



INPRO Handbook



Education and Culture DG
Lifelong Learning Programme



Educational content
and methods for the training
of Interprofessionality
in Child care

www.inpro-childcare.eu

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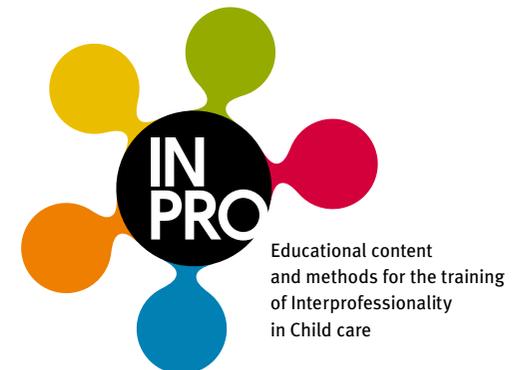
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1. Why is interprofessionalism current?



From professionalism to interprofessionalism: Developing strength through joint action

Parents and children increasingly need advice and support in coping with the demands and educational tasks they face. In this context, new approaches to cooperation are required. Where problems previously used to be subdivided and allocated to individual disciplines, now a much greater understanding of educational work in networks has developed. It is now assumed that questions of educational support for children can be dealt with better when several professions work together. This helps to create a more balanced perspective, and enables more comprehensive and more appropriate support for parents and children. The approach of "everyone for himself in his

own area" has proved unhelpful on a series of occasions. In order to be able to deal with the living and educational conditions of young people and their families, which are becoming increasingly more complex in modern society, we need comprehensive networks of different institutions and professions.

"For me it is a relief that I no longer have to deal with a situation by myself, because I can't see everything. However, it is difficult to find a shared basis for the different professional cultures, and for us to really meet on the same level. It is extremely important that one person is the main contact and holds the various threads together, because this is the only way that working together can also work well. But it is fascinating to discover and understand the way the other occupational groups see things and approach them."

Nursery teacher at a family centre

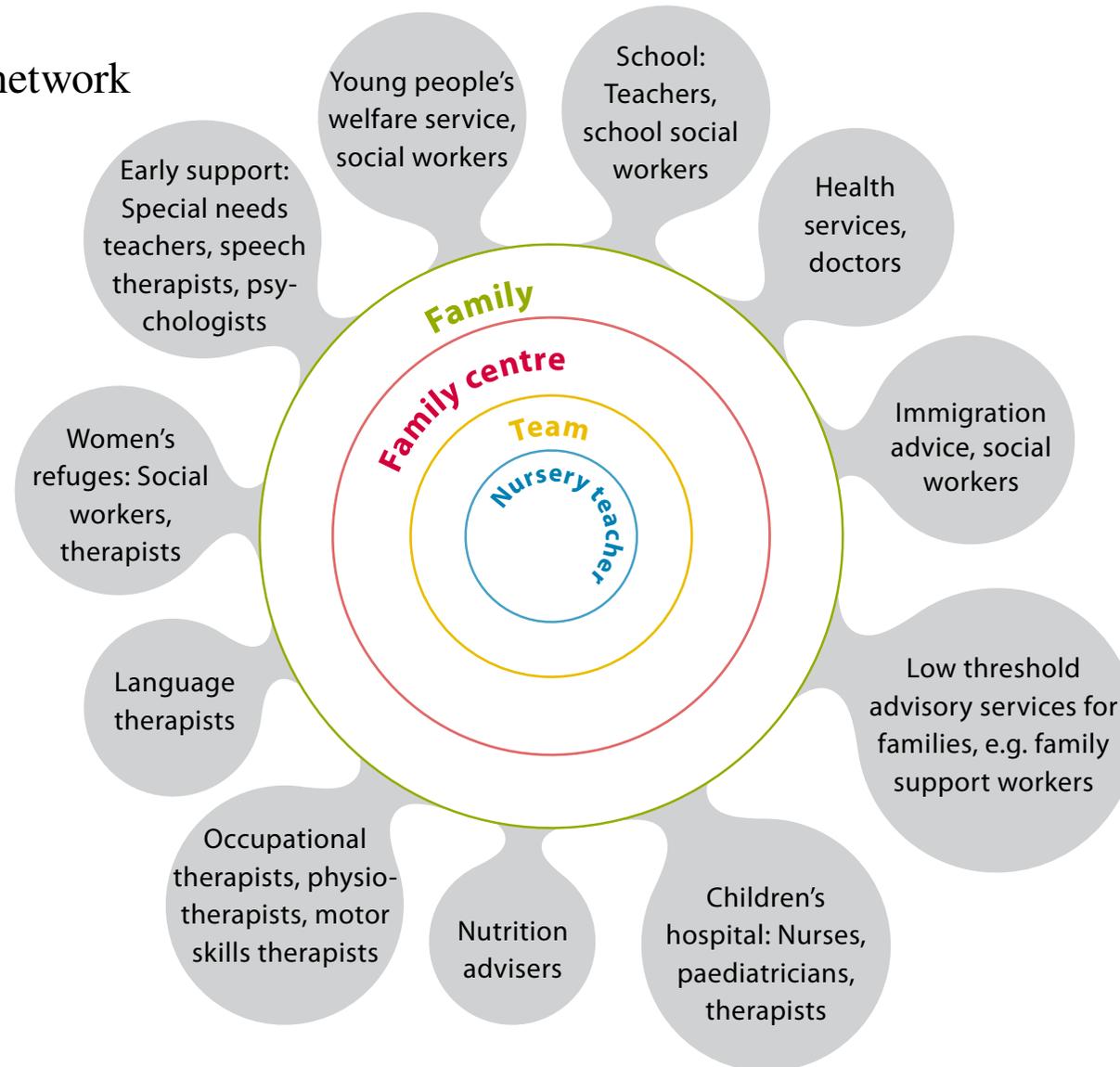
Family centres: The new image of day care establishments

Child day care centres which have developed into family centres (see illustration on the next page) meet the needs of families and offer a network of comprehensive help and support arrangements for children and their families, such as contacts with family advisory centres, educational establishments and self-help organisations. Bringing the various services together enables systematic and customised help to be provided in good time, quickly and straightforwardly. The players in a network are called upon to see beyond the end of their own professional nose and discover where action is better taken together, rather than separately.

This cooperation between different occupational groups poses new challenges to the professional image of an educator, yet up till now, during initial training and continuing education in social work and teaching, insufficient attention has been paid to providing the corresponding specialist knowledge and the skills required. But, what precisely is needed if we are to cope with the new challenges in the changed child care landscape? This is the key question behind the following outline of the main features of interprofessionalism, which is intended to offer orientation to specialist staff in the changing world of everyday practice.

Bringing the various services together enables systematic and customised help to be provided in good time, quickly and straightforwardly.

A map of the family centre network



Interprofessionalism is ...

_ coordinated and intermeshed practical involvement of different specialist staff in the pursuit of a jointly defined goal,

_ a response to the experience that some challenges are better met together rather than alone,

_ perception of and respect for the differences and similarities between different specialist colleagues,

_ a stimulating framework for reflecting on your own activity in practice through the exchange with colleagues,

_ a stimulus to new interdisciplinary routes of action,

_ an integrated response to the sometimes complex needs and challenges that have to be overcome when working with children and families,

_ a continuous interaction and communicating/sharing of your own specialist skills, professional principles, attitudes and values with specialist colleagues from other areas of education and upbringing.

The central aim of interprofessional day care is to gain a better understanding of the questions and issues which arise in everyday childcare (by perceiving these in a more multi-layered way) and solve these appropriately, and to improve access to families and their living and educational situation.

Why is interprofessionalism current?

Interprofessionalism has already become normal practice in early years education: Specialists from different occupational groups and disciplines try together to find appropriate answers and solutions to the questions they face. The extent of this cooperation can vary greatly, i.e. in the presence or absence of coordination amongst one another, in the extent to which information is passed on, in the form of indirect or direct contacts, and in consciously establishing and maintaining a network for dealing with everyday challenges.

Families and specialists are equally aware that children's overall development can best be supported through encouragement which starts at an early stage. This means that the expectations imposed on specialists are growing: they are entrusted with ensuring that children develop as well as possible, while parents are respected and involved as communication partners on an equal level. A continuous exchange by the different occupational groups and disciplines amongst themselves is essential to satisfy this need for effective support. It is only in this way that it becomes clear who can contribute their expertise, when and how, or when and how a different route could be taken. This is exciting and difficult at the same time, and one thing is clear – it will not happen by itself and “just like that”: Interprofessionalism has to be developed systematically.

The expectations imposed on specialists are growing: they are entrusted with ensuring that children develop as well as possible.

What is INPRO?

At INPRO our focus is on an extended perspective of child day care. INPRO stands for “learning content and methods for training in interprofessionalism in childcare” and is an innovation transfer project funded by the European Leonardo da Vinci project. The aim of this international vocational education project is to support the encouragement of interprofessionalism and create this systematically and methodically, by providing educational specialists with a toolbox of methods on the subject of interprofessionalism for continuing education and, aligned with this, initial training.

INPRO incorporates the work of organisations, educational establishments and various charities in Germany, Great Britain, Luxembourg, Austria and Poland, which over the last few years have played an active part in shaping

and characterising the child day care landscape. Caritasverband für das Dekanat Borken e.V. is responsible for the project management. The project partners bring a variety of expertise to the interprofessional areas of learning and practice in elementary and primary education. The shared exchange of knowledge and experience via the partners’ regional transfer products means that the regional concepts can be bundled and developed further to impart interprofessionalism.

INPRO has systematically developed methods and contents for training and coaching in the area of interprofessionalism in childcare. Educational teaching materials on interprofessionalism for use in continuing education are available in the learning areas of case management, creating intercultural awareness, health and nutrition, as well as documents

on education and development. These materials can be compiled on the building block principle, and the training units can thus be adapted to the varying needs of groups of learners.

The path to interprofessionalism

The six INPRO steps illustrate the sequence of interprofessional actions. They make it clear which reflection and action steps make sense from an interprofessional perspective, and how the interprofessionalism perspective can be adopted and heightened.

Step 1
What case is involved?

Case studies: The interprofessional perspective is initiated by means of concrete practical examples.

Step 2
What does the concrete situation look like?

Situational analysis: Can the case be tackled appropriately with the specialist staff who are already on hand and their actions? What can we do and to what extent is our own spectrum of action adequate? What factors favour our looking beyond the team's existing skills and specialist knowledge?

Step 3
Should we work interprofessionally?

Opportunities for working interprofessionally: Is it helpful in the specific case to bring in other specialist staff? Could there be better approaches to dealing with the situation if we consult other occupational groups?

Step 4
Who belongs to our interprofessional network?

When the decision has been made in favour of interprofessional cooperation: Who belongs to our team's network? What laws, framework conditions, professional boundaries, regulations etc. must we bear in mind when building and maintaining our network?

Step 5
How can we act interprofessionally?

Implementing interprofessional action: What might the cooperation with other occupational groups look like in practical terms? Here the method toolbox comes in useful, with numerous suggestions and materials for practice-related activity to support an interprofessional way of working.

Step 6
Where can we obtain information?

Consolidation of the different thematic areas: What do we need to know, and how can we educate ourselves further specifically to this subject? Pool of information about the relevant legal basis, literature on development during early childhood, specimen projects, existing studies, etc.

The INPRO Handbook

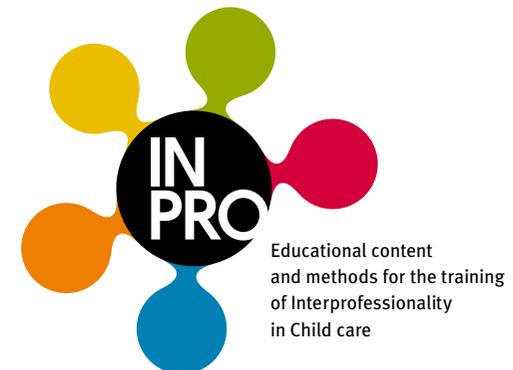
The INPRO Handbook looks at the changed demands for educational activity in the area of coordination and cooperation which we have outlined above, and **the first section** provides an overview of the basic principles of working interprofessionally. It illustrates the hopes associated with working interprofessionally and the difficulties in putting this into practice, together with factors for successful interprofessional cooperation.

The second part of the Handbook showcases the findings of the INPRO project, and serves as a guideline for action both in everyday practice and also for the continuing education of specialist staff in interprofessional contexts. Selected outline case studies highlight the reasons for acting interprofessionally

in a variety of areas, while the checklist for cooperating on an individual case basis and the methods and outlines of possible training days are illustrated by way of example. The collection of links and bibliographical references provides pointers to related projects, plus further and more in-depth information on the theme of interprofessionalism.

A comprehensive listing of INPRO materials is available on the INPRO website at www.inpro-childcare.eu.

2. Basic principles of interprofessional cooperation



What benefits are associated with interprofessionalism?

1. Meeting the increasing complexity of social problems with greater specialist knowledge.

In an increasingly complex society, the issues, questions and problems facing families can be better dealt with by bundling together the knowledge and skills of specialist staff. Problems cannot always be clearly separated from one another, but the blurred areas of overlap are sometimes crucial for adequate interprofessional analysis.

2. A better way of dealing with the needs of families.

Coordinating the approaches of the different professions and interlinking these into the action steps enables the needs of families to be perceived in a more differentiated way. An holistic understanding of the situation con-

cerned means that the modes of action can be determined from several perspectives, and are thus more appropriate.

3. Prevention through early joint intervention.

Specialists who together approach parents and children at an early stage can undertake important preventive work. Parents are more likely to shake off their inhibitions about accepting help if they come into contact with contacts and institutions in good time, on the spot and at a low threshold level. When there are no bureaucratic hurdles to be jumped and it is clear who is the contact for what, where and how, then the way can be smoothed for relationships based on trust.

4. Working more efficiently.

Interprofessionalism leads to greater efficiency of work, since the fact that the institutions present themselves cohesively, and no longer run in parallel, prevents help being duplicated, and families and children no longer feel that they are being swamped by the variety of services available.

5. Greater objectivity.

Different professions have their own analytical and methodological approaches, attitudes, values and focal points. A network which invites you to get involved with as many of these perspectives as possible increases the chances of a situation being perceived with greater objectivity, because your own expertise is enhanced by that of the other professionals involved.

6. Heightened profile for your own profession and appreciation from others.

When you get involved with other professions, your view of your own perspective of a problem is sharpened up. The skills, expertise, attitudes, basic principles, approaches and boundaries of your own profession are more clearly apparent, which in turn creates a more reliable basis for action. From this, better cooperation with "the others" can be successful. You now perceive the other occupational groups as enhancing your own, and when you work together an improved professional approach to action develops.

7. Takes the strain off specialist staff and creates greater satisfaction.

An interlinked and coordinated approach takes the strain off specialist staff and strengthens them. Thanks to the on-going exchange and the increased professional responsiveness, you experience both your individual skills and joint skills positively, and the feeling of "being on your own" is diminished.

Focussing on your workplace:
What are your hopes for your establishment from working interprofessionally?

Benefits of interprofessionalism



What difficulties are associated with interprofessionalism?

1. Institutional and statutory infrastructures.

Professions are not suspended in space: specialist staff in different professions operate within their own institutions, and these in turn are regulated by, and embedded in statutory infrastructures. These formal boundaries have to be clearly communicated so that no unrealistic expectations are created.

2. Networks are continuously changing.

In a network made up of different players, changes tend to be the rule rather than the exception. Usually players join the network, then recede into the background again or drop out entirely. So it is important to pay attention to making sure that a network of this kind can remain in existence and be reliable, despite changing constantly. The focus must be on issues of coordinating the network, the form in which information is exchanged and the levels of contact. In addition, there is not always a fixed goal with a clear, time-bounded task, yet to ensure a reliable basis for

working these have to be just as clear as your role within your own profession or network, and within the interprofessional network: To whom and what do you owe your primary loyalty and obligation? A lack of clarity can lead to a network more or less falling apart when there are conflict situations, and can result in the existence of a less binding agenda for cooperation.

3. Professional and institutional self-interests.

In everyday practice, the demands and requirements that institutions place upon specialists are frequently more marked than those imposed by the professions. This means that once practitioners have completed their training, the self-interests of their profession tend to recede into the background. Then it is the institutions which try to assert their interests and position in society, and if possible to improve these. The situation can also be exacerbated when there are scanty material resources available. It is understandable that this can result in institutions competing with others to justify their existence and reputation,

and this must be recognised so that it does not secretly undermine interprofessional cooperation. In the ideal case your own profession and/or institution, its contribution and expertise will be clearly outlined and those of the other professions will be equally appreciated.

4. A lack of exchange and no shared learning during degree courses and training.

Training and degree courses in the teaching, medical and therapeutic professions focus very specifically on their particular specialism. There are hardly any opportunities, or none at all, to learn together with other professions and enter into exchanges with them, which would offer a chance to take account of different points of view, different focuses and approaches. The aim of shared learning is not to mask the differences that exist and create professional uniformity, but rather professionals should be encouraged during their training to view their own “truths” in a

wider context, to question their approaches and adopt a multi-perspective viewpoint. Interprofessionalism requires a new way of tackling issues and a new attitude to your own expertise, and views the ideal of the “autonomous specialist” critically.

5. It can be hard to broaden your own perspective.

Your own profession offers security: during the course of your training and professional practice, your methodological approaches, sets of beliefs, specialist language, concepts with which you approach families etc become more and more familiar, and also turn into your professional “home” as an individual. In an interprofessional team, occupational groups are called upon to abandon this safe basis to a certain extent. This can be unsettling at first. Nonetheless, these dynamics have to be consciously accepted and questioned, because they apply to all professions and they affect the way you work with other professions.

6. Interprofessional work is undervalued

Interprofessional cooperation is not a self-runner. The assumption is that "if committed professionals work together with good intentions, it will turn out alright". This is an erroneous assumption. Interprofessional cooperation means that different factors and dynamics have to be addressed consciously (as shown here).

7. The parents' view is often missing.

The parents' way of seeing things is often perceived marginally or not at all. This is irritating, particularly as the education partnership with parents is a basic principle of present-day education plans. Parents are experts on their children. We have to know the parents' viewpoint so that we can tell what they need in order to become active, feel that they are taken seriously and be perceived as partners in communications. Specialists therefore must try to understand the parents' way of seeing things.

8. Ivory towers and lack of transparency

A "wall of experts" can be daunting and intimidating to parents. When specialists aim to make it easier for parents to access support services by presenting a united approach, precisely this "shared front" can have the opposite effect. Some parents report that they no longer have any idea who exactly their contacts are, that they "can no longer find their bearings" and that they do not even dare approach all the different players at all. For parents it is important not only to have a contact they trust, but also to be certain that everything will not be shared with everyone, because they do not want to have the feeling that the outside world can see into their lives. An interprofessional network must develop a sensitive way of dealing with parents.

Focussing on your workplace:

What difficulties for working interprofessionally do you see specifically in your establishment?

What factors are important for interprofessional cooperation to succeed?

1. Characteristics of the specialist staff.

The qualified specialists in an institution should work together within an interprofessional network. This will also flag up the significance that is attached to this cooperation. On the other hand, the success of this kind of cooperation is heavily dependent on how committed the members are to the network and their membership of it. It is therefore recommended for them to have professional experience and be knowledgeable, be curious about new unknown routes, prepared for situations which are characterised by uncertainties, and also be capable of questioning their own actions without losing their own expertise in the process. Specialists have to be able to assess when the "tried and tested" methods are no longer sufficient and how new approaches can be jointly achieved.

2. Safeguarding interprofessionalism by additional formal structures: Legitimation from "the very top".

People like to call upon occupational groups with some-

what lower status to take on additional workloads. So there might be an expectation that working interprofessionally should be accepted as an extra task. Yet formal structures are needed to free up the additional time and commitment required for an interprofessional network of this kind in the long term. Doing this is also associated with recognition and legitimising at management level. Sustainable structures can only be guaranteed when this backing exists. This does not minimise the importance of personal commitment at an individual level: both are needed.

3. A shared vision, shared goals and ethical principles.

Sorting these out can easily fade into the background, because people want to get started on the "real work" as quickly as possible. However, sustainable cooperation requires a shared basis for working, because this provides orientation and identification. Reliable agreement is needed in terms of who will pursue which goals, and

work according to which principles. How, for example, is the partnership perceived? How do the individual specialists regard parents? How will they be incorporated into the establishment? Are there difficulties and what are the reasons for these? Are all the specialists in agreement with this? This clarification requires attention right at the beginning, but it should also continuously form part of reflections about work.

4. Creating a sense of achievement by setting realistic goals.

A network can only exist in the long term if it achieves successes, as these enable its belief in its own effectiveness to develop. So right at the beginning, attention should be paid to defining goals precisely and in small steps, and ensuring they are not set too high (not to be confused with having the necessary vision for your work).

5. Creating clarity on who is responsible when.

To prevent discrepancies in terms of expectations, it is helpful to allocate all the roles clearly within the network. This contributes to the network's effectiveness, and this is important as a signal both internally and externally. The same also applies to clarifying who will coordinate the network. This can be on the basis of agreement by those involved, on the rotation principle, by professions or by fixed allocation.

6. Clarifying the professions' self-perceptions.

From a more traditional perspective, professions tend to be regarded as closed structures which offer a particular specialisation and thus tackle specific problems. The assumption is that problems can be cleanly separated from one another and dealt with by the respective profession concerned. A more modern view, however, is that the professions contribute their expertise to understanding a situation which is complex as a whole and acting within this.

Overlaps are blurred and make exchange and cooperation necessary, since everyone can only shed light on their own partial areas and make their limited contribution here. The way in which the different professions are perceived can lead to different attitudes and approaches to interprofessional cooperation which are mutually opposed. If the participants make one another aware of what their basic understanding is, they can deal with these differences constructively.

7. Creating self-knowledge, professional identity and self-confidence.

If you want to have a constructive and self-confident exchange with other professions, you need to be clear on what your own profession stands for, how it is characterised, what ethical principles, attitudes, values and specialist ability form its basis, and how it regards clients and tries to involve them. You need to address your own personal values and attitudes to identify to what extent these

are in line with those of your profession. Once it is clear how everyone's own skills extend, what duties people's own roles entail and where the boundaries with other professional areas need to be set, then everyone can benefit from interprofessional cooperation.

8. Addressing questions of power and status openly.

Questions of power and status exist at team, institution, professional and interprofessional network levels. It is important to make these demands transparent, to face up to them and to know that other professions and institutions also have these. But as an interprofessional network how should you deal with existing claims to power and inequalities of status? In some networks, hierarchies amongst themselves are accepted, while others aim for structures based on an entirely equal footing. It is recommended that you negotiate with one another on which structures your network would like to put in place, and you will then be able to find a way of developing and maintaining these.

9. Creating opportunities for contact and “staying on the ball”.

For relationships to be built on trust, it is important that there are opportunities for direct contact, especially in the initial phase. Inhibition thresholds, misunderstandings and information gaps can best be removed when there are opportunities of exchanging ideas in person and at intervals that are not too far apart. Regular contacts and transparent routes for continuous exchange encourage reliable structures.

10. Communication of professional orientations and general principles.

It appears trivial to say that good communication is essential for working well together but, it often fails precisely because of this. A profession’s cognitive and normal orientations play a major role in this: The former comprise the skills, analytical abilities, professional maxims and methods which characterise a profession, while the latter

involve the attitudes, values, ethical principles, attributes of roles to clients, and also the rituals and traditions which are characteristic of a profession. Revealing these orientations can form the start of a true exchange. Interest in and respect for other people’s orientations are basic requirements here.

11. Establishing cultures of open discourse and conflict.

Open discourse and conflicts are cornerstones for developing a constructive exchange. They contribute to the network partners taking the decisions they have made seriously, and being able to rely on these. This factor is one of the most difficult, because many people tend to associate direct confrontation and a lack of consensus with unpleasant and destructive situations. Possibly people are also unwilling to “hold things up” and “make waves”, but still want to continue working efficiently. The fact is that no sustainable network can exist without a good culture of

discourse, otherwise when there are difficulties, there is a risk that it will fall apart or be incapable of action. In addition, decisions which are not based on open discourse do not take account of all the professional considerations and viewpoints that an interprofessional network has to offer. The reason why people actually want to work together (to see more and more accurately) is incidental.

12. Nothing should be taken for granted:

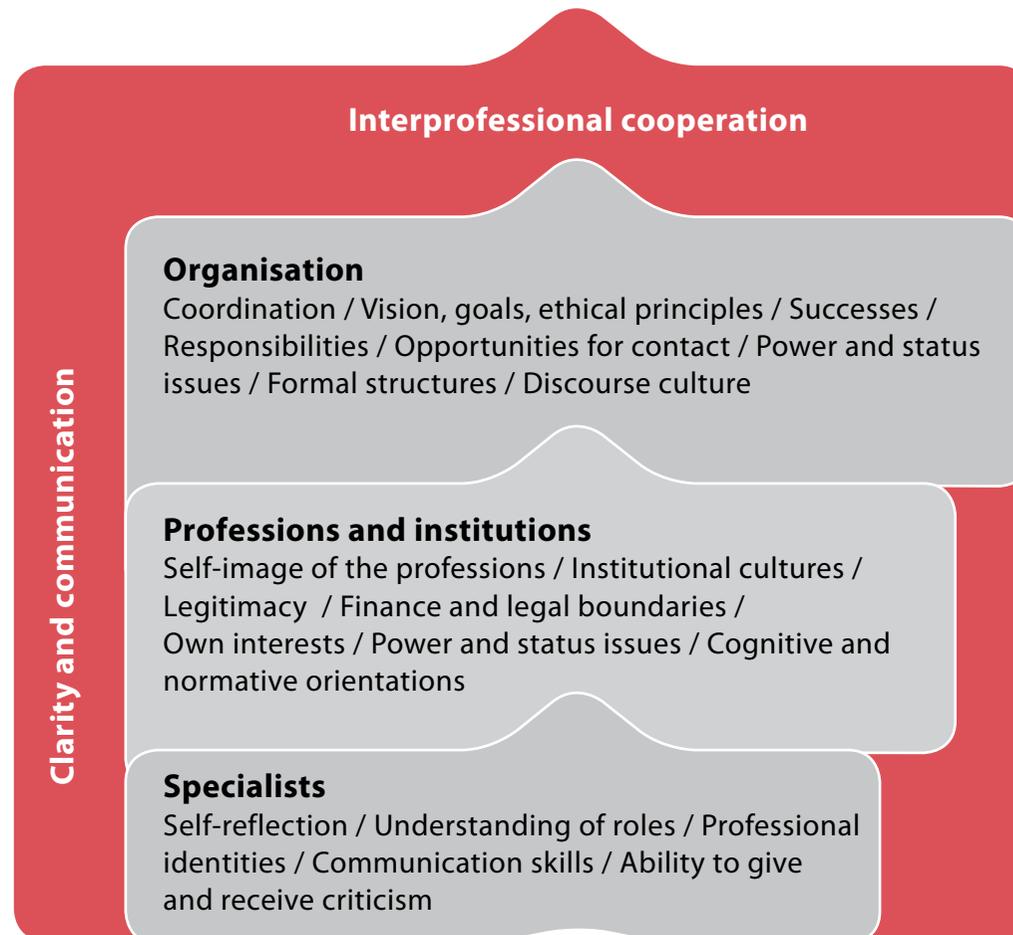
Ask questions!

No one likes asking questions about things that seem obvious and “wasting unnecessary time”. But asking questions is a key point in working successfully interprofessionally: Different professions speak different languages, to some extent have different rituals, values, perspectives and ideas on how best to tackle a situation. The reassurance of knowing exactly what the other person thinks is needed. Questions help to advance this necessary clarification so that the cooperation between different professions can be allowed to succeed.

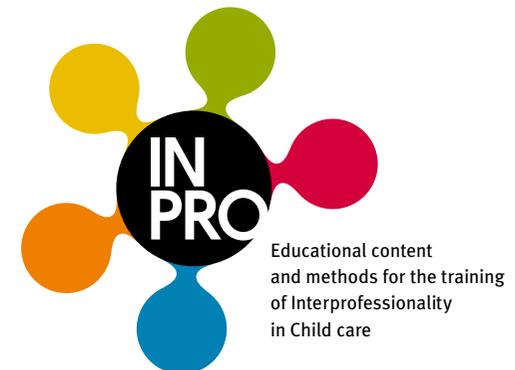
Focussing on your workplace:

Which factors for success are of particular importance for your establishment?

What factors are important for interprofessional cooperation to succeed?



3. Where can interprofessionalism be used?



Case management

Case management in family centres means steering the processes of care, education and advice in the intended direction, pursuing the goals that are desired in the individual case and coordinating the specialist staff involved in a sensible way. Professional and pedagogical expertise and case management skills are critical to success here. It is not unusual for a network of more than 20 experts to provide these services: Educators, paediatricians, psychologists, occupational therapists, speech therapists, motor skills therapists and others too. The funding and aid processes in the specific individual case are equally complex and demanding. In all cases, appropriate and achievable goals must be specified, aid and support processes have to be planned, specific help has to be undertaken and suc-

cess needs to be monitored. Essential media for coordinating case management are organisation (e.g. process structures, clarification of interfaces, intersections and overlaps, and coordination of deadlines) and communication (e.g. meetings or moderation). The INPRO Case Management module deals with the acquisition of methods and working techniques for the case-related management and coordination of a network of interprofessional specialists.

Education and development documentation

In childcare establishments, education and development documentation forms part of everyday professional activities. The central objectives of systematic observation are the early identification of development potential and risks in all areas of development, the detection of individual educational interests and learning histories, and identification of the way in which children actively interact with their surroundings in a self-learning manner. It can be of benefit to children in terms of their education and development when specialists exchange ideas and experience with one another, and achieve a mutual understanding of the perspective from which the other person perceives the child's education and development status, documents this and de-

rives and implements appropriate recommendations for support. Documenting the development and educational processes observed in the children, serves to identify their stage of development and assess their development processes, forms a basis for discussion during exchanges with parents as part of the education partnership, serves as an aid when planning appropriate educational offerings for groups and/or individuals, and can be a source of ideas for changing everyday life in the kindergarten. A wide variety of pointers towards opportunities for working interprofessionally can be derived from this, for example with early support teams to establish whether a child has a need for early support, during the transition to primary school so that teachers can tie in with the child's educational level, or with architects to take account

of the children's wishes when planning building renovations. The duration and intensity of the interprofessional cooperation depend on the issue, the objective and the outcome of the observation.

Health and nutrition

The World Health Organisation (WHO) has stated that overweight and obesity amongst children is one of the greatest challenges faced by public health services in the 21st century. Knowledge about health and nutrition was traditionally acquired through informal learning within the family. As children nowadays spend increasingly less time at home, this knowledge now has to be largely conveyed by other people or through inspiring activities. Healthy eating habits are strongly associated with family prosperity. Not all parents set their children a good example in terms of eating behaviour, and passing on knowledge about healthy foods, good eating habits and physical activity has therefore

become very important in the education and upbringing of children outside the family environment. As children hardly have any access to food production, there is a central issue around introducing them to this subject by, for example, running a kitchen on the spot which prepares fresh food, offering shared gardening, cooking and baking activities, or organising visits to farms. During these activities children should discover that eating has to do with enjoyment and develop their sense of taste. A pleasant eating situation is essential if children are to derive benefit from healthy eating (e.g. the acoustics, the way in which the dishing up of the food is organised, having rules on behaviour which support social interaction, and the table culture).

Just as important as healthy eating is balanced physical activity. This not only supports children's health, but also reinforces their development and in particular their self-confidence.

Numerous people and professions need to work together to convey knowledge of balanced, healthy eating and varied physical activity in the non-family childcare environment on a lasting basis: educators, teachers, doctors, nutrition advisers, chefs, (landscape) architects (who design the eating areas in day care establishments and the outside areas), farmers and food producers (e.g. bakers), sports associations and naturally the fami-

lies and children themselves. It also appears essential to get local politicians on board too. The INPRO module "Health and Nutrition" addresses the question of how best to network and work interprofessionally in the interests of the children.

Conveying knowledge of foods, good eating habits and physical activity has become very important within childcare.

Creating intercultural awareness and international skills

Creating intercultural awareness

Assisting and caring for children from a wide variety of origins demands increased flexibility and cultural empathy. Specialist staff often require more knowledge and action strategies than are currently available in order to offer appropriate support to families with a wide variety of migration backgrounds. There can therefore be gaps in knowledge, for example in respect of the family's residence status or a child's need for special support. Misunderstandings can also arise between specialists and parents. It is precisely here that an inter-professional network can be helpful and can establish a level of communication right from the beginning so that misunderstandings and ambiguities can be tackled openly.

The module "Creating intercultural Awareness" aims to offer participants a framework by means of which they can reflect upon their everyday experiences of caring for children with a migration background and their knowledge in this respect, and identify situations in which interprofessional cooperation can be helpful not only for children and parents, but also for specialist staff. Being aware and taking account of the different backgrounds and living situations of children and families encourages mutual respect, which in turn can lead to improved integration of those involved.

The module "Creating intercultural Awareness" aims to offer participants a framework by means of which they can reflect upon their everyday experiences and knowledge, and can identify situations in which interprofessional cooperation can be helpful not only for children and parents, but also for specialist staff.

International skills

In order to be able to work interprofessionally, it is essential to reflect on your own ideas and perceptions of ideal childcare situations on a transnational basis. These can vary greatly and amongst other things can be stamped by social and cultural backgrounds, age group, occupational group etc. Nursery teachers need to be clearly aware of these possible differences and of the features shared by various European concepts and framework conditions for early child educational theory, and communicate these.

The module "International Skills" makes it clear that we all operate on the basis of our own subjective perception of reality, and that this has things in common with and differences from the perceptions of the other people we work with. It sheds light on the different approaches to childcare by specialists in different countries.

Coaching and provider certification

Providers are certified as NRW Family Centres when they meet the criteria of a defined catalogue of characteristics, so the existence of the quality features demanded is checked at regular intervals, which creates a pressure for developing continuous learning opportunities. These include amongst other things proof of suitable cooperation partners, for example an educational and family advice centre, which support the establishment in its task of taking care of and educating children and advising families. For this reason during the certification of the provider, checks are also undertaken as to whether and to what extent an interprofessional team of experts is available to the family centre and cooperation arrangements exist in this respect.

Coaching is recommended as part of the certification process, and was even compulsory

for all establishments during the pilot phase. Coaching serves for reflection on the work of the provider, the team and the management; it supports the achievement of concrete goals and training of special skills, and it encourages functional approaches and attitudes.

As well as a university education and the relevant additional qualifications for consultancy and coaching, suitable coaches should also have skills in cooperating with interprofessional networks of experts.

Coaching is recommended as part of the certification process, and was even compulsory for all establishments during the pilot phase.

4. When can we work interprofessionally?



Case study A: Creating an intercultural focus for activities at the family centre

Below you will find an outline case study for each of the areas Creating intercultural Awareness, Case Management and Education and Development Documentation, to show how interprofessionalism can be put into practice. The last case study also provides an example of how the "Checklist for the approach to be used during inter-professional actions on an individual case basis" can be used. This checklist is available for download on the INPRO website.

What is the starting situation?

A family centre is considering how it can give its activities a greater intercultural orientation so that German families and families with a migrant background feel that they are equally addressed and invited to get involved. They would like to express this open attitude and appreciation of different cultures for example with special festivals and campaigns at the family centre (e.g. when choosing the activities or selecting the catering). In addition, they would like their work with the children to look at different religious festivals in an annual cycle (e.g. Easter, Ramadan). It would also be helpful in their work with parents if they could stimulate an intercultural exchange on the role of parents, ideals for education, the social value of education and the way early child education systems differ internationally. The team are also discussing whether, in fu-

ture, letters to parents and invitations (e.g. to activities or to development meetings) should be written in two or three languages so that they can address parents with a migrant background in their native language. In terms of the makeup of the team, they are also thinking about whether they should deliberately appoint a bilingual trained member of staff with a migrant background and whether they should develop a relationship with a "bridge person" with a migrant background who would work voluntarily.

Which occupational groups / people / institutions are involved?

Management and team of the family centre

Specialist in the migration / integration area

Migrant organisations

Low threshold "bridge person" (for example a health visitor)

Parents

What measures could be planned?

Organising intercultural festivals

Intercultural breakfast with children, parents and grandparents

Parties and campaigns with other partners, such as sports association, youth centre, migrant organisations, churches

Letters to parents written in two/three languages

Case study B: Procedure when a child's welfare is endangered

What is the starting situation?

During a team meeting at a nursery, an educator expresses her suspicion that a child in her group is showing signs of neglect. Daniel has an unkempt appearance and comes to nursery wearing clothes that are dirty and sometimes torn. It repeatedly looks as if he has not brushed his teeth and has not had a shower for a long time. Daniel is often overtired and says he spends a lot of time at home alone or with his older siblings watching films and detective series on television. Sometimes he comes to the childcare establishment late in the morning and seems very downtrodden. The educator is worried about him and suspects that the parents in Daniel's family are overloaded caring for their total of four child-

ren. It is difficult to contact Daniel's parents because they rarely come to the childcare establishment and then do not show any interest in talking. Some of the time Daniel is brought in and taken back home by neighbours; sometimes his parents come too late to pick him up, and then he stands and waits by the door to his group. The team are considering how they can find out more about Daniel's family situation and what measures they need to introduce.

Which occupational groups / people / institutions are involved?

Management and team of the family centre
Paediatrician
Psychologist
Social worker
Young people's welfare service
Parents

What measures could be planned?

Talking with the parents
Arranging low threshold help services
Contacting the young people's welfare service

Case study C: Procedure in the case of delayed development

What is the starting situation?

It has been apparent to the teachers at a nursery for some time, both in everyday situations and also during systematic observations, that Martina's gross and fine motor skills do not correspond to her age of five years and eight months. For instance, when the group is playing outside she is unable to climb the steps up to the slide without help. When she tries to run backwards, she displays an unsteady movement pattern or falls over. When they are doing gymnastics, she is unable to do somersaults, for example. When she is painting it is apparent that she holds the paintbrush tensely and makes holes in the paper with it, and she is also unable to hold the scissors and cut with them. The other children in the group sometimes make fun of Martina's awkward behaviour, but then it is quickly forgotten again.

Nonetheless, it might be the case that the reactions of her peers are increasingly making Martina lose her self-confidence in terms of her motor skills. Once when Martina's mother was picking her up, she said that she sometimes feels overloaded in bringing her children up. The team are agreed that a diagnostic clarification is necessary and are considering how they can involve the parents and other specialists. The educators are initially planning a development discussion with the parents and would like to suggest that their impression of Martina's stage of motor development should be backed up diagnostically by an early years support expert. In this way, any need for early support could be clarified, and subsequently the early years support centre which works with the nursery could be contacted with the agreement of the parents.

Which occupational groups/ people/ institutions are involved?

Management and team of the family centre
Early years support team
Motor skills therapist
Parents

What measures could be planned?

Development discussion with the parents
Contacting the early years support centre
Diagnostic clarification of the stage of motor development
Compilation of a support concept
Continuous development documentation

Example of a checklist for case study C

Checklist for the approach to be used during interprofessional actions on an individual case basis

Which child is involved?			
Name: Martina			
Date of birth: 03.05.2007			
Who looks after the child in the nursery?			
Group: Ladybirds			
Educators: Ms Müller / Ms Schmidt			
What is the issue / reason for action?			
Martina's delayed development in the motor skills area, and what form cooperation could take during support with the early support provider or motor skills therapist. What tasks can the early support expert / motor skills therapist take over?			
What has already been undertaken in terms of this issue / reason for action?			
Observation, development discussion with the parents, assessing the need for early support			
Is there regular contact and exchange with the child's parents?			
yes		no, because	

Which occupational groups are already involved?			
Early years teacher / nursery teacher		Primary school teacher	
Early support		Motor skills therapist	
Special needs teacher		Physiotherapist	
Paediatrician		Occupational therapist	
Psychologist		Speech therapist	
Social education worker, social worker		Nutrition adviser	
Other (specify)		Other (specify)	
Parents			

Which occupational groups still need to be involved? (Please provide reason)			
Early years teacher / nursery teacher	Reason:	Primary school teacher	Reason:
Early support	Reason:	Motor skills therapist	Reason:
Special needs teacher	Reason:	Physiotherapist	Reason:
Paediatrician	Reason:	Occupational therapist	Reason:
Psychologist	Reason:	Speech therapist	Reason:
Social education worker, social worker	Reason:	Nutrition adviser	Reason:
Other (specify)	Reason:		Reason:

Other (specify)		Other (specify)	
Parents		Reason:	
Reason:			

Is an interprofessional team meeting needed with the occupational groups already involved?	
yes	no
If yes: Who needs to be involved?	
Early years teacher / nursery teacher	Primary school teacher
Early support	Motor skills therapist
Special needs teacher	Physiotherapist
Paediatrician	Occupational therapist
Psychologist	Speech therapist
Social education worker, social worker	Nutrition adviser
Other (specify)	Other (specify)
Parents	

If yes: What are the objectives of the meeting?	
1.: Reconciling expectations and ideas about working together	
2.: Options for support within the nursery	
3.: Possible help for the mother	

What agreements have been reached on the way forward?	
Early support expert Early support for fine motor skills will take place on a mobile basis at the nursery; advice for the parents; advice from a professional viewpoint for the nursery teacher (opportunities for support on an everyday basis, help with looking for suitable materials); contact person for all involved	
Motor skills therapist Advice from a professional viewpoint for the nursery teacher	
Ms Müller / Ms Schmidt: Monitoring Martina during everyday activities and documenting her development; creating occasions and things to do which will encourage and support Martina's development	
What measures can be taken to involve the child's parents?	
Three-way discussion: Nursery teacher (group leader), early years support therapist, parents	
Would it make sense to support the family with low threshold services (e.g. health visitor, health worker, educational support)?	
yes, by Health visitor	no, because
How will further interprofessional cooperation take place?	
Another team meeting	No further cooperation planned
Phone contact	Written contact

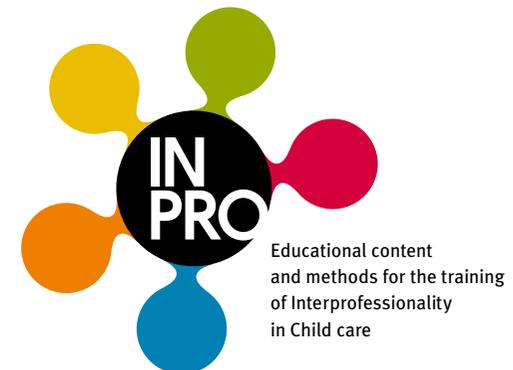
Chapter 4 _ When can we work interprofessionally?

Other, namely short information meeting before or after support sessions		Other (specify)	
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Plans for interprofessional action **Name of child: Martina Date: 09.02.2012**

1. What are we aiming to achieve (goals)	2. What needs to be done (steps)?	3. Who is responsible for this and will do it?	4. What is necessary to do this?	5. When should the steps take place by?	6. How will we notice changes (indicators)?	7. When and how will the implementation be monitored (evaluation)?
1. Support for motor skills	Support sessions: • Fine motor skills • Psychomotor skills	Early years support therapist Motor skills therapist	Room at the nursery Practice premises	From 21.02, once a week From 21.02, once a week	Development progress	June, team meeting, development screening
	Movement games	Ms Müller	Literature for ideas on games	From 14.02, at least twice a week		
	Creating occasions for movement / painting and craft activities	Ms Schmidt	Advice by motor skills therapist / early years support therapist	Advice until 21.02, then from 22.02 integrate occasions / activities into everyday life at nursery		
	Observation and documentation	Ms Müller	Development screening (e.g. ibid 48-72)	By the end of May		
Taking strain off the mother	Get a health visitor involved	Early years support therapist	Make contact	By 21.02	Acceptance by the health visitor	

5. Methods for developing an interprofessional way of working



The Method Pool – Introduction

The Method Pool offers tools for a wide variety of requirements. The instruments it contains are a vehicle for the general development of interprofessional cooperation on the one hand, and for specifically tackling issues within individual areas of action on the other hand. Work on the specific topics within the fields of action is embedded in the interprofessional approach. The methods used support and extend individual reflection skills, and also initiate and reveal group and team dynamics.

The initial training is aligned with the methods used in continuing education. Integrating an interprofessional approach into initial training also requires a thorough examination of the different disciplines and their self-images, and how the latter are formed through

training. The topic of interprofessionalism currently tends to be perceived as being of marginal relevance, which indicates that the different professional training courses take place highly separated from one another. The methods developed here can serve as initial stimuli to expand your own field of vision and take the first steps towards the cooperation in practical everyday terms which might take the place of necessity at a later stage.

The range of methods offered consolidates the contents of the current curriculum requirements for initial training taking North Rhine-Westphalia as an example, and addresses the areas of learning "Acting from a group educational perspective and encouraging social learning", "Supporting development and educational processes" and "Working professi-

onally in socio-educational establishments". It offers students learning situations in which it is essential to acquire professional competencies. Professional problems are confronted in a very practice-oriented way, including during the self-learning phases. Actively getting involved in these can enhance your potential to apply the practical skills needed in a professional context.

Two examples are presented below (for the full Method Pool see www.inpro-childcare.eu); the first is from the area of "Basic Principles of Interprofessionalism", and the second from the area of action "Creating Intercultural Awareness".

Example A: Interprofessional team meeting – practising an interprofessional role

Time 80 minutes

Materials Paper, pens, flipchart

Description This exercise is based on a practical example (www.inpro-childcare.eu)

Phase 1 (10 mins.): All participants take sufficient time to read and understand the case study. Questions can be asked for clarification if necessary.

Phase 2 (5 mins.): A chart of occupational groups and contacts is drawn up. The roles for each institution and contact are allocated. A team manager is appointed for the forthcoming interprofessional team meeting.

Phase 3 (10 mins.): Each participant receives a detailed description of roles, which makes

it clear who is taking on which function, with which skills etc. Everyone thinks and feel their way into their roles. They can make notes, but no exchange amongst themselves should take place.

Phase 4 (35 mins.): Everyone sits down together for a team meeting. The case is discussed from the questions: What should be done now? And who will do what?

Phase 5 (20 mins): The team meeting finishes. Then individual participants (still in their roles) are asked how they felt during the team meeting, whether they felt they were understood, whether they think that the right thing was done in that situation, what was good about the meeting and what they thought was not so good.

Objectives Expand your viewpoint, take on different roles, understand the focal points of other professions, how they perceive and construe the case. Also opens up opportunities for negotiation, becoming receptive to other people's solutions, reaching a common denominator, stating concrete action steps.

Reflection The difficulties and strengths of this interprofessional meeting are gathered: e.g. the participants' impressions of the hierarchical differences they experienced, moments at which different values and ways of looking at things between occupational groups were evident, ideas on how to move forward in the future with certain obstacles to cooperation, the question of to what extent the parents were involved in decisions and processes and whether this was appropriate, and if not, the reasons for this.

Example B: Expanding intercultural skills – “My personal tour guide”

Time 60 minutes

Materials Flipchart, prepared worksheets, highlighters, pens; scarves for covering eyes

Description Form two groups (tourists and tour guides). Instructions for the tourists: “Imagine you are travelling to a fictitious culture you know nothing about. You will have a tour guide by your side to familiarise you with the culture. However, there is a problem: He doesn’t speak your language. So you can only communicate non-verbally with one another. A further obstacle consists in the fact that your eyes are going to be covered up. The tour guide will communicate 3 important characteristics of his culture to you non-verbally.”

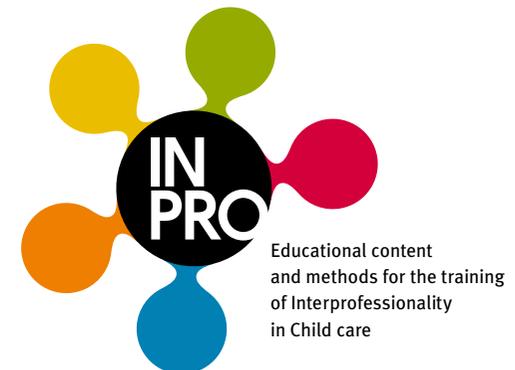
The tour guides have 5 minutes to decide on the 3 characteristics, then they select a tourist, lead him around and try to communicate the typical characteristics to him non-verbally. Finally the tourists are led back to their places.

Objectives Strengthening of intercultural skills. Development of empathy. Encouragement of tolerance of ambiguities.

Reflection In the subsequent reflection, the tourists start by sharing their experiences, and the trainer records these on the flipchart (Column 1: What was shown to the tourists. Column 2: Meaning of what was shown). The tour guides report back next. They explain what they wanted to show and what the individual meanings of their representations were. On one occasion when this exercise

was run, a tourist reported: “I was fed during the tour. I interpreted this as a paternalistic action.” But the tour guide wanted to express the great hospitality in the culture.

6. INPRO Training



Sample day 1 – What is interprofessionalism and how can we succeed in implementing it?

09.00 h Round of introductions and clarification of participants' expectations

09.10 h Why is working interprofessionally important for me /my team?

Every participant reflects on their everyday experiences in practice against the background of the following questions: Where does interprofessionalism already form part of our work? In which situations should we give it more attention? Are there situations in which interprofessional cooperation would or could be useful? Give concrete examples. After the reflection phase, exchange in plenary session and collection of occasions for interprofessional cooperation on the flipchart.

09.30 h Input "Interprofessionalism"

Blickwinkel, Konzeptionen und Definition; Stolpersteine, Chancen, wesentliche Aspekte, die berücksichtigt werden müssen; Erörterung vorliegender Studien.

09.50 h Group work on the subject of "Potential for INPRO in everyday working life"

Small groups (3-4 people), find a case study as a basis (if no case study from the group, see www.inpro-childcare.eu): Each group develops ideas on what an interprofessional approach might look like in this case study; weighing up possible opportunities: why the INPRO approach might be a better way and what contribution it might make; benefits of this approach; weighing up obstacles and difficulties; exchange in plenary session: every group presents its findings.

10.30 h Break

10.45 h Exercise "Developing a picture of your network"

On the basis of a case study (if possible pick up on a case study that was used earlier), create a network chart with the existing network partners in the context of the case

Sample day 1 – continued

study. Also clarify existing relationships with individual partners (i.e. How close/distant is the relationship? How easy is it to communicate/ work with each other? Conflicts/ difficulties? Particularly strong supporting relationship? etc.) Important: highlight any missing network partners, and also show parents as network partners. Trainer gives a short introduction to the network chart and how to compile it (see www.inprochildcare.eu).

11.10 h Group work "Parents as network partners"

Small groups. *Step 1:* Trainer initiates reflection phase: How do you perceive parents? How do you handle working with them? Do you see parents as "partners" or "team members"? What are good aspects of working together with them? What tends to be difficult? And difficult for whom? If so, what would you like to change in terms of dealing with parents and working with them? What do you understand by "education partnership"? Where do you see the advantages of regarding and treating parents

as partners, and where are the disadvantages? *Step 2:* Trainer input: Explanation of different approaches to working together as partners, in terms of both parents and particular network partners. Mention of the findings of various studies in this respect.

11.50 h Input "Team dynamics"

Factors and processes of teamwork; role of team leader, team structures (hierarchical, democratic etc.); discussion of "our" values, as a member of a profession, rituals, traditions, professional jargon, role identity etc.

12.05 h Exercise "Team dynamics"

Small groups. Task: to build the highest possible tower. 8 minutes planning time and 2 minutes construction phase. During the planning phase no materials may be used for building, but solely planning. Once the construction phase is completed, the trainer reflects on the task with each group.

12.20 Uhr Break

Sample day 1 – continued

13.20 h “Developing new role identities”

Role identity, attitudes, values we hold as members of a profession/occupational group (individually and within the team). Different professional cultures are discussed, different perspectives on “professions”, “professional personalities”, professional language, rituals (institutions, team, profession), knowledge, rites, myths, customs; differences between professions that are not only founded on different theoretical models and approaches, but also because we are obliged by our own profession to meet customers, construe them, analyse the situation and understand it in a particular way.

13.35 h Worksheet “The way we ought to be”: Recognising value orientations in our profession and communicating these to other people

Small groups (3 – 4); each group is given the task of filling in a worksheet focussing on the different categories:

“Symbols” (What are the symbols of our profession?), “Myths” (My story as an...(educator etc.), What should I believe? What ought to be important to me? etc.) “Qualities of an ...(educator etc.)” (What makes me a good educator? etc.), “Rituals/initiation rites” (particularly difficult experiences, my “entry” into the profession); “Ethical dilemmas/questions” (specific to my profession), “Use of language” (typical expressions, terminology etc.); What do I actually need to know about the other person so that I understand what he does? What does the other person need to understand about me so that he understands what I do? Creating a profile of my occupational group: Who are we, what is important to us, what do we believe in, what are our central values, what could we never give up in any event?

Sample day 1 – continued

14.05 h Break

14.20 h Role play “Interprofessional team meeting”

Grundlage: Praxisbeispiel (vorgegeben).

Phase 1 (10 mins.): All the participants take sufficient time to read and understand the case study. Room for questions for clarification if needed.

Phase 2 (5 mins.): An overview of the occupational groups and contacts is produced. The roles for every institution and contact are handed out. A team leader is appointed for the forthcoming interprofessional team meeting.

Phase 3 (10 mins.): Each participant receives a detailed description of roles, which makes it roughly clear who is taking on which function, with which skills etc. Everyone thinks and feel their way into their roles. They can make notes, but no exchange amongst themselves should take place; ideally each occupational group should withdraw separately.

Phase 4 (35 mins.): Everyone sits down together for a team meeting. The case is discussed using the questions: What should be done now? And who will do what?

Phase 5 (20 mins.): The team meeting finishes. Then individual participants (still in their roles) are asked how they felt during the team meeting, whether they felt they were understood, whether they think that the right thing was done in that situation, what was good about the meeting and what they thought was not so good. The major elements for constructive cooperation are recorded.

15.40 h Day concludes

Reflection on lessons learned, feedback by participants.

16.00 h End

Sample day 2 – Interprofessionalism in health and nutrition

09.00 h Welcome and introduction

Presentation of the course; short interview with the person sitting next to you (name, job, favourite food, interest in the topic, then round of introductions).

09.15 h Introduction to the topic of "Health and nutrition"

Interactive, with worksheets; large workgroup. Specifying the areas: (1) components of health, (2) connection between health and nutrition, (3) key role played by nutrition in childcare.

10.00 h Consolidation "Nutrition in childcare"

Small groups. Doing justice to this topic requires more than pure nutritional knowledge, but what precisely? This question is tackled in small groups, followed by presentation of the results in plenary session.

10.40 h Break

10.55 h Education partnership with parents

Small groups. *Step 1:* Trainer initiates reflection phase: How do you perceive parents? How do you handle working with them? Do you see parents as "partners" or "team members"? What are good aspects of working together with them? What tends to be difficult? And difficult for whom? If so, what would you like to change in terms of dealing with parents and working with them? What do you understand by "education partnership"? Where do you see the advantages of regarding and treating parents as partners, and where are the disadvantages? *Step 2:* Trainer input: Explanation of different approaches to "working together as partners", in terms of both parents and "particular network partners". Mention of the findings of various studies in this respect.

11.25 h Group work "Team spider" on the subject of "partnership with parents"

Whole team. Capturing the team's subjective assessment of the subject. Every participant gives an actual value and a target value for each aspect.

Sample day 2 – continued

The following aspects could form part of the team spider:

① Direct communication with parents in the establishment, ② Parents taking part in information events, ③ Taking part in other events at the establishment, ④ Transparency towards parents in respect of new services, ⑤ Explaining the children's strengths to the parents, ⑥ Transparency in respect of the establishment's different contacts, ⑦ Parents are welcomed and taken seriously as providers of ideas and critics, ⑧ There are some topics which should not be addressed when dealing with parents.

12.25 h Break

13.25 h Building a bridge towards the interprofessionalism approach.

Where is interprofessional cooperation important for me/ my team? Every participant reflects on their everyday experiences in practice against the background of the following questions/ topics: e.g. Where does interprofes-

sionalism already form part of our work? Can you think of concrete situations/ examples in practice? In which situations should we give it more attention or focus on it more? Are there situations in which interprofessional cooperation would or could be helpful? After the reflection phase, exchange in plenary session and collection of occasions for interprofessional cooperation on the flipchart.

13.45 h Input "Interprofessionalism"

Perceptions, concepts and definition; stumbling blocks, opportunities, major aspects which need to be taken into account; discussion of existing studies. Explanation of the 6-step model and the checklist (see www.inprochildcare.eu).

14.10 h SWOT analysis "Interprofessionalism in the area of health and nutrition"

Problems and resources in a situation are systematically identified; Strengths, weaknesses, opportunities and threats are analysed, which should lead to strategic planning of the way forward. Split up into small groups.

Sample day 2 – continued

Interprofessionalism in the area of health and nutrition: What opportunities, strengths, weaknesses and risks does this bring in relation to my establishment? Development of a concrete strategy for action. Presentation of results in plenary session.

14.40 h Concrete preparation of an action plan for my establishment

Small groups. *Basis:* Situation in your own establishment (if no experience in practice: example from the matrix), create a network chart with the already existing network partners. Also show existing relationships with individual partners (i.e. how close/distant is the relationship; How easy is it to communicate/ work with each other? Conflicts /difficulties? Particularly strong supporting relationship? etc.) Trainer helps to show any missing network partners, and it is also important to view parents as network partners. Trainer explains practical benefits of making the network visible, and the participants should produce the respective relevant network themselves after the trainer

has given a short introduction to the network chart and how to compile it. See structural map (Bertelsmann Foundation, see Annex). *Explanation:* How can non-existent or poor relationships with contacts be developed or improved as appropriate?

15.10 h Break

15.20 h Case study: "Delicious"

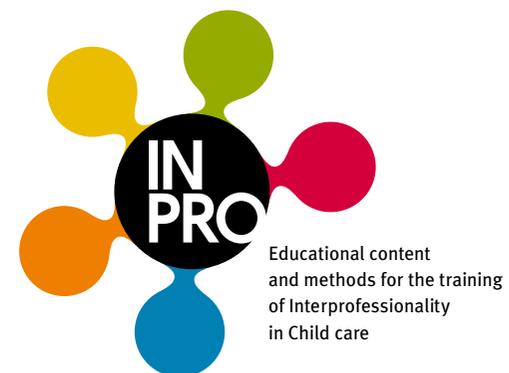
Explanation of an example of best practice. Show the film "Delicious" (approx. 20 mins). The group's task is to look for where they can see interprofessional cooperation, how it succeeds there, what kind of factors play a role in this, etc.

16.00 h Day concludes: What messages will you take home with you today?

State three learning points.

16.15 h End

Links and addresses



Useful links

The Internet sites listed below are sources of further information and materials for initial and continuing education of educational staff and the work of networks in child day care establishments.

www.choca.eu

The transnational project “Child oriented Catering” (CHOCA) has developed and tested learning content and methods on questions of healthy eating for young children for the training of childcare staff, educators and home economics specialists. The teaching material is available to download on the website.

www.famigra.de

The term FaMigra stands for Families with a Migration Background. Creating intercultural awareness at family centres increases equality of opportunities for children and families with a migration background. The recommendations for action published on the Internet site offer a tool to support establishments in the process of introducing and implementing intercultural openness.

www.mutual-eu.com

MUTUAL is a cooperation project involving research institutions, childcare establishments and training organisations. The focus of the project is on improving training in intercultural education and on increasing the employment of migrants wishing to work in childcare. The training course which is published on the website for download comprises a programme with a teaching plan and suggestions on teaching methods to be used by trainers. In addition, managers of educational and childcare establishments will also find ideas and information on intercultural education and methods for dealing with multicultural groups of children.

Useful links

www.standardsicherung.schulministerium.nrw.de/methodensammlung

On the North Rhine-Westphalia education server a collection of methods is available in the form of a database which offers ideas for varied and systematic moderation of continuing education. The collection of methods can also be ordered here in the form of index cards.

www.bertelsmann-stiftung.de/cps/rde/xchg/bst/hs.xsl/16856_16895.htm

The Bertelsmann foundation and the Heinz Nixdorf Foundation have implemented the municipal model project "Kind & Ko" together with two model local authorities (Chemnitz and Paderborn) to develop a communal network and thus improve children's developmental and educational opportunities. Processes have been developed and tested

to strengthen child day care establishments as educational institutions and improve the cooperation between parents and professionals. These strategies and recommendations for action which have been proved in practice are illustrated in the book recently published by the Bertelsmann Foundation "Kommunale Netzwerke für Kinder: Ein Handbuch zur Governance frühkindlicher Bildung" ["Communal Networks for Children: A Handbook on Governance of Education in Early Childhood"]. They provide suggestions as to how "child-centred" cooperation arrangements spanning professions and institutions can be developed and optimised at local level.

Useful links

www.education.gov.uk/childrenandyoung-people/strategy/integratedworking The UK Department of Education website with information and legislation that explains the roles of integrated working and information sharing, and describes the processes in place to improve outcomes for children, young people and families including information on TAC (Team Around the Child) in the UK.

www.direct.gov.uk/en/Parents/Childcare/index.htm

Directgov is the British government<http://en.wikipedia.org/wiki/Her_Majesty%27s_Government>'s digital service for people in the United Kingdom, which provides a single point of access to public sector<http://en.wikipedia.org/wiki/Public_sector> information and services including Childcare. The site is due to be replaced along with the

Business Link<http://en.wikipedia.org/wiki/Business_Link> website by the new Gov.uk<<http://en.wikipedia.org/wiki/Gov.uk>> website on 17 October 2012.

The content was developed by government departments<http://en.wikipedia.org/wiki/Departments_of_the_United_Kingdom_Government>, working with a central Directgov team. This team has now become a part of the Government Digital Service<http://en.wikipedia.org/wiki/Government_Digital_Service> supporting the GOV.UK replacement site. The main outlet is via a website, though content and services are also delivered via mobile.

Useful links

www.ofsted.gov.uk

Ofsted is the Office for Standards in Education, Children's Services and Skills. They report directly to Parliament and are independent and impartial. They inspect and regulate services which care for children and young people, and those providing education and skills for learners of all ages.

Every week, they carry out hundreds of inspections and regulatory visits throughout England, and publish the results on their website. The aim of all this work is to promote improvement and value for money in the services they inspect and regulate, so that children and young people, parents and carers, adult learners and employers benefit.

www.workingwithkids.co.uk

This website offers guidance on all aspects of work that involves being with or around children, including: legal issues, safety standards, analysis of the different jobs available, ideas for games and activities with kids and tips for qualifying to work with children at different levels.

Contact addresses for the project partners

Would you like to find out more about our project or contact the project partners directly? You will find our contact details here.

Germany

**Caritasverband für das Dekanat
Borken e.V.**

Marijan Renić, Project Coordinator
migration@caritas-borken.de

Caritasverband
für das Dekanat
Borken e.V.



Dr. Stephan Rietmann
csb@caritas.borken.de

www.caritas-borken.de

**Euregio Qualifizierungs- und
Technologieforum e.V.**

Hubertus Voss- Uhlenbrock
voss@eqt-ahaus.de
www.eqt-ahaus.de



**EU-Geschäftsstelle Wirtschaft und
Berufsbildung Bezirksregierung**

Reinhold Lawerino
reinhold.lawerino@brms.nrw.de
www.brms.nrw.de



Contact addresses for the project partners

Osnabrück University of Applied Sciences



Prof. Dr. Silvia Wiedebusch

s.wiedebusch@hs-osnabrueck.de

Prof. Dr. Stephan Maykus

s.maykus@hs-osnabrueck.de

Heidrun Wulfekühler, M.A.

h.wulfekuehler@hs-osnabrueck.de

Christina Seelhorst, B.A.

Seelhorst@wi.hs-osnabrueck.de

www.hs-osnabrueck.de

Great Britain

Point Europa

Emma Powell

emma.powell@pointeuropa.org

www.pointeuropa.org



Kim von Kanel

kim.von.kanel@pointeuropa.org

Contact addresses for the project partners

Luxembourg

Fondation Caritas Luxembourg

Marco Da Silva
marco.dasilva@caritas.lu



Dr. Danielle Schronen
danielle.schronen@caritas.lu

www.caritas.lu

Austria

Volkshilfe Steiermark

Regina Egger
regina.egger@stmk.volkshilfe.at
connect@stmk.volkshilfe.at
www.stmk.volkshilfe.at



Poland

Przedszkole

Niezapominjka

Aneta Rychel
Małgorzata Figlak
ajrych@wp.pl



Nauczycielskie Kolegium

Jezyków Obcych w Kaliszu

Małgorzata Wrotkowska
m.wrotkowska@nkjo.kalisz.pl



Jolanta Raszewska
jolanta.raszewska@gmail.com

www.nkjo.kalisz.pl

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Caritasverband für das Dekanat Borken e.V.
Marijan Renić
Turmstrasse 14
D – 46325 Borken
Germany
Telephone: + 49 (0) 2861 945 716
Fax: + 49 (0) 2861 945 899
migration@caritas-borken.de
www.caritas-borken.de

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Text and compilation:

Heidrun Wulfekühler, M. A.
Christina Seelhorst, B. A.
Prof. Dr. Silvia Wiedebusch
Prof. Dr. Stephan Maykus
Hochschule Osnabrück

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