## **EDF5024**

### Assessment task 2-

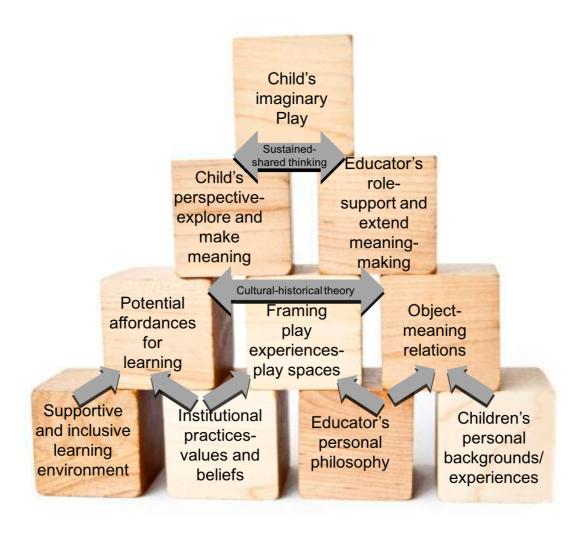
Model of Play: Evidence of play observations, analyses, and planning undertaken in relation to Model of Play.

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#### **MODEL OF PLAY**

Play is considered a leading activity for learning as it requires children to master the relevant skills and knowledge when they take actions of the particular role and perform this in their play (Nicolopoulou, Ilgaz & Brockmeyer, 2010, cited in Ridgway, Quinones & Li, 2015, p.37). Created based on observations during placement, this play model is built upon a cultural-historical theoretical approach inter-connected with pedagogical intentions of meaning-making within play situations. Through sustained-shared thinking, educators extend children's thinking. The whole process is fueled by the educator's actions in response to the child's initiated play scenario inspired from his cultural background and experiences, in hand with the institutional setting's values and beliefs of creating an inclusive and supportive learning environment. Such external factors, thus, providing potential affordances for learning.

This model of play explicates the play example with an emphasis on the child's perspective, and, the educator's role in supporting and extending the child's intentions to make meaning of the world. Metaphorical use of building blocks was intended to illustrate the bottom or supporting blocks as pillars that provide a concrete basis for the above.



#### **PLAY CONTEXT**

This play event occurred in a kindergarten classroom consisting four-year-old children. As it is based in a higher socio-economic status community, I observed it is able to provide children with richer and more varied resources and opportunities for deeper learning. Also, parents are actively involved in their children's learning and development because of their own extensive educational backgrounds and professions. I have never seen parents and grandparents willingly volunteer to help and share personal interests and knowledge that might be beneficial to all children.

Teachers are required to join children's play as means of intentional teaching. Aspects of the play scenario are highly affected by the kindergarten's values and beliefs – children are capable and resourceful learners who are active contributors in their own

learning. The educator's intentions are formulated by this understanding as they enable children to use their thoughts and ideas to develop concepts and think by themselves through positive questioning instead of directly giving answers. In my understanding, these ideas spur from Australian cultural ideologies of being able to construct meaning independently, a skill I had to myself develop when I started studying in Australia as an international student.

#### **PLAY EVENT**

The play space was already set-up with doctors' equipment such as medical masks and syringes. On the same day, children were introduced to concepts of X-rays and ultrasounds through an incursion conducted by a grandparent-volunteer. This was an extension of their usual play of one child being the doctor and treating their friend-patients. I spontaneously planned to extend it further through imaginary play.

Orlando is a four-year-old boy who loves playing in the Hospital corner. This experience along with the incursion activity inspired his actions when he decided to stuff his abdomen area with blankets under his sweater. He came to me and asked me to be his doctor. "I will call you and fix an appointment, then you come over here." I excitedly said okay and joined in, waiting for his call.

I went over in a playful manner and asked him about his condition. He acted as if he was in pain and caught his stomach. In a hurried voice, I said, "We will have to take you to the hospital to do an ultrasound to check if the baby is alright." Orlando did not respond at first. After a little hesitation, he asked me if the doctor could just give him some medicine. "But how would I know which medicine to give you?", I asked with a puzzled look on my face.

After noticing he was in the 'zone of proximal development', I insisted he needs to come to the hospital to investigate the actual cause by performing some tests and to ensure the baby is safe. "But when I go to the doctor, he gives me medicine here and I go home", to which I said, "How does he decide which medicine to give you?" This question got him thinking about the doctor's decision-making process related to the exact medicine needed and reflect on his own experience.

We arrived at the hospital and Orlando asked me to pretend to apply some gel using the 'small doll' as the applicator and an empty box to move over his abdomen as the scanner. I brought in one of the ultrasound images provided this morning to show him his baby. We saw that the baby was safe and concluded that it was just the baby kicking. I asked him what that meant and he said, "If the baby feels uncomfortable, it will do that. Later, it will kick a lot and then I will call you. Because that is when the baby is going to come out." Overwhelmed by the exciting plot, we continued to figure the delivery procedure.

#### **THEORETICAL ANALYSIS**

#### **Over-arching theory:**

In the event above, learning took place through and in the form of a social activity. It can be related to Vygotsky's (1998) *cultural-historical theory of child development*, which emphasises the importance of social and cultural environments and effects of this reality including the movements, changes and dynamics of their lived experiences on learning and development through play. Past experiences are essential for the individual's generation of creativity and imagination is important for creative activity and for any aspect in cultural life according to this theory (Vygotsky, 2004). Thus, depth and vastness of a person's previous experience provides elements to construct a new fantasy. Orlando indulged in a creative activity when he combined old elements from his rich collection of experiences with new elements from a cultural play space of a doctor's clinic to imagine and make meaning (Ridgway et al., 2015).

#### Analysis: Play model and event from Child's perspective:

This play scenario is a *cultural activity* for the child as Orlando tries to imitate social roles exposed to at home (his mother is currently pregnant and his own visits to the doctor's clinic). Orlando gained access to the social meaning of a hospital and aim of adults' activity of treating a patient through this imaginary play activity. He initiated an imaginary play situation when he explained the rules related to his call and my arrival at his house, and assigned roles. Thus, he became an active agent in the process of

learning and development by initiating this play scenario inspired from a social situation. This is where his motives and imagination were linked or when **agentic imagination** was present (Ridgway et al., p. 81). Through agentic imagination, Orlando was able to organize a play space and play situation based on a past experience.

From the point of view of development, creating an imaginary situation can be regarded as a means of development of abstract thought (Ridgway et al., 2015). From real and everyday life (optical field), he created an imaginary play situation (sense field). Orlando moved in and out of the real and pretend world – separated optical and sense field as per need when he required me to do something in the play world. Throughout the sequence, I took into consideration the *child's perspective* of playing certain roles by adjusting to the characters and plot of the setting to meet his demands.

Simultaneously, Orlando changed *meaning of objects* when he pretended the blanket to be a baby inside him, which also made him look pregnant. This shows higher-order thinking as he is able to translate his understanding of knowing that a baby is inside his mother's abdomen by making his own abdomen appear bigger and rounder. Same was also observed when the doll was used as ultrasound equipment. Over here, demands are generated by the child's involvement, and motives develop as the child interacts with his surroundings (Ridgway at al., 2015). The hospital corner was arranged to meet children's interests and the X-ray incursion was organized to extend their current understanding. Orlando's interactions with these surroundings helped develop motives to imagine the play scenario.

# Educator's Pedagogical role according to Play model and Implications for teaching:

Educator's values about pedagogical play influence their contribution and intentions of teaching (Connor, 2017). It is all about being aware of their communication and social interaction during play. Firstly, he or she needs to possess specific knowledge about children in order to create shared collective knowledge in the narrative play and secondly, apply the concept and understanding of *sustained shared thinking* to broaden experiences for children. Belonging, Being and Becoming: The Early Years Learning Framework (EYLF) for Australia (DEEWR, 2009) emphasizes **intentional** 

**teaching** in the early childhood setting, aiming to improve the quality of early childhood education.

**Sustained-shared thinking** involves children and educators working together in an intellectual way to solve a problem through conversations which provide opportunities to discuss and think about problems or challenges in a serious, extended way (Touhill, 2012, p.1). Ferholt and Lecusay (2010, cited in Ridgway, et al., 2015) suggest the play should be joined as a playmate, taking on play roles and leave behind discursive attitudes. We need to be explicitly responsive to their expressive responses and ideas (Li, Quinones & Ridgway, 2016). This is the first requirement for developing sustained shared thinking in interactive play: we need to enter the play and take on a role when invited by the child and connect conceptually with them (Fleer, 2010).

When my Play model was in action in the event, Orlando and I entered into a collective agreement and acted according to our roles. A sensitive relationship was created when I recognized his intentions and engaged in an act of reciprocity. Both contributed to the imaginary play situation and sustained the shared thinking in exploration of a doctor's role and human body. I, the educator effectively moved in and out of the imagined play scene while the richness and complexity of the narrative developed (Ridgway et al., 2015). In this process of active play, I spontaneously detected *affordances for learning* and introduced the concept of doctor's professional duties being more than giving medicine. I caught the 'play moment' and saw this as a pedagogical moment to extend Orlando's thinking to investigate the illness.

Here, I *framed a play response* to achieve *conceptual reciprocity* by taking the child's perspective, to extend and transform through sustained-shared thinking. As soon as I realized it was not within his zone of proximal development, I stepped back, and scaffold his learning to build and extend current schema through *intentional teaching*.

Through open-ended and positive questioning strategies used in alignment with the *kindergarten's philosophy*, we together explored concepts of testing such as checking if the baby inside is alright by means of an ultrasound procedure. These instances allowed Orlando to reflect on the varied aspects involved in a doctor's role of treating a patient in an *encouraging manner* in an *inclusive environment* 

supportive of his gender choices.

Lastly, the designed model of play is pedagogically sound as in this model, educators notice, recognize and respond to children's learning and development based on a combination of principles, practices and the Victorian Early Years Learning and Development Framework learning outcomes (DEECD, 2011) to foster and develop learning opportunities through imaginary play –

- Children have a strong sense of identity educators construct play spaces in consideration of children's personal backgrounds and experiences. A sense of security and identity and the ability to read social cues, to understand and to imitate the behaviours of others are all facilitated through pretend play (Connor, 2017).
- Children are connected with, and contribute to their world educators respect children's voices and choices by supporting them in designing their own play spaces. Provision of interesting and stimulating environments by educators for play that do not suggest a play theme as children are encouraged to create and imagine.
- Children have a strong sense of well-being learning and development takes place in a supportive and inclusive learning environment, which is also culturally responsive.
- Children are confident and involved learners educator detects potential affordances for learning and, supports and extends meaning-making through sustained shared thinking, in hand with implementation of institutional values and beliefs. Children identify and change object-meaning relations to explore and make meaning as they are given the freedom to make their own decisions about what to play with.
- Children are effective communicators educators create pedagogical conditions for gaining the child's perspective in order to motivate children to engage in higher quality play and children express interest and collaborate for sustained-shared thinking.

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