

# Childcare essay sample

[Life](#), [Childhood](#)



1. The sequence and rate of each aspect of development from birth to 19 are the following: Babies at birth – most are born at 40 week and premature babies more often need a little more time to reach the same level of development as babies born in and after the 40th week. Most are born with just reflexes for survival at first. These would be swallowing, sucking reflexes to help feed. Rooting reflex baby will move its head if the cheek is touched to find a nipple or teat. Grasp reflex babies will grip objects touching their palm. Startle reflex they will often move arms outwards and clench fists is a sound movement or light suddenly startles them. Walking reflex when babies are held upright with their feet on a firm surface they usually mimic walking. Babies at one month – usually start to settle into a pattern. Sleep a lot but spend longer periods of time awake. Cry to communicate their needs and parents may recognise the different ones. Learning about the parents and carers may stop crying when they hear familiar voices.

Try and focus on people that are holding them (focus is at a distance of 20 to 25cm at this age). Babies at 3 months – they have quite often grown in weight and height, some have learnt the difference between day and night and will sleep through the night. They are less likely to cry and parents can distinguish what the cries mean more. They tend to sleep less and be more alert and may smile more often to show they know the sound of their carer's voices and movements. Babies at 6 months – They are very alert and turn their heads to see what is happening. They enjoy playing and show it by smiling and making squealing noises. They can now grab objects and move it from one hand to another, they can also focus on it and explore it if it's interesting enough. They show that they are starting to understand a little of

what is said to them and try and communicate. They become stronger, able to sit up with things like high chairs and roll from their backs to their front. Usually they are settled in to a proper routine and have certain naps, times of play and times to be held. Babies at 9 months – Babies physical development is more noticeable at this age. They will be crawling finding other ways of being mobile and are able to sit up completely unassisted. These new movements mean they can explore more.

They also spend a lot of time sitting and playing. Along with bigger movements they are getting more skilled at picking up objects and handling them even though objects still get popped in the mouth. Their language is also developing babbling becomes more tuneful and they are learning what some key words are i. e. they may get excited when they hear words like drink, dinner or bottle. From 8 month they are starting to show who they are enjoying being with i. e. they will cry when left with a stranger and will actively try and be with their main carers. The cognitive development has a massive change they start to learn that people and objects continue to exist when out of sight. This is an important breakthrough for babies as before they were not troubled when people leave the room now they are aware so are desperate to be with their main carers when they are not around. Babies at a year – Babies have learnt a lot by this age they are very mobile and are more often than not on the verge of walking. They may try to stand by holding on to things (some even already walking with furniture) They are very quick at crawling and their eyesight has developed to that of an adults. They are also becoming skilled at using their hands i. e. touching, moving, organising, dropping, putting things in containers and taking them out again

and looking to see what happens to them. They enjoy doing repeated action of play like taking their socks off constantly.

They are able to sit up and feed themselves with their hands and have preferences with food. They become more aware and notice what people are doing and understand more of what is being said to them. They still babble but within the babbling is the beginnings of their first words. A child at 18 months – The word toddler is often used as the children start to walk with a side to side movement. They start to move quickly and enjoy the freedom it gives them. They are keener to interact more and play with adults and are fascinated by other children of their own age and older like friends, brothers or sisters. They start to want their own independence as they have learnt they are separate from their carers they cry in protest if they want something and do not get it. Their language skills are still developing they can use several words and will understand a lot of what adults are saying. They do not yet know the need to share, cooperate and wait many parents take this as developing minds of their own. They can become restless and change moods quite quickly and often need to be around a familiar adult when not with their main carers. Children at two years – They are very much showing their individuality at this age. They know what they want to do touch and hold. They can now move confidently and are enjoying walking and being able to pick things up and play with them. They are keen to do things for themselves and often get frustrated when they can't. Their frustration can lead to temper tantrums and emotional outbursts.

They also get emotional in other words they will smile laugh and squeal with enjoyment. They will notice other children and enjoy being near them even if they don't actively play together. Favourite games are repeatedly played and they may be more active with their imagination like pretending one object is another or giving hugs to a cuddly toy. They will talk aloud and point out objects and name them. Some may be ready to move out of nappies but not all of them until the age of about three. Children at two and a half – They are still keen to be independent and may find it hard to wait and to understand why they can't have what they see or do what they want. Their language is at a big development stage they may use words to express their ideas and some even using sentences. They will go to extremes to get to an object that they want like moving chairs and climbing so good supervision is needed. They will actively start playing with children their own age.

Pretend play, small world toys and outdoor apparatus such as climbing frames and slides will become popular. They are still keen to have plenty of adult attention so will enjoy cuddles and helping adults. Separation from main carers still remains difficult unless they are familiar with the other adult. This is often when toilet training starts and if the child is really ready can be out of nappies in days. Children at 3 years – Most children at this age are making a huge developmental leap this is linked to their use of language. Temper tantrums tend to decrease because they can say they are not happy instead of needing to show it. They understand more of what is happening and the needs of others. They are actively able to play with other children and sharing is less difficult. Other children start to become important in their

life. They are more comfortable from being separated from their main parents as they learn that they will be coming back. They are more able to the people looking after them. Children at 4years – at this age children are making huge steps in all areas of development. They will be fairly fluent in their speech and easily understood although there might be the odd grammatical error or interesting pronunciation.

Most will be cooperative at this age but that is dependent on getting plenty of recognition and praise. Most at this age enjoy being with other children, planning their play and have definite ideas of what they want to do. They are a lot more independent they can generally feed and dress themselves and can organise play if the opportunity arises. They enjoy being with responsive adults especially when they are being given responsibility and encouragement. Many children at this age will be attending nursery or a playgroup and most will start school within this year and have to adapt to being in larger groups A child at 5-6 years – Physical development is much less rapid at this age instead they gain confidence and coordination. This is also true for their spoken language and ability to socialise. Most children have started formal education at this age this can be a difficult period for them especially if they are not interested in learning to read and write. For those that are ready it can be exciting and enjoy the intellectual challenge. Some children will also be starting activities such as swimming dance or music.

The way in which children play is also changing they like playing games with rules such as board games. Friends and established relationships are

important at this age they are likely to have other children for tea or sleep overs. This is important to learn about other families although they are still reliant on their main carers for a lot. Children at 7-9 years – Their development at this age is more gradual. They are more often than not well coordinated in all movements. They gain in confidence and height but the main changes are in the way they think and reason. Their game play is more organised, they make rules up as well as follow them. The way they think and reason also show its self as they start to be able to solve simple problems and enjoy practical situations where they have to work things out themselves. Most are cooperative and enjoy responsibility. They respond well to adults giving clear explanations for rules and when their behaviour is acknowledged and praised. In these years reading and writing get easier, although there will be variations in the speed which children become competent and confident in it. Their physical ability means they are able to do things more confidently quickly and accurate. Friendships are becoming increasingly important.

They will have groups of close friends or a best friend. The lack or absence of a friend can become an issue they are not likely to want to go to a youth club or activity unless they know a friend is attending with them. Most children are at school life in the classroom and playground is a major influence on them. This is also a time when they start to compare themselves with others. In some ways it is part of the thinking process as they are working out what they are like. They will notice when children are the fastest runners or best readers etc. this may affect their confidence which in turn may affect their enthusiasm. Children at 9-11 years – This is

known as the calm before the storm most children are fairly confident and have mastered many skills and decided what they are good at. They can read, write, use logic and draw. They are good at communications and have good relationships with other children and adults. There will be some signs of impending puberty though. Some may go through a rapid growth spurt and towards the age of 11 some girls may even start menstruating. Young People at 11-13 years – This is the time that marks the start of the young person's growing independence.

While parents are still important the young person shows signs of wanting to grow up. They may start to go to school on their own or come home on their own question rules or push boundaries. Relationships with people their own age become increasingly important i. e. they may have different ideas to their parents. They are likely to be changing to another school that will be larger and the curriculum more formal. They will often have different teacher through the day as opposed to one. A lot of physical changes also start taking place preparing their bodies for adult hood. For girls puberty may start at 11 while boys it's around 13-14. The changes can make them embarrassed and create anxiety. Girls that feel they develop too quickly or not quickly enough can lose self-esteem. Young people from 13 -19 years – In this age people move closer to and reach adulthood. Physically by the age of 15-16 girls have finished becoming women. For boys puberty starts at fourteen and often takes 3 years to complete. Pressure in schools will increase most young people are preparing for examinations and starting about their future. In some cases young people may drop out of education and show avoidance behaviour like truanting and bullying or messing



around. Children entering secondary school will now be required to stay in education until they are 18.

They will then need to decide if they need to stay in education or find a job. Some will have developed skills which are equal to skills of adults i. e. IT and those who go to work will have to adapt to new codes, relationships and expectations. Being with friends is likely to be more important than being with family at this stage of life. Young people who do not have a group of friends are likely to feel they are missing out and get anxious. Some experience bullying if they are not part of a group. This can have a big effect on their self-esteem and even in some extreme cases cause suicide attempts to gain attention to their unhappiness. For those that carry out the bullying it is not good either as they learn that this is how they gain respect from others. This is a time when young people are also trying to explore their own identity they may have their own taste in music, clothes and activities to that of their parents. This may cause clashes as they try to develop their own personality and create their own space. They may test the boundaries at home and sometimes at school. As the transition to adulthood is not complete they may still revert to childlike behaviour with comments activities and games.

Somewhere during this period they will experience their first romantic relationship this may result in a sexual relationship although below the age of 16 this is illegal. 2. The difference between sequence of development and rate of development are as follows: Some aspects of development follow a definite sequence. This is particularly true when it comes to physical

development: for example babies have to learn to lift their heads before they sit. It is the same in other cases such as communication for example; a baby recognises words before it can say them. While these sequences are typical in all children, what can change between individual children is the speed and rate at which they develop. The importance of sequence and rates of development are as follows: It is important when working with individual children and young people to note both the sequence and the rate of development in each different areas. Sequence is needed in order to plan effectively for them. Looking at the rate of development is also essential to check whether their rate of development is atypical and needs investigation or support.

1. There are a range of personal factors that affect children and young people's development. One of the factors being Genetics. It may play a part in causing addiction, depression and issues to do with self-esteem. Certain environmental factors will trigger the genes that affect us. Also if the mother uses drugs, alcohol or picks up infections during pregnancy this can cause an effect on the development. Things that happen during the birth i. e. anoxia during birth causing learning difficulties will play a part in learning development. Ill health plays a big factor in the child's development. They may not want to play or feel restricted if they can't physically join in and this could make them feel isolated. 2. There are also a range of external factors that effect children's and young people's development. Poverty and deprivation is a main one, things like poor diet affecting growth and behaviour or lack of education opportunities affecting outcomes. Inadequate

housing can affect health and play. Lack of access to play and leisure can affect cognitive and other areas of development.

Poverty can cause low expectations and reduced motivation and enthusiasm. Family circumstances such as separation and parents with long term illnesses this can cause anxiety in a child and they may not be able to face many problems because of this. 3. Theories of development and frameworks to support development influence current practice in the following ways: Theories of development are important as they can influence practice and also help us understand children's behaviour, reactions and ways of learning. We also look at theories of attachment as these are needed to understand the effects of transition. Constructive theories look at how children make sense of their world as a result of their experiences and how they are active learners. Behaviourist theories look at the way children repeat things in response to stimuli and reinforcements. Social learning is looking at the way children learn through imitation. These three things were taken from theorists like Jean Piaget, Lev Vygotsky, John B Watson, Ivan Pavlov, B. F Skinner and Albert Bandura. Psychoanalytical is looking at the actions that develops in the unconscious mind that develops in childhood. Humanist is looking at the child's motivation and personality being linked to the basic needs being met.

The attachment theory is looking at social and emotional development and the attachment with their primary carers. These three things are taken from theorists like Sigmund Freud, Abraham Maslow and John Bowlby. There are many theorists who can help in our work with children. Over the years

different theories and ways of working with children have been combined and used to provide frameworks for children's care and education. A good example of this is EYFS (early year's foundation stage). This framework contains elements of Vygotsky's theories, as there is a focus on adults working with children observing and planning for their development. It also has elements of Piaget's theory as children are meant to be given opportunities to play and explore independently. We have seen that theories of development and ways of working with children and young people can be brought together to create frameworks for care and education. This thoughtful way of working is known as pedagogy. It is a way of working with children and young people which will improve their life chances and social outcomes.

1. Monitoring and assessing children is done with the following methods:

Observation – this is to literally watch children. There are many different ways which they can be conducted. Some the observer does not interact with children, while others you can be a participant. Observing is a key part of assessing a child's development and are linked closely to planning for groups of children. Standard measurements – There are some standard assessment methods which are used by a variety of different professionals. These include auditory assessments, health assessments, including height weight and head circumference. Measurements and tests carried out by educational psychologists, such as reasoning tests. In addition children in schools will be tested using cognitive aptitude. Information from parents carers and others – It is recognised in the early years sector that monitoring

and assessing children should be carried out by a wide range of people who are involved with the child. This is because they will see the child in different situations.

Parents are often able to spot a developmental difference in their child earlier than some professionals 2. Sometimes children's and young people's development may not follow the expected pattern. Some of the following are why: Disability – A disability may prevent a child from developing in one or more areas. Early support might minimise the effect. Emotional reasons – A big element in their development seems to be how settled and emotionally attached they are. Children or young people who are depressed may not be motivated to try new skills. Physical reasons – some children's developmental pattern is affected by their genetic code. This may mean that they are slow to develop in many areas for no specific reason. It can also be slowed down by difficulties in physical growth. Environmental reasons – A child's family structure and the type of educational setting they attend may all contribute to – or adversely affect – their development. Cultural reasons – The way families bring up their children can vary and this can have an effect on their development. In some families they bring up boys different to girls. In extreme cases this can mean the child's development is adversely affected. They will also have different ideas as to what they consider to be important in terms of giving children freedom and independence. Social reasons – Family structure and lifestyle affect children's development. Although there is not such a thing as a perfect family children with separated families are more likely to have negative blips. So do those born to poverty.

And some families may consider some activities less important to other activities so this will affect development. Learning needs – There are many reasons why children have specific learning needs. They include damage to specific chromosomes, disease and difficulties at birth. They may be really specific such as learning to read or other cognition struggles. Communication skills – Children whose communication levels are low may become frustrated easily and be very aggressive. Also children like this may find it hard to learn to read and write. 3. In the last 50 years, there has been a huge shift in thinking when it comes to the care and education of children and young people. In the past having disability meant that opportunities for learning were denied. Today, a different approach is taken so that most settings look for ways of increasing learning. Although some disabilities can affect a child's overall development as aspects of development are interlinked. i. e. a child's behaviour may be affected by their language. 4. Different types of interventions can promote positive outcomes for children and young people where development is not following the expected pattern.

Here are some examples of the following: SENCO – A person in an education setting who has responsibility for organising identification and support for children with special education needs. Social Worker – Employed by local authority or voluntary organisation to support vulnerable children and young people and their families. These children may include ones with disabilities and ones on the protection register. Speech and language therapist – A professional who supports children and young people who have difficulties in communication, speech and language. They also provide training for other professionals working with them. Educational Psychologist – A professional

who supports children who have difficulties with behaviour or learning. They will provide programmes of support for teachers, early year's practitioners and others to follow. Psychiatrist – A medically trained doctor who has specialised in mental health. May diagnose and support children and young people with mental health problems including depression. Will work alongside counsellors, play therapists and psychiatric nurses. Physiotherapist – Professional who has been trained to maximise the body's movement and skill level. They may help a child who has difficulty controlling their movements i. e. a child with cerebral palsy.

Nurse specialist – Increasingly, the health service is using specialist nurses to support and give advice to children and their families about managing chronic medical conditions. Additional learning support teams – Most education services will provide a range of services in and out of schools that will help children who may have specific educational needs. These will include specialist teaching assistants, home tutors and advisors who visit settings to support and train staff. Youth justice teams – Children and young people who show antisocial behaviour will work with staff from the youth justice team. This may include probation officers in conjunction with social workers.

1. Communication plays an enormous role in the development of children particularly in their cognitive, social and emotional development. Language allows you to think, control your behaviour and process information. Without a way to communicate children can become frustrated and become isolated. Language is also developed to the development of literacy. This means that

they will have poor speech and find it hard to understand the link between sounds and letter shapes. Reading can be delayed and writing affected also. Some children may have difficulties with communication. They may find it hard to connect with others or find it hard to process complex sentences. A young child's brain is still developing while it grows. This means that identifying any delays or disorders early can change the potential impact of any difficulty if early support is provided.

Finding ways to help children communicate is important for their emotional well-being as children with communication difficulties can quickly develop antisocial behaviours. 2. Once all the relevant people involved with the child i. e. parents and others have identified that a child needs additional support a multi-agency approach may be used. The parent will visit their GP who will then make a referral. This may initially be to rule out hearing or visual impairments. In other cases, the GP may refer directly to the speech and language service. For some children, an assessment by an educational psychologist will be required – especially if communication difficulties are linked to other learning difficulties. Once the child's type of support is decided, a collaborative approach is needed so that all professionals, parents and the settings work together. 3. Children learn communication by being with adults and other children, particularly when having fun.

Play and activities that interest the children are usually used to support the development of speech and language, because they are motivating; for example, saying a nursery rhyme with actions will be more engaging than having to repeat movements in isolation. Some of the following activities



make it easier to grasp language and communication: Puppets – these can be used to get a child to talk or vocalise. Puppets with mouths can be used to encourage them to make specific movements. Role play/Dressing up – children at age 3 often enjoy this and adults can join in and take on different roles. Nursery Rhymes/Songs/ Musical Instruments – This can help children to listen and take turns but also to sing and communicate. Some can help practice particular speech sounds. Books – books help increase vocabulary help learn meanings of words. Some help children participate like books that have things that make noises when pressed. A book can also meet a child's interest so encourages the child to point and vocalise. Blowing Bubbles – is an example of an activity that might be used to encourage children to point or show interest in what they are seeing. Sometimes they will be encouraged to blow bubbles to make different sounds.

1. Below are some of the transitions that can affect children and young people's development: Changes to family structure – New baby, new step parents, new step siblings, grandparents or other family members coming to live. Moving home – Change of home, location or country.

Illness/bereavement – Illness or bereavement of close family member or friend. Being with a new/ additional primary carer – Starting with a child minder, starting at pre-school, moving into foster care, moving into adoptive care. Moving Setting – Changing school, changing from pre-school/nursery to school, changing group/class, changing youth group, leaving care. Admission to institution – Admission to hospital, youth offenders, boarding school, children's home. Changes to body – Changes to body image caused by, for

example, puberty, scarring, accident, chronic illness. 2. It can affect children in many ways to have a positive relationship during these transition periods. The effects of separation anxiety can cause children to self-harm, regress, get ill, have insomnia, have food issues, get depressed, have a lack of concentration, be aggressive and much other behaviour.

This is why in a setting they will usually need a key person to have a positive relationship with i. e. a primary nurse in hospital or key person in a nursery. The idea behind the key person is that the children have one person who they can go to whom they feel secure. This person should have a warm relationship with the child and be able to reassure, as well as listening and validating the child's experience. A key person will also monitor the reactions of a child to their new situation. This can provide warning in cases where the effects of transition aren't temporary.