A transformative model of continuing professional development in a day nursery: practitioners' perspectives on the implementation of symbolic gesturing.

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Abstract

Drawing on Kolb's (1984) experiential learning cycle and Mezirow's (1978) transformative learning theory, a transformative model of continuing professional development (CPD) was employed to implement symbolic gesturing in a day nursery. The model of CPD aimed to empower practitioners working with infants to have autonomy over their professional learning. Perspectives of the nursery staff about the CPD were captured in narrative semi-structured interviews pre and post the three months of implementation, and from reflective diaries used during this period. Practitioners concluded that the model was successful because it allowed them flexibility to use symbolic gesturing in a way that was navigated independently by each practitioner as part of their daily routine rather than as a specific, formal course of instruction requiring formulaic adoption. Findings also indicate that the CPD model had beneficial learning outcomes in both cognitive and affective domains for practitioners and the infants in their care. Limitations of the small-scale study are acknowledged but the study highlights implications for practice and theorising about CPD in early years settings. The model could be of interest to researchers and practitioners wishing to develop effective CPD in other nursery settings to introduce symbolic gesturing, or more generally other professional development initiatives.

Key words: continuing professional development; experiential learning; early years; symbolic gesturing; infants; nursery practitioner

Introduction

This small-scale qualitative study was carried out in a privately owned day nursery in England catering for children from birth to four years. A transformative model of continuing

professional development (CPD) that drew on Kolb's (1984) experiential learning cycle and Mezirow's (1978) transformative learning theory was implemented over a three month period whilst introducing symbolic gesturing as part of early years practitioners' practice. Symbolic gestures are naturally occurring gestures framed in such a way so that the consistently manipulated gestures of the hand represent something meaningful for infants and carers. Capone and McGregor (2004) point out that symbolic gesturing can enhance verbal and physical communication between infants and carers as it helps to avoid the frustration felt by both when they can't understand one another. This article reports on the practitioners' perspectives of the CPD model and its impact on them and the infants in their care.

One the researchers, who is an expert in the field to support, was contacted by the senior manager of the day nursery about implementing symbolic gesturing in to the setting. The staff had already expressed an interest in introducing symbolic gesturing into their setting as a potentially worthwhile approach in communicating with the infants in their care. The implementation of symbolic gesturing was initiated and led by the nursery team so that the practitioners, the nursery setting and the infants were dynamic and embedded actors within the study rather than being 'the researched' (Lincoln and Guba 2000). This approach was in line with our philosophy of CPD, echoing Cordingley, Bell and Thomasen's (2003) review of the impact of collaborative CPD, as one of empowerment that enables practitioners to have autonomy over their professional learning. To achieve these aims the researchers worked with practitioners to develop a model of CPD that would provide them with the freedom to make independent decisions whilst enabling them to reflect on their learning and develop their understanding of symbolic gesturing.

To elicit what benefits might accrue for practitioners and the infants the practitioners' perspectives were interviewed pre- and post the three month implementation period and they

also kept reflective diaries during that time. The role of the researchers was therefore one of facilitating individual practitioners' adoption of symbolic gesturing whilst enabling them to understand its potential value. We aimed to answer the following research question:

What were the experiences and perspectives of nursery practitioners' of the CPD model employed to introduce symbolic gesturing as part of their continuing professional development?

Continuing professional development in early years settings

The English national early years curriculum (DfE 2017) has been implemented in all early years settings since 2002 with the Office for Standards in Education (Ofsted) acting as the regulatory body to ensure quality provision. Lightfoot and Frost (2015) state that as a result of the raft of changes in the last fifteen years, in a bid to 'professionalise' early years practitioners, the drive for quality assurance and auditing of early years practice has accelerated in response to national developments and legislative changes. This includes the need for qualified practitioners to continue with professional training and learning. Within early years settings in England the Department for Education statutory framework for the EYFS states:

> Providers must support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves (Department for Education 2017, p. 21).

Even though Elfer and Page (2015) recommend that opportunities for practitioners to reflect on their own care practices should be a crucial aspect of their work, professional development in England has been monopolized by formal, 'off-site', training courses delivered by external bodies rather than employers. Lightfoot and Frost (2015) argue that the raison d'etre for

many of these courses is on individual practitioner competency and CPD is frequently dominated by instrumental and codified procedural knowledge to deliver what is thought to be 'best practice' that is underpinned by standards, rules and outcomes. This reductionist training agenda that is focused on standards and competencies to meet new policy and legislative requirements is unlikely to achieve the laudable aims to professionalise early years practitioners, and Hordern (2013) suggests a better understanding of what constitutes worthwhile early childhood professional development is likely to be hampered by these simplistic models of CPD. As Sheridan *et al.* (2009, p. 378) note, research into early years professional development must:

> … build a body of theories and evidence about not only its forms (i.e. methods, structures, or delivery approaches) but also its processes (i.e., underlying mechanisms responsible for or influencing change) and proximal and distal outcomes (i.e. effects on the practitioners themselves and the children/families they serve).

Likewise, Hordern (2013) advocates researchers and practitioners need to develop and interrogate models of CPD in order develop appropriate mechanisms to enhance the professionalism of the early years workforce.

Models of continuing professional development

Sheridan *et al.* (2009) describe three models of CPD; specialised training, coaching/ consultation and communities of practice whilst Kennedy (2005) provided a similar but more developed typology than Sheridan *et al.* (2009). She outlines nine models of CPD that vary in their sophistication and emancipatory aims, and are categorised as training; award-bearing; deficit; cascade; standards-based; coaching/mentoring; community of practice; action research; and transformative. The models provide a spectrum of increasing professional autonomy and range from transmission of knowledge and skills delivered by an expert to

passive recipients, to more collegiate approaches such as cascading information to peers after attending a training course, to working as a community of enquiry to identify professional development needs with a view to acting in order to improve practice. At the transformative end of Kennedy's spectrum are models that offer approaches in which practitioners are empowered to develop skills for critical enquiry and reflexivity that provide them with the agency to respond and adapt CPD programmes to their personal needs whilst also reflecting on the relationships they have with other practitioners and the children in their care.

These workplace models of CPD include, peer coaching, mentoring, and action research. Sheridan *et al* (2009) contrast these transmission models with non-judgemental and collaborative partnerships with other early childhood professionals and consider that the latter help to advance early childhood professional development. This often involves observations of practice, self-reflection, feedback, and requires frequent interactions with other early years professionals. Learning from and about each other's practice and subsequent reflection is a characteristic of these models as well as the communities of practice and action research models although the latter two usually identify the practitioners as experts who can identify needs and plan for professional development. Kennedy (2005) considers that a transformative model is the integration of several different aspects of these more positive and emancipatory models but that is not to say that transformative approaches to CPD are unproblematic. If CPD is always organised internally this can result in introspection and perhaps stagnation whereas Cordingley *et al* (2003) note that external expertise can act as an agent of change and help to resolve issues as they arise leading to further discussion and greater motivation. In contrast to this perspective, Kennedy (2005) acknowledges that underlying influences and expectations such as who has control of the agenda is crucial to the outcome of the CPD. If external bodies who are usually in a position of power set the agenda for the CPD this can

undermine the potential for professional autonomy. However, evidence from Cordingley *et al's* (2003) review of collaborative CPD highlights that taking control and responsibility for the design and delivery of their CPD programmes gives practitioners greater ownership of their professional development. They add that this is empowering and can have a positive effect on motivation and enthusiasm to engage in the programme so that practitioners are more likely to and adopt new ideas that will enhance the impact of the CPD.

A model of CPD that enables reflection on practice, social interactions with other professionals in a professional context and inclusion in a particular community of practice creates a joint narrative which reinforces professional identity (Wenger 1998). Practitioners that have the autonomy, within a learning community, to engage in CPD at their own pace with time to develop their understanding and opportunities to invest in the CPD programme in their own ways will empower them professionally and enhance their sense of professional identity (Lightfoot and Frost, 2015). They (ibid) highlight that such a 'transformative approach' is a positive approach for early years practitioners, and was influential on the development of the CPD model discussed in this article.

The transformative model of continuing professional development

Drawing on Kolb's (1984) experiential learning cycle and Mezirow's (1978) transformative learning theory, the model of CPD used in this study aimed to empower practitioners working with children under two years to have autonomy over their professional learning. According to Kolb and Mezirow learning occurs through experience and transforms what someone knows. Having opportunities to reflect on and interpret that experience will enable the learner to construct new meaning that improves and increases their understanding so that they can apply it to new situations. These theories use prior experience as a learning tool to guide future action, and outcomes of both include; constructing meaningful learning,

becoming conscious of one's learning through reflection and developing new ways of thinking and responding. The theories also have distinctive characteristics that are not necessarily compatible. For example, the sequential linearity of Kolb's model that facilitates learning as a result of a specifc experience through distinct stages compared to the cumulative, or at times disruptive, experiences of transformative learning that can lead to profound changes in the way someone's world view. Nevertheless drawing on both theories created a synergy to guide the development of, and strengthened the final model.

Kolb's and Mezirow's theories are criticised in similar but also different ways. Firstly, both theories consider cognition to be the main outcome of learning and they do not take sufficient account other ways of knowing such as affective learning (Seaman 2008, Taylor 2007). Secondly, both theories focus on the individual rather than the social context and social interactions in which learning can take place (Collard and Law 1989, Miettinen, 2000). Thirdly, the complexity of learning as a holistic process is not fully acknowledged particularly in stepwise learning models such as Kolb's cycle (Seaman, 2008). Finally, the term transformative learning is regarded as problematic. Kegan (2000) suggested the term has been used indiscriminately and is often misused making it difficult to understand what transformation is. These criticisms were mitigated in the transformative model of CPD (See Figure 1) in a number of ways. Firstly, by a definition of learning that acknowledges Kolb and Mezirow's ideas but is more holistic was employed:

> Learning is the process of creating and transforming experience into knowledge, skills, attitudes, values, emotions, senses, and beliefs (Jarvis 1999, p. 40).

Secondly, a person-centred and constructivist epistemology underpinned the model that embraced Cordingley *et al.'s* (2003) conclusions; that collaborative practice is a hallmark of effective CPD and includes the co-construction of knowledge through constructive dialogue.

It was intended that this would be an ongoing, active and social learning processes throughout the cycle. In the model the collaborative activity was envisioned as engaging with the implementation of symbolic gesturing in the nursery and sharing experiences through dialogue to gain a shared understanding. However collaborative learning is difficult to realise, and it was important that the practitioners felt trusted and able to exercise their agency during the CPD. Even though the model was intended to include all types of learners at an individual, person centred, as well as the community level of the nursery it was devised so that practitioners could decide whether and how they used symbolic gesturing, or not. Thirdly, the model was not regarded as a linear sequential process but practitioners could decide at what stage of the cycle they wanted to start, as well as how they might move to and fro between different stages. Finally, the model was envisioned as a spiral rather than a closed cycle so that as experience was gained more profound learning would occur and support transformation. The complexity of the model makes a working explanation difficult so for the sake of transparency the model will be explained here as a straightforward cycle.

[FIGURE 1 NEAR HERE]

The learning process often begins with a concrete experience in which a person is given something to do and becomes actively involved in the task. With the agreement of staff symbolic gesturing was introduced within the setting in a variety of visual ways to remind and prompt staff about the gestures (concrete experiences). Posters were placed around the rooms that children and infants were based in. The posters had pictorial images illustrating signs that could be used. A musical film showing children singing and using signs with an adult was also played in the morning and evening as the children entered and left the setting. In addition, pictorial cards with symbolic gestures were available in each base room for practitioners to refer to and use as they wished

In the second stage of the cycle (watching/ observing) practitioners were given time to reflect on the symbolic gesturing techniques that had been introduced and allowed to review what they had done and experienced. At this stage questions arose and practitioners discussed their thoughts and shared ideas with their peers in constructive dialogue in order to consider how to proceed.

During the third stage (thinking/ reflection) the learner makes comparisons between what they have done, and reflected upon. They draw upon their own learning, as well as, ideas from colleagues, and previous observations of themselves and others to co-construct their knowledge. As a result practitioners were able to consider what aspects of symbolic gesturing they thought would be applicable to them and the infants in their care.

Finally the last step is when the learner considers how they are going to put what they have learnt into practice (active experimentation). In planning what to do practitioners used their new found knowledge of symbolic gesturing to refine and revise how to incorporate it into their daily practice. They had opportunities to try different approaches and signs. Even though the children were not formally taught to use signs they learnt those modelled by caregivers as they interacted with them. The practitioners were asked via narrative interviews and diaries to reflect on their lived experiences of the processes of having symbolic gesturing introduced to them and subsequently using it in their daily practice (critical reflection).

The model was also considered to operate at community level as a result of situated and social interaction between nursery staff as they shared their experiences of using symbolic gesturing through constructive dialogue to co-construct knowledge (Lave and Wenger 1991). They acknowledge the role played by contingent factors such as the community (within the nursery), the influence of peers and management in this socio-cultural approach so that learning occurs at a personal and setting level. However McMillan,

McConnell and O'Sullivan (2016, p. 164) note in their study of teacher motivation and CPD that it is naïve to consider this approach is unproblematic because of the different motivations to engage with CPD between personal reasons and the 'collective good' of the setting. They advocate that the needs of the individual, the setting and the wider system must be carefully considered with compromise and negotiation taking place at all levels. The model of CPD in the current study was non-compulsory and therefore the wider system was not included in the deliberations about how to introduce symbolic gesturing into the nursery. However, as noted earlier practitioners' voices were paramount in the development of the model of CPD because they are the catalysts for change (McMillan, McConnell and O'Sullivan, 2016). At the same time the impetus from the manager to initiate the introduction of symbolic gesturing throughout the nursery was acknowledged. As a result it was envisioned that a community of practice would develop to support learning at both an individual and collective level that would empower nursery practitioners to take control of their own CPD according to their needs whilst also considering the needs of others. Furthermore, Lightfoot and Frost (2015) suggests that investing in this transformative approach to CPD will enhance practitioners' professional identity.

Participants

In total eleven staff worked at the day nursery where the research took place that included eight qualified practitioners and three unqualified part-time care assistants. The composition of the staff was:

- 1 practice manager

- 1 deputy manager

- 3 senior practitioners

- 3 practitioners

- 3 part-time care assistants

All staff were willing to be involved in the research but given the time scale and methods of data collection it was decided to limit the number of participants to three. The three practitioners were purposefully selected to obtain a sample that was representative of the practitioner population in the nursery. The care assistants were not represented because they were part-time and were not able to commit to fully take part in the research whilst spending time studying to gain qualifications.

The criteria applied to achieve this sample were, a) working with infants under two years, b) holding different positions within the nursery and c) having prior experience or knowledge regarding use of signing systems e.g. Makaton. In addition the three participants were chosen because they had shown a keen interest in developing their understanding symbolic gesturing and worked with the infants for most of the day rather than the older children. The practice manager was chosen because she had overall responsibility of all the children.

Practitioner one was a member of the team who had been working at the nursery for approximately eighteen months. She was the most recently trained member of staff with eighteen months post qualified experience, after achieving CACHE level 3 Diploma in Care and Education - a full and relevant diploma with licence to practice. She had a key group of three infants between the ages of 8-18 months.

Practitioner two had been employed at the nursery for approximately three years and held additional specialised roles related to communication and language with the children at the nursery. She had achieved a BTEC level 3 in Early Years and Education, a qualification that enabled her to practice in early years settings and had three years' post qualified experience. In addition she was completing a sector endorsed Foundation Degree in Early Years. She had responsibility for looking after three infants for four days a week, and

attended University for one day each week. The infants she cared for were aged between 12-24 months.

Practitioner three had overall managerial responsibilities at the nursery and had been employed in the nursery for approximately seven years. Practitioner three had numerous qualifications. Her childcare qualification was a BTEC National Diploma in Early Years with ten years post qualified experience. In addition she had completed a Bachelor's Degree in Early Years Education and had one year post qualified experience. She had responsibility for a key group of five infants between the ages of 6-12 months, although she looked after only three at any one time as per the ratio requirement (DfE, 2017). This responsibility was shared with another member of staff and she was relieved regularly to complete managerial duties.

Methodology

Denzin (1989) considers it necessary to employ an interpretive qualitative methodology in order to capture the lived experience of individuals. He goes on to note that in recalling their lives, or a particular period of their lives, individuals may reveal specific turning points events or epiphanies that can be transformational. An interpretive qualitative methodology was deemed appropriate because this small-scale study aimed to give voice to the three practitioners' perspectives and experiences, including any turning points, as a result of introducing symbolic gesturing as part of their day-to-day lived experience. Data were gathered via narrative semi-structured one-to-one interviews held pre and post the introduction of the CPD model as well as entries in reflective diaries that allowed practitioners to note any additional thoughts they had during the three month period of implementation. Prior to the research taking place ethical approval was granted from The University of Southampton's Ethics committee. Informed consent was sought from all the

interviewees and they were assured of confidentiality and anonymity in any data analysis or subsequent publications resulting from the research.

The interviews took on average about 30 minutes to complete, although the pre-introductory interviews were generally shorter and less in-depth than those held at the end of the three months. Audio-recordings were transcribed verbatim. The transcripts and diary contributions were thematically analysed according to Braun and Clarke's (2006) six stage model. Initially, the interview data were analysed using the semi-structured interview questions as a structural guide. The initial coding and themes were then used to direct the analysis of the reflective diaries and further analysis of the interviews (Glaser and Strauss 1999). As a result of close reading and re-reading of the data comparisons were made between the various units of analysis so that four main themes were eventually derived:

- Practitioners' sense of self;

- Interactions and emotional responses;

- Intimate relationships;

- Changes to practice.

The findings below relate to specific aspects of, or subthemes within each of the main themes, that are pertinent to the introduction of the transformational CPD model including:

- Introduction of the CPD model included in the theme changes to practice;

- Individual cognitive and affective learning included in the theme practitioner's sense of self;

- Collective learning included both in the theme interactions and emotional responses and intimate relationships.

Findings

The majority of the findings relate to the post-interviews as these provided richer data. The findings indicate that the processes involved in introducing symbolic gesturing to the nursery was well received and that it was accommodated easily within practitioners' daily practice.

Introduction of the CPD model

Prior to the implementation of symbolic gesturing the nursery staff had already recognised that it might enhance their practice, and so they were willing to take part in the CPD. As practitioner one indicated in the pre-interview:

> *We are quite receptive to how symbolic gesturing could be used at the moment.*

The form of CPD was well received by each practitioner and the interviews revealed compelling arguments for the approach used to introduce and implement symbolic gesturing in the day nursery. The CPD model was not perceived as a set of procedures, or an approach that was uniform with everyone having to master it within a specific time frame, rather it was considered to be fluid and adaptable. As practitioner one expressed, in the post interview this was a significant feature of the success of the CPD model:

> *Had it been more structured I would have felt quite trapped...once I start something I can't get out of it and can't pull back, I begin to feel out of depth and don't want to do it.*

Practitioner one explored her negative reaction to other more formal types of CPD and suggested that they are not conducive to learning. The approach adopted in this study enabled her to work at her own pace and encouraged her to explore new ideas with confidence rather than fearing failure as she reflected in the post interview:

> *We were able to implement it at our leisure because practitioners were not formally trained. There wasn't a fear of failure to use signs, and we felt comfortable introducing it very slowly.*

Practitioner two concurred, in the post interview, about the success of the informal approach and indicated that other approaches, such as cascading information after one member of staff had been sent on a formal training course, had not been so successful:

The way we learnt how to symbolically gesture was through a DVD, which was very musical and expressive. We found watching the DVD with the children was much more useful than sending a girl to go on a training course who would be then too embarrassed to use signs and try to show us, like when we did makaton we didn't use them in the end and it was difficult to get other staff to copy them.

The informality of the initial concrete experiences was significant and impacted upon its successful implementation, as practitioner two suggested in the post interview:

I would definitely encourage other settings away from formal training and I would encourage them to look at other resources such as the ones we would use because I think that was such a lovely way to introduce it. A sense of failure was not there and it allowed staff to experiment with it in their own time to learn based on the baby responses.

These comments highlight how vulnerable nursery practitioners feel when being trained to do something new; they talked of 'fear of failure' and 'pressure', 'formality', 'training'. These were features of other forms of CPD that they had previously experienced and had found challenging. In this study practitioners had the liberty to learn at their own pace and choose how and when they wanted to implement symbolic gesturing into their practice. This freedom to work autonomously seems to have boosted their confidence as professionals, and is supported by the views of practitioner three. As the most experienced member of staff she focused upon how new practitioners compared to those more experienced found difficulty in expressing themselves with others around. In the post-interview, she noted that the CPD

approach had helped to decrease novices' reluctance to express emotion towards the infants in their care and as a result they had increased their confidence to act differently and respond to the infants appropriately:

> *When you are a mother with a young baby on your own you will do all sorts of daft faces, raspberry noises, tickle their tummy. Young adults in nursery are inhibited to touch the child in that way and therefore using signing that doesn't inhibit them helps in a way to train them to actually want to do the same sort of things you want to do at home with baby where you would be making your own gestures up.*

Practitioner one agreed about the lack of a specific formulaic regime coupled with the acceptability to actively experiment. It was not important to always 'get it right' but have the opportunity to reflect on, and interpret the experience led to new understandings so that the implementation of symbolic gesturing was successful for these practitioners. In turn this enabled crucial personal relationships with infants to be forged, as she stated in the post-interview:

> *With symbolic gesturing it can support the child. They then know you are directly talking to them using gesturing. It is part of all the fun it's not about having the correct sign or a strict regime where everybody has to get it right all the time, it's much more trial and error and if they didn't really want their nappy changed and it happens then it doesn't really matter.*

Individual cognitive and affective learning

All participants indicated that the CPD had improved their practice and professional sense of self indicating that learning had occurred at a cognitive and affective level. Participants reflected on the process of the CPD and recognised that it had given them autonomy and control over the subsequent implementation of symbolic gesturing into their daily practice.

As a consequence they felt more knowledgeable and confident about using gesturing in their communications with the infants in their care, as practitioner two indicates in the post - interview:

> *Because it was something initiated by us it was something that just slipped into practice – because it wasn't as structured it kind of slipped in; things were quite subtle – if there had been formal training it would have been different, I think we would have been recording it more.*

Despite the success she felt at the end of the implementation period she also discussed, in the post-interview, the reservations she had at the beginning but these were quite quickly overcome due to the beneficial impact gesturing had on her practice and the improved relationships she had with the infants:

> *Initially, I wasn't sure and felt apprehensive about symbolic gesturing because of the mixed messages possibly impinging on language and how to begin implementing it. However, once I had seen how my emotional relationships between the infants developed, through our approach, then I really did think it was beneficial.*

A shift occurred in the practitioners' thinking as a result of the CPD that transformed the way they thought about their professional role and gave new meaning to the relationships with the infants in their care. They felt more knowledgeable and confident in using symbolic gesturing even though at first it seemed quite daunting. Practitioner one reflected that she overcame her initial nervousness and reluctance and used symbolic gesturing successfully to enhance the affective aspects of her professional relationship with the infants she cares for, and thus her professional identity was improved:

> *I think the main issue for me is my confidence because it's quite new and it's not something small in the way we show what we are trying to communicate. However, I*

18

> *think it's important because it's something that's going to make a difference in our emotional relationships with infants.*

The practitioners' confidence and knowledge grew over the period of implementation and the introduction of new signs reached a peak around week nine. Subsequently the practitioners' recognised symbolic gesturing had become part of their repertoire as an alternative way to communicate with the infants and show emotion. Practitioner two spoke, in the post-interview, how this was a gradual and cumulative process built-up over the three month period as a result of active experimentation, reflecting on and interpreting her experiences so that she was able to think and act differently. The gestures she used were incrementally adopted at different times during the course of the day as she became more knowledgeable and confident:

> *Firstly, I noticed I was implementing it at breakfast for drinking and eating and then at nappy time for about the first six weeks. Then gradually I was doing more signs and the infants were responding to them. I then used more throughout play and as I got more confident I began to use it throughout play during the day. A few weeks after I noticed that I was using signing a lot more as a form of self-expression in my language and body language.*

The CPD approach allowed practitioners to build up their knowledge and confidence in initiating new ways of interacting with the infants at the pace they chose and felt comfortable with so that they learnt together, as practitioner one noted in her diary:

> *It helped me to communicate and let the infants express their emotions to me…it gives me confidence as a key person to connect more with my key children.*

Collective Learning

Learning together was a significant outcome of the CPD and included cognitive and affective elements of learning. In some cases this was a turning point and a new perspective on the relationship with the infants was realised that was fresh and exciting. Practitioner two noted in her dairy:

> *I am even more eager to find out what is inside those wonderful brains!! ...my relationships with my key children are [now] far more personal. I find I am helping all the children whereas before with a lot going on it was easier to leave the quiet children.... [Symbolic Gesturing] made me aware of having a slightly different relationship – a relationship where we learn together.*

Symbolic gesturing seems to have given practitioners a heightened awareness and understanding of the needs of all the infants and that the relationship with them is a more equitable and inclusive partnership. Practitioner one concurred, during the post-interview, and indicated that learning together gave both practitioner and the infant license to experiment without the fear of failure:

> *It was not something the infants could fail at, or be expected to do, and because I and the children were learning it together, it was quite nice and more personal with both having time to develop together.*

Practitioner three noted in her diary that learning together had improved communication between her and the infants and that it had also facilitated the infants' language development:

> *Symbolic gesturing has improved the interaction between myself and the child. The child's language has developed because of this. The child is using signs when their speech is not clear and I am not frustrated when trying to make the child understand what I want them to do.*

All participants also noted that working collaboratively was supportive and enabled them to co-construct knowledge. As practitioner one stated, in the post interview, observing each other and learning together helped to promote consistent practice so that the infants could also learn and have a shared understanding of the gestures:

> *It's helpful to have the symbolic gesturing dvd programme as a support scheme because then everyone is using the same gestures. It also makes the staff more expressive using the same gestures and provides more meaning to them to share with each other. If you are using your own gestures or they are made up some key persons' are more flamboyant than others and then they only have personal meaning. This can be confusing for the children. If we are doing the same gestures the children can pick it up and copy each other. I have observed that. So it is helpful to have a set of gestures that are the same and all the staff use them.*

Practitioner three acknowledged, in the pre-interview, that working collaboratively was important so that more experienced practitioners could act as role models for new staff to help them learn and develop professionally:

> *It's not fair to expect inexperienced nursery practitioners to know exactly how to approach the children emotionally and develop attachments without having any experience. They need more experienced staff with them to model and support their own emotional development and communicate to the infants in a way that supports attachments.*

She continued that in providing support to use symbolic gesturing the more experienced practitioners enabled those with less experience to move from legitimate peripheral participation to becoming full members of the community of practice. They became more experimental in their own approach and felt less inhibited in using symbolic gesturing. Full

participation of these newer practitioners meant that the entire community developed with everyone learning together for their mutual benefit, and this was a turning point for everyone involved, as she noted in the post-interview:

> *The less confident practitioner will copy and model the confident practitioners. An example of this was yesterday in carpet time, one of the new apprentices who had been working with a more senior member of staff and who had been really conscious about body language was gesturing really beautifully about the weather and infants were really interested in what she was doing, how she was moving. They seemed to be in the moment together and enjoying each other's company. It just goes to show how symbolic gesturing can support and develop confidence when we are doing it and demonstrating it. The apprentice was relaxed and the infants responded to her and then the infants initiated signs back, smiling and looking engaged. There was a real snowball effect.*

Discussion and concluding comments

For the three practitioners involved in this study, the transformative model of CPD to implement symbolic gesturing into the nursery appears to have been successful in ways identified by Sheridan *et al*. (2009) that they consider crucial in understanding and developing theoretical perspectives on professional development in early years practice. Firstly, the method of delivery of the CPD enabled practitioners and infants to learn and develop autonomously and gain confidence, secondly the processes involved influenced and effected changes in practitioners' cognitive and affective learning and finally there were positive proximal and distal learning outcomes for the infants and nursery staff as a community of learners.

Lightfoot and Frost (2015) have noted practitioners often feel disillusioned and have a sense of a loss of control over their daily practice. The transformative model approach appears to have been successful because of the person-centred and consultative approach adopted. Practitioners were able to express their views and ideas about how they wanted to proceed with the introduction and implementation of symbolic gesturing in the nursery. Cordingley *et al* (2003) recognise that having control and a sense of ownership of their CPD is empowering for practitioners and can positively impact the outcome of the CPD. Feeling valued is an important factor in the success of CPD and findings suggest that practitioners were empowered to act autonomously by being consulted and listened to. Sheridan *et al* (2009).

Transformative learning (Mezirow, 2000) indicates that through interpretation of prior experience learners can realise new and profound ways of thinking and understanding. The transformative model of CPD seems to have been successful from this perspective. The practitioners reported that it had encouraged them to reflect on, and interpret their understanding of symbolic gesturing at cognitive and affective levels. Doing so provided them with insights and a more profound understanding of their practice so that it became competently incorporated into their everyday repertoire. Practitioners also noted that they started to act and behave differently towards the infants in their care. These changes may be considered as specific turning points that, as Denzin(1989) indicates were transformational.

It would appear that the approach has had a longer term impact on the practitioners' practice and sense of professionalism rather than imposed procedural forms of CPD that they had found challenging in the past (Hordern 2013, Lightfoot and Frost 2015). Practitioners noted that, as a result of having time to observe, experiment and then reflect on what was successful, or not they were more confident and felt more competent to use symbolic

gesturing in their daily practice. Lightfoot and Frost (2015) suggest that improving practitioner confidence has implications for the development of their professional identity and values. The practitioners' confidence in using symbolic gesturing accrued over time and this seems to positively affect their professional self-image and identity and has improved how they responded to the infants they care for.

The experiential processes within the transformative model that enabled the practitioners to develop their practice cannot necessarily be divorced from the collaborative approach adopted to introduce symbolic gesturing into the nursery. They are intertwined but it is clear that practitioners were empowered to critically reflect on what worked best for them and the infants in their care as a result of their concrete experiences, observations and subsequent reflections and active experimentation. Nevertheless practitioner experience seems to have influenced the level of reflections each made. Pollard's (2005) typology highlights the progression from novice to expert as a focus on reflection to personal inward considerations through to a more outward and holistic outlook. This transition was evident in the practitioners' accounts. Practitioner one, the least experienced, focused on her own behaviour and thinking, whilst practitioner two extended her reflections to more fully incorporate the infants' reactions and emotions. The most experienced, practitioner three took an even broader perspective and reflected on how she could support and enhance less experienced staff, by modelling practice and providing joint learning experiences thereby drawing them into the community of practice. With regard to the CPD model some differentiation in the approach may be necessary to accommodate all levels of experience. Nevertheless, as a result of engaging in the CPD all practitioners acquired the agency to effect change to their practice by acting upon their observations and adapting symbolic gesturing to meet their personal needs as well as the infants in their care. As noted earlier the

24

experiential learning cycle is envisioned as a spiral rather than a closed cycle and as practitioners developed their repertoire over time this would suggest that they traversed the cycle several times, transforming their understanding to deeper levels. Thus the CDP model could be thought of as self-sustaining.

Findings also suggest that there were positive proximal and distal learning outcomes of employing the model of CPD. Capone and McGregor (2004) note that symbolic gesturing can help to eliminate some of the frustrations and tensions when communicating with pre-verbal infants. This was a positive outcome of the CPD; the practitioners stated that together with the infants they were engaged in a joint learning experience and co-constructed knowledge resulting in enhanced meaningful social interactions between practitioner and infant. Further learning and development on the part of the infants was noted by the practitioners who reported that the infants exhibited increased verbal skills as a result of using symbolic gesturing that Goodwyn *et al.* (2000) state as a benefit of using symbolic gesturing. Rather than outcomes being limited to those between practitioners and their infants, practitioners reflected upon more distal outcomes with their colleagues. Nutbrown and Page (2010) and Taggart (2011) noted that creating opportunities for professional dialogue is perceived as a rare occurrence in nurseries. In contrast the CPD seems to have facilitated practitioners' willingness to engage with others so that when opportunities arose they were keen to share their practice and learn from each other. These findings suggest that practitioners' self-efficacy was increased and coincide with Cordingley *et al* (2003) who found that collaborative CPD increased teachers' openness to new ideas and change their practice through the exchange of practical and relevant ideas. Learning together through constructive dialogue also created a joint narrative that reinforced the practitioners' professional sense of self and identity (Lightfoot and Frost, 2015). Finally working

collaboratively with the infants and other members of staff seems to have created a community of practice in which all participants in the nursery, no matter what their experience, status or age have legitimate participation (Lave and Wenger 1991).

In conclusion, the constructivist epistemology and experiential learning processes adopted in the CPD model has been transformational for the three nursery staff in this study. Firstly, individual practitioners have confidence and competence to use symbolic gesturing knowledgeably but they also feel empowered and enabled. This has enhanced their sense of professional self and identity rather than questioning it (Lightfoot and Frost 2015). Secondly, the model has facilitated collaboration within the nursery community to work on a common project that has resulted in the development of a sustainable community of practice (Wenger 1998).

All the practitioners involved in the study were volunteers and had a vested interest in wanting symbolic gesturing to be successful thus it is necessary not to over interpret the findings. The small sample size and limited time scale of the study also means that some caution is needed in over stating the impact of the CPD model or making claims about its transferability to other individual nursery practitioners, nursery settings or CPD initiatives. There is also less evidence of some of the stages of the experiential learning cycle and precisely what the learning process individual practitioners followed is uncertain. The families of the infants were not part of this study and the research would be strengthened if they had been consulted as key partners. In retrospect the interviews used to gain critical reflections could have been facilitated by practitioners rather than external researcher experts so that research and practice became more inextricably linked. In this way an even more transformational process might have been possible in which these practitioners were even more engaged in their professional development. Further research is needed to interrogate

the CPD model in more detail and explore its impact for different CPD initiatives, in different nursery settings and with a wider range of practitioners, as well as considering in more detail the impact of the CPD on families. Nevertheless the findings of this exploratory study have illuminated the lived experience of three nursery practitioners as they successfully negotiated the model of CPD to implement symbolic gesturing that has resulted in beneficial outcomes for both the practitioners and the infants in their care.

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