping at key moments), vocalisation (questioning), gesture (pointing) and facial expressions of interest and intent to shape the therapeutic walk (a target set by the physiotherapist) across the setting from one playroom to the next with her key person into an engaging social and conversational event (Figure 1).

(Figure 1 about here: Jenny shaping a 'physiotherapy target' episode)

Some [targets] can be more difficult to fit in than others but I think the majority of the targets, where the nursery is free flow, it's quite easy to add it in to everyday life and the routine of Jenny's day... it's usually something that she's interested in – just get her to try to decide which one so that's quite a big one for Jenny at the moment (Jenny's key person).

Jenny's mother felt confident in having clearly identified people she could approach with any query. The only slight difficulty had been in a delay initially in establishing speech and language therapy owing to unavailability of a therapist, but that had since been rectified. Jenny's mother felt that the services for children with additional needs in the city and in the setting were well organised.

They've been great here. I think what makes it great is because they really seem to like having Jenny here and, as a parent, that is great because you have enough in your life thinking my child is different, you know, I hope people can see the good qualities in her that I can see. (Jenny's mother)

Jenny made full use of her communicative capacity, bodily and vocally, to participate in and shape the ways in which she experienced her integrated early years provision. The responsiveness of practitioners helped to enable that participation.

5.2 Spontaneous, expressive-responsivity

Bodily / Vocal – Daniel

When Daniel started pre-school, his mother was aware of indications that he may not be developing typically, but hoped that attending pre-school would help to promote his development. She raised her concerns with pre-school practitioners.

We gradually noticed the lack of language, repetitive type behaviours and inability to cope when things didn't go as he expects them to (Daniel's mother).

Daniel's interests at home were described as a preference for doodling, colouring in, playing on the computer and listening to music videos. Daniel had shown similar preferences at pre-school and his key person (also the setting's special needs co-ordinator) had been able to use his preferences to help him to gradually take part in other pre-school activities. The key person explained how she responded to and continuously adjusted her responses to Daniel to enable and extend his development in a tailored manner, using fine adjustments and minute shifts in practice to edge his progress forwards. To begin with, Daniel communicated in a limited way at the setting and showing signs of distress if unable to cope with the activities or interaction.

He spent the first month just picking things up, turning them over and putting them down. There was no communication, no eye contact and he would get stressed and curl up in a ball. (Key person)

However, by making small steps towards gentle communication with Daniel, his key person helped him to respond and begin to make choices.

Later he would give some eye contact. I would get down to his level and rub his cheek to get him back to me - ask him if he'd like a snack. We'd show him the jug of milk or water and we would put something in...It would be - turn away if he didn't want it. (Key person)

Daniel's spontaneous, apparently 'unthought out' bodily responses to the situations in which he found himself provided part of the flow of 'conversational' reality between him and the early years setting, mediated by his key person and easing his increased use of verbal as well as bodily dialogue. His key person described how, by using her knowledge of him and careful judgement, she had helped him to gradually take a peripheral part in the daily routines with the whole group. This exemplifies how Daniel's experiences of and responses to expectations placed upon him helped his key person to gauge how to make the best use of interprofessional practice for Daniel: she tempered advice given by other professionals (in this case from a peripatetic early years advisory teacher) to fit with her sensitivity to his responses.

He stands outside the circle and [does the days of the week song]. He does gestures but not in circle. EYAT says I should be more structured with him and tell him to come and sit down but maybe I know him better. I feel if I tried to make him sit down...[indicated it would be too much] - before he would just go off and play with anything, but now he will sit down behind another child nearby and do 'days of the week'. I felt that it worked for him...That is such a big step from a child who would put his hands over his ears when he first came in and would sit and draw but not be aware, but to now sit happily outside the circle of up to 26 children and be aware (Key person)

This in turn was used to guide other staff as to how Daniel could best be supported in participating at his own pace: Figure 2 shows other staff in the setting implementing the key person's approach and, again, Daniel helping to shape their responses through his actions.

(Figure 2 about here: Staff and Daniel negotiate how he participates in whole group singing)

His developing relationship with his key person, her mediation and the speech therapy he had (which his key person also attended) were all contributing to enabling him to participate more fully and make greater use of verbal communication. Gradually, he had begun to interact more and his key person's sensitive responses helped to ensure that progress was effective and at his pace, helping to build his trust and motivation to communicate. She acted as a broker to his communication with other children.

I've seen him go up to a child and look at what that child has in his hand and then he'll come up to me and drag me to the child and I'm so excited about this. Daniel is not giving that child any eye contact, but child gave the toy to Daniel and he had a great big smile on his face. That made Daniel happy, made the child happy and made me ecstatic as that's the first step to communication with that child (Key person)

Figure 3 illustrates Daniel's growing communicative competence within this supportive environment and the key person's role in facilitating his interest in and interaction with others.

(Figure 3 about here: Daniel's growing communicative competence. Key person interpreting his intentions for practitioner)

This is a strong example of the child and key person developing a relationally responsive form of understanding, which was contributing to the child's progress and development. Daniel's negotiated participation at preschool within the opportunities and constraints afforded, was showing in his trajectories across other contexts. His mother described how his confidence and his interaction with others had increased since beginning preschool.

His vocabulary and his talking are coming on leaps and bounds... I've seen him open up to other children in the playground. He's been more aware of how he can relate to other people. And things that he does at nursery with [key person], he's come home and done. (Daniel's mother)

5.3 Contingent action guiding feelings

Bodily (vocal) - Andrew

Andrew had very little verbal language and participated almost wholly bodily. Through his bodily communication, he made a distinct and influential contribution to the way in which interprofessional practice was enacted.

Andrew had started at the early years preschool without any identified additional needs. Practitioners quickly raised concerns with the manager, however, about his development and the manager carried out observations and approached the parents to suggest that further advice should be sought. Andrew was assessed by a peripatetic early years advisory teacher, an application for additional funding to support provision for him was submitted and his parents were advised to consult their family doctor. By the time of the study, Andrew was undergoing investigation for being on the autistic spectrum, had been allocated funding for speech therapy and for one-to-one support from an experienced key person with special needs training.

Andrew's key person set targets for his Individual Education Plan that she considered to be the next achievable steps to work towards, based on her own work with Andrew and the input of the speech therapist and early years advisory teacher. Working one-to-one at an adult-directed activity for two to three minutes during two sessions a week was one of his key targets. She used her knowledge of his interests and his preferred ways of playing to encourage him to take part. But Andrew clearly communicated his reactions and preferences with regard to this and other aspects of daily life in the early years setting, and although he verbalised little, his bodily and emotional responses guided his key person. She accommodated his preferences as far as possible whilst still attempting to help him to participate in the pre-school community.

Video episode: IEP target of one-to-one adult directed task

[Key person] sits Andrew at a small table facing the wall to minimise visual distractions and kneels beside him, leaning her body in towards him. She offers him a crayon and indicates that he should make marks on the paper in front of him. He vocalises and points with outstretched arm to the box of construction on the table that he would prefer to do. She says, 'Crayon first. Yes, crayon first'. He shakes his head and vocalises in high pitched voice, indicating the box vigorously. She says 'Just one' and passes him a piece of construction from the box. She directs him back to the paper and says, 'Put some crayon on here first', indicating the circle sketched on the paper. She removes the construction box and Andrew becomes increasingly agitated, standing up to see it. He struggles to reach it and she gently helps him back into his seat. 'Crayon first. Come on, sit down.' He sits down and turns back to the crayoning briefly. The Key person demonstrates drawing round pieces of construction. Andrew removes them from the paper and sounds agitated. He stands up indicating the box of construction. She can see his agitation and asks 'Want some more? Sit down then and I'll get them.' She passes the box to him and he sorts

through it. He throws the crayons back into the box. She tries to turn it into a game, saying 'bang bang bang' as she makes marks on the paper. He continues to turn away from the crayons until she decides to remove the paper and offer him the box of construction. He settles to animatedly sorting through the box. She joins in, taking some items out onto the desk, then removes the box. Andrew ends the one to one session by taking himself under the table.

(Figure 4 about here: Andrew shaping a 'one-to-one adult directed task' target)

Andrew's bodily tension, effort, use of space and finally bodily withdrawal from the episode shaped the way in which the intervention was enacted (see Figure 4). His key person made fine judgements, herself using physical markers and responses to his emotional state as well as his actions, about when and how far to physically negotiate each point.

I don't want to go too far too soon. He doesn't greet us with hello and he's not ready to sit for register, not ready to sit there yet, but he does say bye-bye. And mum and dad do come back a bit early because once we've got our coats on he can't tolerate sitting on the carpet saying goodbye so I've asked mum and dad to come back about ten past three so he can have his coat on and go. Some days he'll get his coat on at three and stand at the door and shout for daddy because he's really had enough. But he is a lot more aware now...seen great progress in him. (Key person)

The Key Person described how she drew on her reading of Andrew's responses and used fine judgements on a minute by minute basis to tailor her approach to and support for him. The extent to which early years practitioners feel able to act responsively in this manner in IP varies according to the context in which they work, its history of IP engagement and their sense of empowerment amongst their IP colleagues within and outside the setting (Payler and Georgeson 2013a); it is rarely visible in research reports on IP.

I put his bag on the table and get his banana out then I sit there until he says 'open' so sabotage it a little bit so that it does come from him. But it's knowing when to do that. Some days you just know it's not worth going there. You know he just wants his banana and drink and just go. (Andrew's key person)

Researcher: What are you using to make these judgements?

Just my own knowing Andrew, knowing his moods and knowing what works and what doesn't. It's worth trying every time. He'll go up to children and you go up and say give them a toy so it's just knowing him and how far to push him and when to leave alone and know he's had enough. (Andrew's key person)

Andrew's key person described how she edged towards enforcing boundaries as she felt he could cope with them, in this case in relation to sitting still during group time in the music room if he had chosen to join the children in there.

He looks at you. He knows that I say either you sit still or you go out. And it might go to a tantrum, but I think well, you've got to start somewhere with the boundaries. He can't go through school or pre-school just doing what he wants all his life. So put the boundaries in but be very subtle and gentle with it. (Andrew's key person)

6. Conclusions

6.1 Interprofessional practice has long been identified as a service delivery model to which policy makers and service leaders aspire in health, social care and children's services. Yet the voices of service users have featured only minimally in research and development. Less

evident still in research have been the voices of young children involved in interprofessional practice in early years settings. This article foregrounds young children as active participants in the social practice of interprofessional service provision. The theoretical and methodological concepts used identify where to focus attention, to what to attend, how to render active participation visible, and what is of value in examining and understanding the processes of expert interprofessional practice.

6.2 Shotter tells us that instead of seeking patterns and trying to solve problems, we should focus on each unique circumstance and so move towards practical ways of creating pathways together for a way forward through each new situation. Young children are active, effective participants in the processes. Attention to bodily responses, vocalisation and affect reveals how young children shape the ways in which interprofessional practice is enacted. Acknowledging and making visible children's contributions and perspectives allows for a more contingent approach to implementing interprofessional practice strategies, with practitioners acting as the advocates and co-constructors with young children, mediating their participation, rather than 'delivering' or 'doing unto'. Children in this study participated through bodily and vocal negotiation, confrontation, direct action and persuasion.

Relationally responsive understanding across contexts develops between the child, the member of staff closest to the child (usually the child's key person) and the parents, with children acting as strong proponents of their feelings, interests and wishes if their bodily and vocal communication is attended to. Children added to the fund of personal action potency (Dreier, 2003) in the setting, working in partnership with practitioners to shape and tailor interprofessional interventions to their needs. In this study, practitioners' capacity to engage with children's voice and participation was facilitated by situations where the practitioners themselves were treated as equal partners in interprofessional practice alongside other outside professionals, rather than marginalised or their expertise unrecognised.

6.3 The unique contribution of this paper is to provide a theoretical and methodological conceptual framework for research into interprofessional practice with young children. This approach makes visible and explicates the fine-grained dialogic micro-processes at the interface between young children's agency and expert practice in interprofessional provision in the early years. It provides a way of examining two interwoven aspects of early years interprofessional practice:

- examining and taking account of young children's responses to and contributions to shaping interprofessional practice
- surfacing taken-for-granted aspects of 'good' early years professional practice based on contingent responsiveness to children's contributions. Given the history of the early years workforce in England and elsewhere having been regarded as of lower status than other children's services professionals involved in integrated care and education (Bretherton, 2010; Ryan & Whitebook, 2012; Standing Council on School Education and Early Childhood [SCSEEC] 2012; Payler & Georgeson, 2013a and 2013b), it is vital for research, professional development and practice that the contribution of early years practice to integrated provision for young children is clearly analysed and delineated.

With clear investigation, analysis and representation in research findings, early years practitioners will be further empowered to recognise, champion and implement their unique dialogic role in relationship with young children in providing integrated services in collaboration with other professionals.

In conclusion, arising from the theoretical and methodological concepts used in the study, we suggest the following guiding principles towards examining, understanding and learning from young children's participation in interprofessional practice:

1. Attend to the situated, responsive actions of *all* participants;

2. Attend to *affect* and the fine-grained detail of bodily enactments of affect as part of those actions;
3. *Evidence* the vocalised and bodily-expressed cognitive, social, physical and emotional responses of dialogic communication between participants;
4. *Contextualise* and reflect on the evidence through attention to trajectories of participation in and between other contexts; and through attention to others' interpretations of the evidence;
5. Identify shifting, shared *understanding* developed in situ and over time between participants.

Young children's multimodal voices need to be taken into account when planning, modifying and evaluating interprofessional practice. These principles can go some way towards understanding their experiences and participation.

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Figures for 'Young children shaping interprofessional practice in early years settings: towards principles for understanding experiences and participation'

Figure 1: Jenny shaping a 'physiotherapy target' episode

<p>Key person walks with Jenny from play room through the dining hall back towards the pre-school play room.</p> <p>Body: connectedness to walking frame</p> <p>Effort: slow, deliberate</p>
<p>Key person: 'Does J sit on there as well? Yeah? Where does R sit, Jenny? Where does R sit?'</p> <p>Body: movement initiation; head indication of question</p> <p>Effort: pause, deliberate slowing</p>
<p>Jenny points. Key person shuffles along beside Jenny, slowly, no indication of hurrying. He talks with Jenny about her friends and where they sit at lunch time. His voice is quiet and patient. 'I don't know. Sometimes it changes who sits at that table.'</p> <p>Jenny: 'Huh?'</p> <p>'Sometimes it changes who sits at that table'</p>
<p>Jenny points to another place.</p> <p>Key person: 'The babies sit on that table there'</p> <p>Body: movement initiation</p> <p>Effort: deliberate use of effort to indicate direction of attention</p> <p>Space: directional</p>
<p>Jenny 'Huh?' Key person: 'The babies sit on that table there'. She turns to look in interest.</p> <p>Body: cross-lateral; change of movement</p> <p>Shape: arc of attention shift</p>

Jenny continues the conversation about who sits in which places. Key person's tone of voice indicates his friendship role. His posture – stationary – indicates there is no rush to end the conversation. Jenny has as much time as she needs to walk purposefully, but enjoyably and with interest, through the setting.

Body: poised and paused

Effort: direct, strong, sustained

As another member of staff walks through the hall, Jenny initiates conversation with her, pointing at a table and trying to say the name of one of her friends who sits at that table (Jenny: 'Lalalala'). Key person helps to interpret her meaning.

Figure 2: Staff and Daniel negotiate how he participates in whole group singing

<p>Music begins ready for singing. Daniel stops and looks around.</p> <p>Body: still</p> <p>Effort: stopped all movement</p> <p>Space: still body in moving context</p>
<p>Daniel takes himself to edge of group. Staff encourage him to join in, but do not insist on him coming into the group.</p> <p>Body: movement initiation</p> <p>Effort: flow of movement to remove self to chosen position</p> <p>Space: positions self at lower level than others and on periphery</p>
<p>While singing, staff direct their bodies towards him to open the space to him, but do not insist on direct participation</p> <p>Body: stillness; maintained gaze shows direction of attention</p> <p>Effort: maintained still ness</p> <p>Space: Spatial intention; connection across space through body orientation of staff</p>

Figure 3: Daniel's growing communicative competence. Key person interpreting his intentions for practitioner

<p>Practitioner off screen at snack table asks Daniel 'Daniel, do you want a drink of water?' This is repeated.</p> <p>Body: square on to PC; full attention</p> <p>Effort: tension in shoulders indicating attention and poised to act</p>
<p>Daniel responds by waving and saying 'Bye' in an urgent voice. Key person watches from nearby, monitoring the interaction and his responses.</p> <p>Body: orientation; gesture</p> <p>Shape: directs body and gesture across space to speaker off screen</p>
<p>Key person joins him at the computer and talks to him about it</p> <p>Body: square on to PC; full attention</p> <p>Effort: tension in shoulders indicating attention and poised to act</p> <p>Space: KP uses body in space to envelop</p>
<p>The practitioner asks if he would like a biscuit. He responds in a tone of urgency by waving and again saying, 'Bye bye biscuit'. Off screen, practitioner consults with key person about leaving snack out for him. Key person explains that waving 'bye bye' was a very big step and a measure of Daniel's progress.</p> <p>Body: shift in orientation to convey attention; strong use of gesture</p> <p>Effort: sustained intention</p>

Figure 4: Andrew shaping a 'one-to-one adult directed task' target

<p>Andrew's KP sits at a table facing the wall, kneeling beside him and leaning her body towards him. She offers him a crayon and indicates that he should make marks on the paper in front of him. He vocalises and points with outstretched arm to the box of construction on the table that he would prefer to do. She says, 'Crayon first. Yes, crayon first'.</p> <p>Body: turned to direct attention beyond KP Space: spatial intention</p> <p>Effort: sudden, direct</p>
<p>He continues to turn away from the crayons until she decides to remove the paper and offer him the box of construction. He settles to animatedly sorting through the box.</p> <p>Body: movement sequence; movement indicating active attention</p> <p>Effort: sustained</p>
<p>Key person takes some items out, then removes the box. Andrew ends the one to one session by taking himself under the table.</p> <p>Body: movement initiation; curled into small space</p> <p>Effort: sudden, strong</p> <p>Space: contained self under table; removal of self from KP's direction</p>