

Personal action potency: early years practitioners participating in interprofessional practice in early years settings

Jane Katherine Payler^{a*} and Janet Georgeson^b

^a*Interprofessional Studies, University of Winchester, West Hill, Winchester, UK;* ^b*Faculty of Health, Education and Society, Plymouth University, Plymouth, Devon, UK*

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This paper reports on case study research in the UK analysing the participation of early years staff in interprofessional practice to provide effective care and education for children, primarily those with special educational needs. Even though case study staff in different ‘outstanding’ settings had equivalent qualifications and similar years of experience, the ease with which they were able to marshal and deliver effective provision for children requiring input from other services varied depending on a complex set of factors. Social Practice Theory (Holland and Lave 2009) and the concepts of personal action potency in trajectories of participation (Dreier 2002, 2008) shed light on how and why this was the case. The findings indicate that structural arrangements, interpersonal relationships, history and contentions influenced the practitioners’ participation in interprofessional practice, but were not entirely deterministic. Contributing to theoretical development, the paper argues that the potential for interprofessional practice is a shared rather than individual capacity in settings. There is scope for enhancing this capacity through attention to the features identified in the analysis.

Keywords: interprofessional practice; early years practitioners; early years professionals; Social Practice Theory; special educational needs; personal action potency

Introduction

Young children identified as having special educational needs (SENs) benefit from an interprofessional approach to their care and education. Yet the ease with which early years practitioners responsible for their daily care and education are able to provide this varies. In this paper, Social Practice Theory (Holland and Lave 2009) and concepts of personal action potency in trajectories of participation (Dreier 1999, 2002, 2008) are used to analyse how and why early years practitioners and Early Years Professionals¹ (EYPs) in different types of settings in the UK participate in interprofessional practice in different ways. By looking at the resources and constraints that shape possibilities for action when collaborating with other agencies, the paper offers a nuanced perspective of early years interprofessional working as a complex social practice. Although early years staff play a key role in the daily lives of children, the ways in which they work interprofessionally are under-researched and underdeveloped, particularly outside children’s centres. Whereas in other professional sectors the challenges of effective interprofessional working have been increasingly

*Corresponding author. Email: jane.payler@winchester.ac.uk

acknowledged, struggled with, researched and trained for (Reeves et al. 2009), how EYPs are trained and educated to achieve something that professionals in health and social care have evidently found challenging has been left largely unexplored.

Overall, integrated children's services, primarily children's centres, have seen progress in interprofessional working (Broadhead et al. 2008; Edwards et al. 2009; NESS 2006). Early years practitioners, however, report that working in interprofessional teams entails aspects of 'professional self-sacrifice' (Rose 2011, 161), and this demanding role requires support and joint training (McInnes 2007). For an early years workforce historically with low status and still struggling to gain recognition (Anning et al. 2006; Osgood 2012), it can be challenging to articulate and justify their implicit skills, practices and knowledge – knowledge that is less easily mobilised than the kinds of 'scientific' knowledge which informs the practice of higher status colleagues (Thomas and Loxley 2007, 22–46). The need for better understanding of their role by other agencies has been highlighted (Hall 2005), and similar concerns about the marginalisation of early years pedagogy in integrated practice have been raised outside the UK (Wong et al. 2012).

Few studies of interprofessional practice have, however, included staff employed in settings other than children's centres or early excellence centres (Hall 2005 being an exception). This paper reports on case studies compiled from current research comparing interprofessional practice in a range of settings with different histories and arrangements for working with other agencies (Payler and Georgeson 2012).

Theorising EYPs' participation in interprofessional practice in early years settings

The research is framed by Social Practice Theory (Holland and Lave 2009; Packer 2001, 7; Urrieta 2007) and by Dreier's development of this theory (1999, 2002, 2008). Holland and Lave (2009) summarise Social Practice Theory as integrating the study of differences between people, local practices and historically developing struggles around those differences (2009, 1). Social Practice Theory is guided by the belief that in everyday practice we draw on, challenge and are constrained by history, institutional structures, context and relationships. The 'everyday world' is 'historically constituted' and shapes and is shaped by people in practice (Holland and Lave 2009, 2). The social, political and occupational groups and institutional arrangements that people work within have different histories, as do practices, tools and relationships. None are fixed or entirely deterministic, but evolve over time, varying with regard to their resistance to change, their flexibility and responsiveness. Social practice theory incorporates attention to emotion, agency and motivation (Holland and Lave 2009, 5) and the ways in which economics and politics infuse daily practice (Packer 2001). Attention is drawn to tension, conflict and difference, particularly with regard to how historically institutionalised struggles mutually shape and are shaped by 'local contentious practice' (Holland and Lave 2009, 6).

Dreier's (1999, 2002, 2008) further development of Social Practice Theory incorporates the examination of people's subjectivities as they participate in ongoing social practice across trajectories of time, space and different social practice contexts. It offers a way of analysing participation *across* contexts, not in 'isolated acts' but in how the acts are placed in people's personal trajectories. Learning is constantly open to disruption and impermanence. This is not simply a matter of learning in one context and applying in the next. Rather, Dreier points out that

‘social contexts’ are constantly recreated by a particular ‘constellation’ of people particular to that social context in different positions. Different ‘positions’ a person holds in each context may call into question or add to what they have learnt in other contexts. Each context entails finding a way of participating in that context and requires different ‘personal action potencies’ and each carries with it societal arrangements or structures, acting as resources or constraints. Though not ‘all determining’, the societal arrangements or structures do significantly shape individuals’ trajectories. In this way, Dreier’s personal action potency offers a more nuanced understanding of agency:

Notions about an abstract, individual agency must be replaced by a contextual conception of personal modes of participation rendering personal abilities many-sided and variable. (Dreier 2008, 40)

Edwards et al. (2009) contribute to our understanding of agency in interprofessional practice, identifying ‘relational agency’. This is explained as an ‘enhanced version of personal agency’ that can be learnt, but can only occur in organisations that allow ‘expansive forms of practice’ (Edwards et al. 2009, 40). It is something more than the individual practitioner working to seek other professional inputs as resources for children. Rather, it involves working alongside the other professional, each bringing a perspective of the child’s needs to bear and encompassing a new, expanded version of those needs, thus expanding each individual’s perspective of the child/needs – and their joint response. How Dreier’s contribution differs from this is in the way in which personal action potency encompasses agency (even where this is relational and alongside others) *and* the resourcing or constraining properties of context, including other people.

Social Practice Theory and personal action potency in trajectories of participation are highly applicable to understanding the complexity behind interprofessional working for the care and education for young children with SENs. The history behind support in EY settings for young children with SENs is characterised by contentions and, as elsewhere, a struggle between competing agendas of inclusion and raising achievement (Nutbrown and Clough 2006, 2; Wolfendale 2000, 3). Although the avowedly child-centred practices of regular early years provision are well suited for working with children with individual needs (Nutbrown and Clough 2006), there has been a long history of compensatory, preventative and remedial preschool ‘treatment’ for disadvantaged or ‘special’ children where responsibility for the child’s progress was placed in the hands of experts from outside the setting (Nind 2002, 79; Recchia 2008, 67–69; Thomas and Loxley 2007). Furthermore, there is great variation in early years practitioners’ conditions of service and level of qualification, and they work in settings with varying economic status and historically differing purposes. These include for-profit day nurseries historically run as small businesses offering childcare, community-run preschools historically managed by a committee of parents (primarily mothers), as playgroups to fill the gaps in maintained sector provision, and state-funded children’s centres employing a wide range of qualified staff with the purpose of reducing social inequalities and supporting families with young children. Such variations in context shape the social practices of implementing care and education for all children. In addition, all settings must now accommodate economic retrenchment, impact measurement and a changed

political climate in the UK, where a new ‘core purpose’ locates integrated practice in the service of targeted intervention (DfE 2011).

The following concepts, derived from the theoretical framework outlined above, provide the analytic themes to address the question, ‘How do EYPs implement and influence aspects of interprofessional practice with regard to the children with special educational needs?’

- *Situated negotiation in social practice*
- *Historically institutionalised struggle and contentious practices*
- *Personal action potency across social contexts*

These concepts provide a useful way to examine how early years staff work within historically shaped contexts or ‘societal arrangements’ for participation with other professionals to interpret, implement and influence integrated programmes of intervention for children.

The study

Five case studies in early years settings focused on one child (aged three or four years) in each identified by the setting as receiving input from other services for SENs, following Hall (2005). The case study sampling was purposive; settings were chosen to provide information-rich cases and for their potential to offer ‘opportunity to learn’ (Stake 1998, 102). The case study sites were selected to represent different types of early years provision in England. Each had achieved a rating of ‘outstanding’ at inspection and catered for children with additional needs alongside children not identified as having additional needs. They are summarised in Table 1.

The methods used, over a four-month period, incorporated 16 audio-recorded interviews (435 minutes) with six early years graduate leaders (all with a training to achieve Early Years Professional Status, and two with a teaching qualification), five practitioners and five parents, video and ethnographic observations of staff and children in routine practice during nine days (510 minutes recorded) and a review of documents such as Individual Education Plans, excerpts from inclusion support grant application, pre-Common Assessment Framework (CAF) assessment, special educational needs co-ordinator (SENCo) reports and information sheets shared between a preschool, parents and a speech and language therapist (SLT). Similar to Cooper and McIntyre’s (1994) method of informant style interviewing with teachers and pupils soon after observed classroom activity, staff were asked to reflect on their opportunities for interprofessional practice in general terms and with specific regard to the target child so that the complexities of applying structural arrangements to individual cases could be explained. The semi-structured interviews drew on the literature review and theoretical framework as an initial guide and took account of the perspectives of leaders (EYPs) and the practitioners working most closely with the target children, who each had a level 3 early years qualification. This aimed to provide the type of ‘ground-up perspective’ described by Dallı in relation to her research with New Zealand EYPs (Dallı 2008, 174). Parents’ views were also sought. The corpus of data was interrogated for emerging themes and issues in relation to the research question, theoretical concepts and analytic framework referred to above. This was an iterative process; themes were arrived at through a means

Table 1. Summary of case studies.

Case ^a /setting type	Interviewees	Observed case study child ^a
<i>Pack-up preschool^a</i> Pack-away community preschool (alongside a pack-away children's centre) in community centre. Mixed catchment of owner-occupied and privately rented, bordering on area of deprivation. Outstanding setting	● Manager/EYP in training; ● Libby's key person/deputy manager, level 3	<i>Libby^a</i> Speech and language delay Age: 3 years
<i>Garden day nursery^a</i> Independent day nursery. Mixed catchment of owner-occupied and privately rented accommodation. Outstanding setting	● Co-manager/EY's teacher; ● Preschool room leader/SENCo, level 3; ● Robert's mother	<i>Robert^a</i> Hearing impairment Age: 4 years
<i>Chatter community preschool^a</i> Preschool on school site. Mixed catchment of owner-occupied and area of deprivation Outstanding setting	● Manager/EYP; ● Second EYP; ● Daniel's key person, level 3 SENCo; ● Daniel's mother	<i>Daniel^a</i> Speech and language delay Possible autistic spectrum Age: 3 years
<i>Shore community preschool^a</i> 'Inclusive' community-run preschool on school site. Mixed catchment of owner-occupied and area of deprivation. Outstanding setting	● Manager/EYP in training; ● Andrew's key person, level 3 nursery nurse (NNEB); ● Andrew's parents	<i>Andrew^a</i> Speech and language delay Possible autistic spectrum Age: 3 years
<i>Excel children's centre^a</i> 'Inclusive' children's centre combining day care with sessional preschool in area of deprivation. Outstanding setting	● CC teacher/Preschool manager/EYP/SENCo; ● Jenny's^a key person, level 3; ● Jenny's mother	<i>Jenny^a</i> Rare brain malformation Speech and language delay Mobility difficulties Age: 4 years

Notes: CC, children's centre; EY, early years; EYP, Early Years Professional; NNEB, National Nursery Examination Board; SENCo, special educational needs co-ordinator. ^aAll names are pseudonyms.

of data reduction, noting patterns and themes and 'clustering' (Huberman and Miles 1998, 187).

Ethical issues were fully addressed following ethical guidelines of the University of Winchester and the British Educational Research Association (2011). Informed consent was obtained from all participants with parental consent used as a proxy for the children, but with sensitivity maintained (Dockett et al. 2009, 286) with regard to each child's signs of willingness to be videoed (e.g. in one case filming was abandoned when a child, upset on feeling unwell, seemed sensitive to the extra attention). The views of staff closest to the child were sought as a guide to each child's responses. The children's perspectives are reported separately (Payler and Georgeson 2012).

Findings and discussion

The findings are exemplified through extracts from three of the case studies, showing different ways in which history, institutional arrangements and funding of ‘inclusive’ places created a set of resources and constraints which shaped, but did not determine, practitioners’ interprofessional practice (Petriwskyj 2010, 205). The first case is an example of a private day nursery, the second of a community-run preschool, the third of a children’s centre. Each occupies a different position along a continuum of institutional arrangements for the funding of ‘inclusive’ early years places by the local authority (Table 2). Table 2 also summarises the position of case study settings in relation to the analytic themes referred to above.

Historical struggle, contentions and reinforced boundaries

Garden private day nursery is an established full day care nursery which had no specially allocated funded places provided by the local authority for children with SENs. When staff had concerns about a child’s progress, they sought the advice of the linked local authority early years advisory teacher (EYAT) who decided after observation and discussion whether to refer to other agencies. (It should be noted that the EYAT referred to in each case is not the same person). The setting was dependent to a large extent on the filtering and advisory role of the EYAT with regard to accessing the support of other agencies for children. In this case, situated negotiation took place in the social practice of seeking permission from and negotiating with the EYAT with regard to the need to marshal external services for children at the nursery.

The imposed institutional arrangements with the EYAT were contentious. The co-manager felt that the relationship with the EYAT enabled informal discussions to raise potential issues, provided a professional sounding board and a means of alerting others to difficult situations children and families faced. However, the lack of direct contact with other children’s services professionals was of concern: she felt that early years staff were becoming ‘deskilled’ by the fact that all referrals and access to other agencies had to take place through the EYATs; she also felt that there was an issue with regard to how agencies and other professionals viewed and understood the professionalism of early years staff. In spite of being convinced that the practice in nursery was ‘*far superior to that that I’ve been involved in or have witnessed at primary school*’ (co-manager/teacher), she felt it was not perceived as such by others, even those representing and advising the sector.

Holland and Lave’s conceptualisation of how ‘contentious local practice’ served to shape identities and how such local practices are linked to wider cultural and political–economic struggles (Holland and Lave 2009, 3) has particular resonance here. Direct links were made by the manager between the historically based perception of day nursery staff and effective interprofessional working. Opportunities were constrained not only with regard to institutional arrangements, but also to how others viewed early years staff, which impacted on their personal action potency (their opportunity to act effectively) in terms of the value placed on the contributions they made. This reflected the historic perception of day care being staffed by poorly qualified people who were not experts in education.

Table 2. Arrangements for funding of provision for children with SEN and levels in relation to analytic themes in case study settings.

	<Least funding for SEN inclusion Most funding for SEN inclusion >				
Case study sites	Pack-up preschool ^a	<i>Garden private day nursery^a</i>	<i>Chatter community preschool^a</i>	Shore community preschool ^a	<i>Excel children's centre^a</i>
Arrangements for inclusion funding	No automatically funded places for SEN/disability	No automatically funded places for SEN/disability; hearing impairment specialist visits	No automatically funded places for SEN/disability, but accesses smaller inclusion grant	Four funded places (two FTE) places in each session for children with SEN or disability; SLT visits setting	Six funded places (three FTE) for children with SEN or disability; SLT visits setting
Situated negotiation in social practice	Low	Low	High	High	High
Historical struggle, contentious practices	Low	High	Low	High	High
Personal action potency across contexts	Low	Low	High	High	High

Notes: FTE, full-time equivalent; SEN, special educational needs; SLT, speech and language therapist.

^aAll names are pseudonyms.

I went to a lead practitioners meeting... Lots of the assumptions they were making were that they were referring to people who were involved in very poor practice... If we are getting that message from the people who are being paid to raise our profile in the early years, then I can only imagine what GPs, SLTs and so forth may perceive of us, which is a shame really. (Co-manager/teacher)

This perception endures in spite of concerted efforts at workforce reform over recent years. English government policy since 1998 has aimed to increase 'professionalism' and qualification level in the early years care and education workforce, looking to other countries such as New Zealand as one of the leaders in creating a professionalised nursery staff (Dalli 2008). Nonetheless, differences in status, perceived professionalism and pay across sectors of the early years workforce continue to be marked (McGillivray 2011); rhetoric and policy place a burden of responsibility for improving children's outcomes on a primarily part-time female workforce, many of whom experience low pay and poor working conditions (McGillivray 2011; Miller 2008; Osgood 2005, 2006, 2012).

The difference in the EYAT's relationship with the nursery staff on an individual setting level and how they were seen, negatively, as part of a collective (Osgood 2012, 13) was striking:

Although when we meet with them [EYATs] personally they have a very high regard for us, when we meet as a collective with other settings, the expectations are very low... I certainly feel I could manage our relationships with other professionals much more easily had we direct access to them. (Co-manager/teacher)

It highlights how something more than individual agency and personal professional competence are required to enable interprofessional working to flourish. The setting had no direct contact with most other agencies, face to face or by telephone (with the exception of a hearing impairment specialist, where contact had been established via the parents leading to successful implementation of support strategies). It also highlights how the trajectories of staff moving between individual and collective meetings contributed to their perception of where and how best to focus their efforts in practice. Nursery staff relied on adopting their own strategies and approaches to support children and families to supplement or act as a stopgap whilst official procedures took their course. While this reflected effective individualised early years practice, as seen across each of the case study sites, it did little to extend the setting's capacity to influence and be influenced by work with other agencies. It reinforced the setting's status as an individual company relying on its own resources and staff's personal knowledge, rather than as part of an integrated network of services for young children and families, exemplifying Holland and Lave's assertion that 'enduring struggles and intimate identities are mediated through contentious local practice' (2009, 3).

Summary: reinforced boundaries

The historical low status of staff in the early years sector, particularly day care, was conveyed by those who policed the boundaries to external agencies and who owed their own position to structural apparatus of special education (Thomas and Loxley 2007), regardless of good personal relationships with the EYAT. The institutional arrangements reinforced boundaries between the setting and other agencies, slowing

and hampering feedback between early years staff and other professionals who might guide staff to most effectively tailor their work with children with additional needs. Consequently, the nursery fell back on its own resources and focused on developing their sense of professionalism as a separate organisation. In the limited instances where direct contact was possible, it worked well. Staff were confident in their abilities to work effectively with children. However, personal action potency in interprofessional arenas, with the potential to extend their collaborative working to other agencies for other children in the setting, was limited by lack of access in spite of competent, confident staff with high levels of personal agency in the context of the setting.

The following case study demonstrates how another setting circumvented such boundaries.

Contentions and flexing boundaries: building personal action potency

Chatter community preschool is based on a city school site with no automatically funded 'inclusive' places for children with SEN. In the case of the target child Daniel, the setting had applied for an inclusion grant with the help of the EYAT and application for 'funding following the child' was pending. The Key person/SENCo also made referrals directly to the SLT service using a form provided by the EYAT resulting in children being seen at a health centre. No direct contact with other children's services professionals occurred routinely.

Again, contentions existed around the arrangements for interprofessional practice and the role of the EYAT. Recent economic restrictions and reductions in support services for young children in the city were linked in the minds of the preschool staff with restrictions on their interprofessional practice and boosting of the EYATs' role, privileging her 'teacher' identity (Woodrow 2011, 39). Personal relationships with the EYAT were good and the EYAT had been supportive in funding applications. Nonetheless, the EYAT's role [including taking full responsibility for contributing to CAF – often a contested area (Greenfield 2011)] was again seen as restricting the early years staff's direct interprofessional practice.

If something needs doing [EYAT] tends to go off and do it herself and come back and might tell us. She doesn't support us in doing it ourselves. (Manager/EYPS)

The manager reported that they would be confident and competent to make referrals themselves and advise parents about seeking additional assessments and services, but the requirement to involve the EYAT removed their direct links and autonomy, even though they had the closest links to and knowledge of the child and family. The key person/SENCo had a sensitive relationship with parents, appreciating the importance of working in partnership with parents rather than treating them as recipients of services (Wolfendale 2000, 7) and borne out by observations of staff–parent interactions (19 May 2012), shared home-setting documents (IEPs) and parent interview (17 May 2012). In the case of Daniel, aged three, who was displaying autistic-type behaviours (interview with Daniel's mother), staff had taken a gentle approach to help parents to develop an understanding of this. The EYAT, who had a more remote relationship with the family, was considered by staff to have approached the parents in a direct manner, threatening some of the bridges they had built.

[It] takes time especially if you don't think your child's got special needs . . . But EYAT came in, she was quite forward with what she said and that's not always what the parents need to hear straight away. I think you have to be quite diplomatic with your words and then gradually introduce things. (Manager/EYPS)

The setting did, however, make use of any direct links they could forge with other professionals. The manager had adopted a key outward-looking role in supporting other settings in another government initiative, Every Child a Talker (ECaT) (Department for Children, Schools and Families 2011). She suggested that the key person/SENCo ask to attend SLT sessions at the health centre with the family to see how best to support Daniel. The request was well received by the SLT, though with some surprise. This was an unusual situation; early years staff were not routinely invited to be part of the SLT sessions and time to attend had to be funded by the preschool. Here the early years practitioner, guided by the manager/EYPS, was flexing the boundaries around services to create a new opportunity for interprofessional working. She felt that she was able to take a full part in supporting Daniel alongside his mother and the SLT, while still aware of the differing professional statuses.

This year I've felt that the SLT was interested in what I've said [in relation to using PECS]. But it's only been recently . . . Her opinion was first; she reviewed Daniel and wrote it down, but I gave her the setting information. She said it was a great help that I had come into the session, but she didn't actually ask my advice – I'm not a professional. She did ask what I did in the setting and she did take that on board. (Key person/SENCo)

Although writing in relation to childminders, Jones and Osgood (2007) highlight how constructions of the identity of the 'carer' are inextricably linked to perceptions of quality, and thus to who is 'professional' in early years. Cable and Miller (2011) similarly highlight links between professional identities, academic qualifications and status, which they suggest may be out of reach for many early years staff for the foreseeable future (2011, 150). Chatter's actions in forging a relationship with the SLT, contrary to established structural arrangements, exemplify what Holland and Lave describe as local contentious practice being at the heart of shaping participation in cultural activities. 'Local practice comes about in the encounters between people as they address and respond to each other while enacting cultural activities under conditions of political-economical and cultural-historical conjuncture' (Holland and Lave 2009, 3).

Summary: flexing boundaries and increasing personal action potency

However positive the relationship with the EYAT was, interprofessional practice was again perceived to be hampered by the structures created by the system (Thomas and Loxley 2007). In this case, staff actively sought to shift boundaries by stepping outside the usual structures of routine interprofessional arrangements. This had a direct impact on practice with Daniel, allowing a more coherent approach to his care across the sites of SLT and preschool, easing his transitions in participation. The preschool staff were agents in interprofessional practice; differing power and status in different arenas were acknowledged and used to facilitate opportunities for Daniel's progress. By flexing the resources and constraints, personal action potency

of preschool staff was increased – although at an economic cost to the preschool. Staff flexed structural boundaries to engage more effectively in interprofessional practice with higher status SLT, driven by their emotional bond with the child and family to do all possible to enhance their provision of care and education ('emotion, motivation and agency', Holland and Lave 2009, 5) and spurred on by their success participating in ECaT (trajectories of participation across contexts, Dreier 1999, 11), thus increasing their fund of personal action potency through the successful engagement.

Historically and structurally developed personal action potency

Excel children's centre exemplifies the ways in which the three analytic themes of 'situated negotiation in social practice', 'historically institutionalised struggle and contentious practices' and 'personal action potency across social contexts' could be seen in action, culminating in interprofessional practice that was historically and structurally developed, was constantly recreated and renegotiated in daily practice which served to increase its effectiveness and cumulatively contributed to the capacity of staff to act collaboratively with other agencies with the trajectories extending across not only contexts but across different members of the team.

Excel is an identified 'inclusive' setting with six 15-hour places funded by the local authority to provide one to one support for children with identified SEN or disabilities. The children's centre teacher (CCT)/manager initiated and submitted applications for children to be considered for one of the preset inclusive places or for funding for additional children with SEN, collaborating with the early years advisory teacher (EYAT) for inclusion of grant applications. The staff had developed a network of contacts and relationships with other agencies and professionals and initiated and chased referrals, sought extra resources and expected to be kept informed of other professionals' work with children in their care. The CCT/manager made direct contact with SLTs, occupational therapists (OTs) and physiotherapists to discuss children and to make referrals. She wrote directly to family doctors and paediatricians to voice her concerns about children. Three SLTs visited the setting weekly to work with children and staff and an educational psychologist came to assess children if staff were concerned. Thus, historically instituted structural arrangements facilitated interprofessional working and staff made good use of networks of relationships that had been built up over time.

I try to go to as many meetings as I can around these children because you get your face known and you build up those relationships and you can see where to point people . . . Those relationships take quite a long time to form to be able to trust people's professional opinion . . . I've been here such a long time now [10 years]. I can pick up a phone to the OT [occupational therapist], to the physio and say I've got these issues and I can put referrals in and I know those will be actioned. (CCT/manager)

The CCT/manager made the point that although the structures needed to be in place to facilitate interprofessional working, it was the relationships formed with people over time that enabled effective practice. Changes to structures could however disrupt those relationships.

The key person for the target child, Jenny, aged four, who has delayed development, speech, language and mobility difficulties, valued the guidance received from

physiotherapy and occupational therapy and set targets monthly for Jenny's Individual Education Plan (IEP) in collaboration with the CCT/manager, SLT and physiotherapist. In constant, situated negotiation about effective provision for Jenny, mainly face to face, in an ongoing professional dialogue they tweaked and shaped the targets and strategies to enable Jenny to make progress. This close working relationship meant that staff built up a body of knowledge about the approaches used by other professionals and could engage in discussion to tailor implementation to meet the specific, dynamic needs of the child based on their in-depth knowledge of her.

We work quite closely with outside agencies, they're very good at coming and saying 'Look you work with Jenny every day, you know her best, you tell us if you think . . . and what you think will help her improve' . . . you can just be completely open, just be like, 'Look I don't think Jenny is ready for that' or 'I think Jenny is further than that so can we go further' so in planning we have quite a lot of power behind us, quite a lot of influence. (Jenny's key person)

Early years staff felt that their professionalism was well regarded by other professionals; this held true for Jenny's key person as well as for the more highly qualified CCT/manager. The differences between Excel staff's close involvement and high regard and the experiences of staff at Garden day nursery and Chatter preschool were marked, in spite of their similar levels of qualification and years of experience.

Researcher: How do you think other professionals view your professionalism? I think it's seen at quite a high level. I think it's quite nice to talk to outside agencies as they have been very complimentary . . . so they've just turned round and said it's 'Can you do this? I know you're very good, you can just sort it out' and that's why I think with some targets they've just been like, you can sort it out, you know what you're doing, just go ahead and do this. (Jenny's key person)

In this way, the personal action potency of staff drew not only on their own trajectories across temporal and social contexts, but also on those of other team members so that Jenny's key person, with a level 3 qualification and similar years of experience as comparable staff at Garden and Chatter, was able to draw on greater affordances and exercise greater influence on interprofessional practice. In part, such affordances were based on 'history in person' (Holland and Lave 2009, 13).

The person . . . is addressed by people and forces and institutions external to himself or herself and responds using the words, genres, actions and practices of others. (Holland and Lave 2009, 4)

Jenny's key person made decisions on a daily basis on how to implement strategies for her progress, often with competing targets achieved through situated negotiation as part of usual play in the free-flow inclusive environment without allocating specific times and activities for intervention. Evident in the observational data (26 May 2012) Jenny's key person made decisions about where best, within the children's centre play areas, to help Jenny to make progress.

If we're working on specific speech and language targets, I usually take Jenny over to the [separate] play room because it's quieter so it's easier to hear Jenny when she's talking . . . Physio targets, that is usually done all the time in the nursery because I find that it will help Jenny a lot more because where she's going to a mainstream school,

it will be – she will be having to do these exercises and things like that, helping her getting her stance right, and helping her with her walking, going over bumps, navigating round tables and chairs and so on. (Jenny's key person)

An observed episode of the key person's implementation of physiotherapy targets for Jenny as she walked through the children's centre exemplified the tailored interprofessional practice in action. It was conducted in an unhurried manner, enriched with conversation led equally by Jenny and her key person. It took a considerable length of time (15–20 minutes) for Jenny to walk the short distance from the playroom through to the main play area; Jenny's key person walked alongside or ahead of her, waiting patiently, his body posture, voice and facial expressions conveying ease and shared enjoyment of the time. A member of staff less secure in the freedom and ability to act as an independent practitioner, without feeling the pressure to be 'busy' or to emphasise 'intervention', might have been unable to provide such a sensitive, personal and rich implementation of practice underpinned by interprofessional collaboration. In many respects, this episode illustrates that what the performative eye (Ball 2003) may perceive as unproductive 'dead time' can in fact be nuanced, timely, deeply individualised practice of the highest quality.

Few barriers to effective interprofessional working were noted by Excel staff, one being that health services felt under increasing resource constraints and workloads, reducing access to services for children.

Summary: strong personal action potency impacting on practice

Excel's history of providing care and education for children with SENs and funding to accommodate that provision meant that staff had built up a network of contacts amongst other agencies. Relationships were maintained through direct contact, often face to face. Contentions existed where economic pressures threatened service delivery, but so far flexibility in working arrangements by centre staff and strong personal relationships had acted to mitigate. A key noteworthy point was that although staff qualifications were similar to those in the other case studies, staff at Excel were able to act as equal partners alongside other children's service professionals. Jenny's key person, as part of a team seen as successful by outside agencies, had higher levels of personal action potency than his counterparts in the other cases. He could influence and adapt targets and interventions from other professionals for Jenny. He tempered these to fit with his knowledge of and relationship with Jenny, allowing her greater agency. Whilst staff in other case study settings similarly adapted their work with children to accommodate outside agency guidance and their knowledge of the child, the difference in the case of Excel was the extent to which this was an informed, collaborative, two-way tailoring *between* the early years practitioners and outside professionals. In this respect, the personal action potency of the practitioner drew on the 'fund' of personal action potency accorded to the children's centre staff from their history, status, funding, structural arrangements and experience, and directly shaped interprofessional practice.

Conclusion

Regardless of the equivalence in qualifications and years of experience held by case study staff in settings similarly judged as 'outstanding', the ease with which they

were able to marshal and deliver effective provision for children requiring input from other services varied depending on a complex set of factors. Concepts of situated negotiation in social practice, historically institutionalised struggle and contentious practices from Social Practice Theory (Holland and Lave 2009), and of personal action potency in trajectories of participation (Dreier 2002; 2008) helped to shed light on how and why this was the case. Previous research (Jones and Osgood 2007; Osgood 2005, 2006, 2012) has convincingly used concepts of gender and social class to examine EYP practice. But while such concepts explain some of the affordances and constraints within which action takes place, Dreier's personal action potency in contexts of social practice provides a fuller account of the complexity. As he points out:

Comprehensive social diversities, such as race, gender, and ethnicity, are encountered in different ways and have different meanings in different contexts. Their features appear and are addressed in varying constellations alongside varying other dimensions of meaning in different contexts. (Dreier 1999, 12)

Contributing to theoretical development, this paper argues that the potential to act to provide interprofessionally designed and implemented care and education for young children is a shared rather than individual capacity in settings. The case studies provide evidence of EYPs' and practitioners' capacity for interprofessional practice being constrained and shaped by structural and interpersonal conditions. Dreier frames personal action potency (agency tempered by resources and constraints) as potential for action and sees this as a composite part of learning as people move between different contexts in their individual trajectories, with differing potency in each. Personal action potency is conceptualised by Dreier as an individual capacity. However, in the case studies, there was evidence to suggest that the strength of the potential to act with influence was in fact a shared or group capacity.

Where staff were aware of being seen as belonging to a type of setting historically perceived to be of lower quality (Garden day nursery) and the structural arrangements hampered their access to and influence with other professionals, their fund of personal action potency, or potential to act to change that, was low. In this successful, professionally organised and well-regarded nursery with well-qualified staff, practitioners worked to ensure their practice was inclusive in terms of children's access to activities and worked well alongside the one children's service professional with whom they had direct contact. But they did not see themselves as brokers to services for children, or as equal partners in joint efforts to devise and implement interprofessionally managed care and education. As Urrieta (2007) points out, in explaining Holland et al.'s theory of how people 'figure' who they are in relation to the worlds in which they participate,

... people encounter narratives borne out of historical significance (both oppressive and liberating) as well as a distribution of power, rank, and prestige (or the lack thereof) that they accept, reject, or negotiate to varying degrees. (Urrieta 2007, 111)

Contentions in historically based struggle and structural arrangements undermined their opportunities for effective interprofessional practice.

Where the setting shared similar limiting structural arrangements (Chatter preschool), but had some history of influence beyond the immediate setting, the staff took steps to flex the limitations. As they entered into new, unofficial and unfunded arrangements for interprofessional practice, their fund of personal action potency grew and early years practitioners began to contribute to collaborative practice, altering the expectations of those with whom they had made contact.

Where the setting had a history of successful and funded structural arrangements for interprofessional practice (Excel) and staff who had used and extended that potential fully, even staff with less experience and lower qualifications shared the potential for collaborative action and influence.

Group personal action potency, agency tempered by the resources and constraints of history, structural arrangements and constellations of other participants, was further shaped in the case studies by:

- the experiences of group members in their trajectories from other arenas of participation, which they shared with the group and which led to contemplating, seeking, discussing and suggesting (or not) different possibilities for action
- group members' actions beyond previous routine or perceived-to-be acceptable arrangements to create and negotiate new connections with outside agencies, forming new relationships and developing new understandings. Dreier explains this as the duality of modes of participation that leads to change, not simply 'participation in the reproduction of the current state of affairs' but 'contributing to change it so that participants may extend their degree of disposal over the social practice' (1999, 6).

The potential to act, personal action potency, of early years staff employed within specific settings was a shared capacity amongst the group from which individuals drew or to which they could contribute. This has an influential role to play in shaping the complex social practice of working interprofessionally. Further investigation is now needed to examine how this shared capacity for the rich implementation of practice underpinned by interprofessional collaboration, as seen at Excel, can be enabled in all settings.

Note

1. Early years professionals are graduate leaders in early years who have achieved Early Years Professional Status.

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