

# Ct230

Art & Culture, Comedy



CT230 Understand Child and Young Person Development1. 1 EXPLAIN THE SEQUENCE AND RATE OF EACH ASPECT OF DEVELOPMENT FROM BIRTH -19 YEARS. The aspects of development are: Physical Development Intellectual Language Emotional Social SpiritualPhysical Development Physical development involves children's increased ability to perform more complex physical activities. Gross motor skills involve moving the whole body eg. Walking, jumping and climbing. Fine motor skills involve hand movements, wrist action and procedures using the fingers eg. Drawing, cutting, writing.

Co-ordination involves eye to hand control eg. Painting, threading beads and Whole body co-ordination. eg. Playing football. 0-3 MONTHS Sleeps much of the time Tries to lift head Starts to kick legs and movements gradually become smoother Starts to wave arms about Begins to hold objects when placed in hand Grasp reflex diminishes as hand and eye co-ordination begins to develop Enjoys finger play Learns to roll from side to back Sees best at a distance of 25cm then gradually starts watching objects further away Needs opportunity to play and exercise (soft toys, cloth books, play mat)3-9 MONTHS Establishes head control; moves head round to follow people and objects Begins to sit with support; from about 6 months sits unsupported Rolls over May begin to crawl, stand and cruise while holding on to furniture (from about 6 months) Learns to pull self-up to sitting position Begins to use palmer grasp and transfers objects from one hand to the other Develops pincer grasp using thumb and index finger (from about 6 months) Continue to enjoy finger rhymes Drop things deliberately and searches for hidden/dropped objects (from about 8 months) Puts objects into containers

and takes them out Enjoy water play in bath Needs opportunities for play and exercise (board books, bricks, containers, activity centres) 9-18 MONTHS Is now very mobile (crawls, bottom shuffle, cruises and walks) Starts to go upstairs (with supervision) but has difficulty coming down Needs safe environment in which to explore as becomes increasingly mobile (safety gates) Throws toys deliberately Watches ball roll towards self and pushes it back Has mature pincer grasp and can scribble with crayons Points to objects using index finger Places one or more brick on top of each other to make a small tower Hold a cup and tries to feed self Continues to enjoy finger rhymes plus simple action songs Needs space, materials and opportunities to play alongside other children 18 MONTHS ??“ 2 YEARS Starts to use potty but has difficulty keeping dry Can feed self Walks well and tries to run but has difficulty stopping Comes downstairs with help Learns to push a pedal less tricycle or sit and ride toy Tries to throw a ball but has difficulty catching Bends down to pick things up Uses several bricks to build tower Continues to scribble and can do simple jig saw puzzles Enjoys action songs and rhymes Needs space, materials and opportunities to play alongside other children | 2 ??“ 3 YEARS Uses potty and stays dry more reliably Comes downstairs in upright position one stair at a time Starts to climb well on play apparatus Kicks a ball, learns to jump and may learn to somersault Learns to pedal a tricycle Can undress self; tries to dress but needs help, especially with socks and fastenings Has increased control of crayons and paintbrush; tries to use scissors Enjoys construction activities and can build more complex structures 3 ??“ 5 YEARS Usually clean and dry but may have the occasional accident Able to run well and stop Competent at gross motor skills such as jumping,

riding a tricycle, climbing and using a swing Throws and catches a ball but is still inaccurate Fine motor skills improve ??” can use scissors, fork and spoon Enjoys simple singing and dancing games Plays co-operatively with other children 5 ??” 7 YEARS Can dress and undress but may need help with intricate fastenings and shoe laces More proficient at climbing, running, jumping and balancing Has some difficulty with hopping and skipping Improved ball skills but still learning to use a bat Learning to ride bicycle (with stabilisers) Has better pencil / crayon control; more competent at handling materials and making things 7 ??” 12 YEARS Grow taller and thinner; start losing baby teeth Improved gross motor skills, proficiency in climbing, hopping skipping Can hit a ball with a bat Learns to ride a bicycle(without stabilisers) Learns to swim Handwriting becomes clearer and more legible Can do complex construction activities Can draw in a naturalistic way 12 ??” 16 YEARS Can dress/undress including intricate fastenings Physical changes of puberty Enjoys team games and sports Ride a bike with competence and confidence Has established joined up hand writing Computer and typing skills 16 ??” 19 YEARS Can produce volumes of writing Prolonged concentration Improved computer skills Body shape changes Learn to drive Intellectual Development Intellectual development is the process of gaining, storing, recalling and using information. The components of intellectual development are thinking, perception, problem solving, memory, concentration and creativity.

0 ??” 3 months Recognises parents; concentrates on familiar voices Aware of different smells Explores by putting objects in mouth Observes objects that move; responds to bright colours and bold images Stores and recalls

information through images Sees everything in relation to self (egocentric)

3 ??" 9 months Knows individuals and recognises familiar faces Recognises certain sounds and objects Shows interest in everything, especially toys and books Concentrates on well-defined objects and follows direction of moving objects Anticipates familiar actions Searches for hidden or dropped objects (from about 8 months) Observes what happens at home and when out and about Explores immediate environment once mobile Processes information through images Enjoys water play in the bath 9 ??" 18 months Explores using senses, especially sight and touch; has no sense of danger Concentrates more due to curiosity and increased physical skills, but skill has short attention span Follows one step instructions and/or gestured commands Observes other people closely and tries to imitate their actions Uses trial and error method when playing with brick, containers Learns that objects can be grouped together 18 months ??" 2 years Recognises objects from pictures and books Points to desired objects Matches basic colours; starts to match shapes Does very simple puzzles Concentrates for longer Shows preferences and starts to make choices 2 ??" 3 years Identifies facial features and main body parts Follows 2 step instructions Points to named objects in pictures and books Develops understanding of big and small Begins to understand the concept of time at basic level (before and after, today and tomorrow) Enjoys imaginative play; able to use symbols in play Concentrates on intricate tasks such as creative activities or construction but still has short attention span Pre-occupied with own activities Shows some awareness of right and wrong Processes information through language rather than images | 3 ??" 5 years Learn about basic concepts through play

Experiments with colour, shape and texture Recalls a simple sequence of events Follows 2 or 3 step instructions Enjoys imaginative and creative play Interested in more complex construction activities Attention span increases Plays co-operatively with other children; able to accept and share ideas in group activities Shows some awareness of the needs of others Holds strong opinions about likes and dislikes 5 ??“ 7 years Is very curious and asks loads of questions Knows, matches and names colours and shapes Spatial awareness increases Follow 3 step instructions Develops interest in reading for themselves Enjoys puzzles and games Concentrate for longer Shows awareness of right and wrong, needs of others Begins to see other peoples point of view 7 ??“ 12 years Learns to read more complex texts and develop writing skills Enjoys number work, but still needs real objects to help mathematical processes Enjoys experimenting with materials and exploring the environment Develops creative abilities Begins to know the difference between real and imaginary, but still enjoys imaginative play Interested in more complex construction activities Has longer attention span; does not like to be disturbed during play activities Follows increasing complex instruction Enjoys games with rules; also computer games Develops a competitive streak Has an increased awareness of right and wrong; the needs of others Sees other peoples points of view Seeks information from various sources (internet, encyclopaedia) Processes expanding knowledge and information through language 12 ??“ 16 years Reads more complex texts with improved comprehension and extends writing skills Develops understanding of abstract mathematics/scientific processes Knows the difference between real and imaginary Enjoys games that require strategy skills Has particular

interests which allow them to show off their intellectual abilities (chess and computer clubs) Well defined understanding of right and wrong Approach problems in a systematic way Think about possibilities that are not directly observable Think through hypotheses Think beyond conventional limits

16 ??” 19 years Think and process complex ideas Can make independent decisions Can set goals and follow them through Express their feelings in words Language Development Language is a key factor in child development. It provides children with the skills they need to communicate with others, formulate ideas and express feelings. There are different modes of language: non-verbal??” thinking, listening, reading and writing as well as verbal speech. 0 ??” 3 months Recognises familiar voices; stops crying when hears them Aware of other sounds; turns head towards sounds Responds to smiles; moves whole body in response to sound/ attract attention Pauses to listen to others; makes noises as well as crying (burbling) 3 ??” 9 months Responds with smiles Recognises family names, but cannot say them Enjoys looking at pictures and books Even more responsive to voices and music Participates in simple games; tries to imitate sounds during rhymes Starts babbling, using single-syllable sounds From about 7 months uses 2 syllable sounds Shouts to attract attention 9 ??” 18 months Joins up syllables Learns to say first real words, usually the names of animals and everyday things Uses gesture to emphasise word meanings Uses vocabulary of between 3 and 20 words Participates in simple finger rhymes Over extends words, that is, uses same words to identify similar objects (all round objects are called ??? ball??™) 18 months ??” 2 years Uses language to gain information Repeats words said by adults Acquires 1-3 words per month; by 2 years has

vocabulary of about 200 words Participates in action songs and nursery rhymes; enjoys books and stories Uses telegraphic speech, speaks in 2-3 word sentences (daddy go or milk all gone) 2 ??" 3 years Has vocabulary of about 300 words Uses more adult forms of speech, sentences now include words like that, this, here, there, then and but. Can name main body parts Uses adjectives (big, tall, small); words referring to relationships (I, my, you, yours) Asks questions to gain information Sings songs and rhymes Can deliver simple messages 3 to 5 years Has vocabulary of between 900 and 1500 words Asks a lot of questions Uses language to ask for assistance Talks constantly to people know well Gives very simple accounts of past events Can say names of colours Begins to vocalise ideas Can listen to and follow simple instructions 5 ??" 7 years Has vocabulary of about 1500 to 4000 words Uses more complex sentence structures Asks more questions using what, when, who, where, how and especially why Develops early reading and writing skills Continues to enjoy books, stories and poetry; by age 7 can recall the story so far if book read a chapter at a time Shows interest in more complex books Gives more detailed account of past events Vocalises ideas and feelings Can listen to and follow more detailed instructions; can deliver more complex verbal messages 7 ??" 12 years Has extensive vocabulary of between 4000 and 10000 word Develops more complex reading skills including improved comprehension Develops more complex writing skills including more accurate spelling, punctuation and joined up writing Gives very detailed accounts of past events and can anticipate future events Vocalises ideas and feelings in more depth Listens and follows complex instructions Appreciates jokes due to more sophisticated language



knowledge Uses literacy skills to communicate and to access information (story and letter writing, use of dictionaries, encyclopaedia, computers, internet and email) 12 ??” 16 years Has extensive and varied vocabulary of between 10000 and 20000 words Uses appropriate language styles for different occasions Has more complex reading skills including detailed comprehension skills (comments on structure and themes of book or other piece of writing) Has more complex writing skills including accurate spelling and punctuation; neat and legible joined up writing Can use different writing styles including word processing on a computer Enjoys more complex texts including fiction, poetry and factual books Gives detailed accounts of past events using varied expression and vocabulary Can anticipate future events and give detailed reasons for possible outcomes Can justify own views and opinions Appreciates complex jokes and word plays 16 ??” 19 years Can become involved in adult conversations Communicates confidently with people who are not known (employers, in the work place) Uses slang at appropriate times Has more constructive arguments

Emotional Development

Emotional development can be defined as the development of personality and temperament. This includes how each child develops as a unique individual, sees and feels about themselves; think other people sees them; express their needs and relates and interacts with others and the environment around them. 0 ??” 3 months Becomes very attached to parent/carer Experiences extreme emotions which can change in an instant Requires the security and reassurances of familiar routines May be upset by unfamiliar methods of handling and care 3 ??” 9 months Has strong attachment to parent/carer Develops other attachment to people sees

regularly By 6 or 7 months shows clear preferences for familiar adults as can differentiate between individuals Demonstrates strong emotions through body language, gesture and facial expressions Dislikes anger in others and becomes distressed by it Has clear likes and dislikes (will push away food, drinks, toys does not want)9 ??” 18 months Likes to get own way; gets angry when adult says no! Has emotional outbursts when does not get own way or is otherwise frustrated Shows fear in new situations Relies on parent/carer for reassurance and support in new situations Is upset by the distress of other children (even if they caused it) Seeks reassurance and contact with familiar adult throughout waking hours 18 months ??” 2 years Begins to disengage from secure attachment ??” wants to do things for self Still emotional dependant on familiar adult but this leads to conflict as need for independence grows Has mood swings (clingy one moment then fiercely independent the next) Becomes very frustrated when unable/not allowed to do a particular activity which leads to frequent but short lived emotional outbursts Explores environment; even new situations are less frightening as long as parent/carer is present 2 ??” 3 years May still rely on parent/carer for reassurance in new situations or when with strangers Still experiences emotional outbursts as independence grows and frustration at own limitations continues (aggressive towards toys that cannot get to work) Begins to understand feelings of others but own feelings are still the most important Has very limited understanding of other peoples pain Feels curious about the environment but has no sense of danger 3 ??” 5 years Less reliant on parent/carer for reassurance May be jealous of adult attention given to younger sibling or other children in a group Argues with other children but is

quick to forgive and forget Has limited awareness of the feelings and needs of others May be quite caring towards others who are distressed Begins to use language to express feelings and wishes Still has emotional outbursts, especially when tired, stressed or frustrated 5 ??" 7 years Becomes more aware of the feelings of others Tries to comfort others who are upset, hurt or unwell May occasionally be aggressive as still learning to deal with negative emotions Uses language to express feelings and wishes Uses imaginative play to express worries and fears over past or future experiences Argues with other children but may take longer to forgive and forget Confidence in self can be shaken by failure May have an imaginary friend 7 ??" 12 years Becomes less egocentric as understands feelings, needs and rights of others Still wants things that belong solely to them (very possessive of own toys) Becomes more aware of own achievements in relation to others but this can lead to a sense of failure if feels does not measure up; hates to lose May be very competitive; rivalry may lead to aggressive behaviour Has increased awareness of the wider environment 12 -16 years Has a growing understanding of the possible causes for why people feel and act as they do \* Emotional changes due to puberty Understands issues relating to fairness and justice Can anticipate people??™s reactions and consider the consequences of own actions Is increasingly able to see different viewpoints in order to resolve difficulties in relationships Has confidence in own skills and ideas; is more able to be assertive rather than aggressive or passive May have very strong opinions or beliefs; may hold grudges and find it difficult to forgive and forget Has more understanding of complex issues concerning the wider environment 16 ??" 19 years Often feels

misunderstood Fluctuate between emotional peaks of excitement and depths of moodiness Become self- absorbed and introspective Anxious about the future Social Development Social development involves children developing their social skills.

Such as how they relate to other people, developing independence, understand moral concepts, developing acceptable behaviour patterns and understanding the needs and rights of others.

0 – 3 months Cries to communicate needs to others; stops crying to listen to others Responds to smiles from others; responds positively to others Considers others only in relation to satisfying own needs for food, drink, warmth, sleep, comfort and reassurance

3 – 9 months Responds positively to familiar people such as family members; by 9 months is very wary of strangers Communicates with others by making noises and participating in conversations Begins to see self as separate from others

9 – 18 months Responds to simple instructions (if wants to) Communicates using (limited) range of recognisable words Shows egocentric behaviour (expects to be considered first)

18 months – 2 years Plays alongside other children and enjoys games with known adults Communicates more effectively with others; responds to simple instructions Wants to help adults and enjoys imitating their activities May be interested in older children and their activities May unintentionally disrupt the play of others (takes toys away to play with by self) Becomes very independent Wants own way and says no! a lot

2 – 3 years Wants to please and seek approval from adults Very protective of own possessions Unable to share with other children

3 – 5 years Learns to play with other children rather than just alongside them Uses language to communicate more effectively

with others Develops self- help skills Observes closely how others behave and imitates them May snatch play items required for own play Expects adults to take their side in disputes Gradually is able to share group possessions at playgroup or nursery 5 -7 years Enjoys the company of other children; may have special friends Uses language more effectively to communicate, share ideas, engage in more complex play activities Appears confident and competent in own abilities Co-operates with others, takes turns and begins to follow rules in games Seeks adult approval; will even blame others for own mistakes to escape disapproval Has a particular role model May copy unwanted behaviour (swearing, hitting, biting) to gain attention7 ??“ 12 years Wants to belong to a group; usually has at least one special friend May use language in negative ways (name calling or telling tales), as well as positively to share ideas and participate in complex play activities Is able to play on own; appreciates own space away from others on occasion Becomes less concerned with adult approval and more concerned with peer approval Is able to participate in games with rules and other co-operative activities 12 ??“ 16 years Belonging to a group becomes increasingly important but can also be a major source of anxiety or conflict The desire for peer approval can overtake the need for adult approval Participates in group/ team sports and activities; can follow complex rules and co-operate fully but may not be very competitive Strongly influenced by a variety of role models, especially those in the media Communicates effectively and uses language much more to resolve any difficulties in social interactions Can be very supportive towards others in the play settings or the wider community 16 ??“ 19 years Comes socially skilled and better at

resolving conflict Identify better with friends Begins to separate from parents and become more independent Becomes more responsible Develops sexual identity Spiritual Development1 ??“ 4 years Are beginning to develop the concept of being helpful Believe that rules are fixed and unchangeable 4 ??“ 5 years Understand the needs of others and the need to share and take turns Try to work out what is right and what is wrong 5 ??“ 6 years Understand the social rules of their culture (how to greet) Instinctively help other children who are distressed 6 ??“ 7 years Are beginning to develop further concepts such as forgiveness and fairness 7 ??“ 8 years Have a clear sense of right and wrong 8 ??“ 10 years Continue to think that rules are permanent and unchangeable because they are made by adults who must be obeyed and respected Have a clear idea of the difference between fantasy and reality and are developing their own standards of right and wrong Are highly concerned with fairness 10 ??“ 12 years Understand that certain rules can be changed by mutual negotiation and that they are not always imposed by external authority; often they do not accept rules they didn't help make Begin to experience conflict between parents values and those of peers 12 ??“ 19 years Are able to think beyond themselves more and to understand the perspective of others Develop their own ideas and values which often challenge those of parents May deliberately flout rules or keep to them only if there is otherwise a risk of being caught1. 2 EXPLAIN THE DIFFERENCE BETWEEN SEQUENCE OF DEVELOPMENT AND RATE OF DEVELOPMENT AND WHY THE DIFFERENCE IS IMPORTANT Children pass through similar sequences of development but at different rates which can be due to many factors including culture.

Research on development sequences suggests that children move through rigid stages that are linked to their age: sits, crawls, stands, and then walks. But not all children crawl some ??? bottom shuffle??™ along the floor. Normative measure is concerned with ??? milestones??™ or stages of development. These milestones show what most children can do at a particular age. While sequence of development is quite general to all children, the rate (or speed) of development can differ greatly from one child to another. A child might walk at a normal age, but not talk at a normal age.

All children are unique and develop at their own rate. 2. 1 EXPALIN HOW CHILDREN AND YOUNG PEOPLE??™ S DEVELOPMENT IS INFLUENCED BY A RANGE OF PERSONAL FACTORS Many factors can influence the healthy growth and development of children and young people including environmental and genetic factors. Genes are in our chromosomes and are passed on from our parents.

They can determine features such as height, eye and hair colour as well as the inheritance of medical conditions such as cystic fibrosis. Antenatal factors can affect a baby??™ s development during pregnancy (from the time of conception to birth). The mother??™ s lifestyle choices such as whether she smokes, drinks alcohol, takes drugs and whether she stays fit and healthy can all affect the development of the child. Difficulties during the birth itself, such as the baby being born prematurely (before 37 weeks) or a lack of oxygen to the baby in delivery can also have an effect on the future development of the child. Children??™ s health is determined by their

genetics but also by the environment in which they live and the health care they receive.

Children born with medical conditions will suffer developmental effects the same as children who may develop a chronic illness and may find the activities they can participate in are restricted by their condition. Thus affecting physical and perhaps social development. Time taken off school to attend doctor and hospital appointments will have an effect on intellectual, emotional and possibly social development.

2. 2 EXPLAIN HOW CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT IS INFLUENCED BY A RANGE OF EXTERNAL FACTORS

Children and young people's development can also be affected by a number of external factors. Many of the factors that adversely affect the child's health and development are closely interrelated.

Poorer families tend to live in poorer housing conditions and may also have inadequate diet; this may lead to increased susceptibility to infectious diseases. Growing up in poverty can affect every area of a child's development. Children from the bottom social class are more likely to die in an accident and more likely to develop a long standing illness. Living on a low income can sometimes mean that children's physical development can suffer due to a poor or unbalanced diet, which may not include enough fresh meat, fruit and vegetables. Meaning that they are not getting enough vitamins and minerals.

In the longer term this can have a knock on effect on intellectual, emotional and social development because as adults these children are more likely to



suffer ill health, be unemployed (through lack of education from time off school due to illness) or homeless. They are also more likely to become involved in offending, drug and alcohol abuse and abusive relationships. The family environment can also have a large impact on child development, as a child who is miserable and unhappy will not thrive and will not be developing in a healthy way emotionally and spiritually.

Children need to receive unconditional love from their parents or carers to feel safe and secure. In order to be socially healthy children need to play and have leisure opportunities such as playing sports, musical instruments or by being part of a club. Problems within the home occur when parents or carers neglect their children's needs; this can be due to mental health issues, such as depression; drug and/or alcohol abuse; marital conflict and domestic violence. The lifestyle choices that young people make can also affect their development. They may choose to smoke, drink alcohol or take drugs – all of which impact on healthy development.

Children who grow up in care are one of the most vulnerable groups. They lack a stable and consistent environment and usually don't have any secure attachments. This has a huge impact on their emotional and social development and their ability to develop trust in others as well as their ability to do well in school.

The quality of education that children receive is very important, not only for their intellectual development but for social and spiritual development. If children fail to attend school regularly it will not only affect their childhood development but future employment opportunities. 2. 3 EXPLAIN HOW

## THEORIES OF DEVELOPMENT AND FRAMEWORKS TO SUPPORT

### DEVELOPMENT INFLUENCE CURRENT PRACTICES SOCIAL LEARNING THEORY

(BANDURA) This theory says that children learn by watching other people, usually someone they look up to, admire and like. People who work with children are therefore very important figures in a child's social learning.

**LINKS TO PRACTICE:** In imaginative play children will pretend to be adults by role playing, copying directly what they see adults doing. Home areas and shops in early year settings are important places for children to do this. Good role model behaviour is therefore very important within the setting. Your conduct should show the types of behaviour that you would want to see the children copying eg. Not shouting, swearing or using slang language.

Your methods should also be consistent and fair. **TRANSMISSION THEORY:**

### CLASSICAL & OPERANT CONDITIONING (LOCK, PAVLOV, SKINNER & WATSON)

Transmission theory is shaping the child's behaviour so that the child has the knowledge the adult wants to transmit (or send) to him/her. It goes on to state that children are shaped by external influences and this has a great impact on their learning. John Lock thought that children were like lumps of clay, which adults could mould into any shape they wanted. Later, Watson and Pavlov developed similar theories about how people learn.

**CLASSICAL CONDITIONING:** is the way in which responses come under the control of a new stimulus. Pavlov experimented with dogs; every time the bell rang the dog was fed. This produced an unconditional response.

The dog salivated. Gradually the sound of any bell would produce a conditional response in the dog and it would begin to salivate in anticipation of food. OPERANT CONDITIONING: was researched by Skinner, a behavioural psychologist. He worked with rats, giving them a reward if they pressed a lever. This is a positive reinforcement. But the rats would receive an electric shock if they went near a certain area of the cage.

This is a negative reinforcement. LINKS TO PRACTICE: Children within a school setting are subject to classical conditioning. When the bell is rang at the end of play time, the children know it is time to line up ready to go back into class. A buzzer can work in a similar way to signify the end of a lesson and therefore tidy up time.

An example of operant conditioning in the school setting would be reward systems such as house points, merits and golden time. Children receive rewards for good behaviour (positive reinforcement) and miss out on treats for displaying unwanted behaviour (negative reinforcement). THE SOCIAL CONSTRUCTIVIST APPROACH (PIAGET, VYGOTSKY & BRUNER) This model is the approach currently favoured by early years practitioners. It draws on both the transmission model and laissez-faire model of a child's learning. Piaget was a cognitive theorist and his is the theory that all others are judged against. It is constructivist because it states that children construct knowledge for themselves. He claimed that children went through 4 stages of development: Sensori-motor (0-2 years) – the child explores the world around them using its senses. The child begins to understand that a person / object still exists when out of sight.

Pre-operational (2-7 years) – understands the use of symbols and language. Can believe inanimate objects have feelings and is egocentric. Concrete operational (7-11 years) – children can understand that appearance can change although the thing itself does not. They begin to reason logically about the world. Formal operational (11-16 years) – the child shows logical thinking and is able to work through abstract problems. Piaget only emphasised intellectual or cognitive development and his theory is therefore constructivist.

Lev Vygotsky believed the adult role was of major importance in the development of the child and social relationships are at the heart of a child's learning. Vygotsky described the zone of actual development (ZAD) – where the child develops without help from anyone. The zone of proximal development (ZPD) – what the child can do now with help, he will be able to do later in life by himself. Jerome Bruner's theory is that children learn through doing, imagining and using symbolic representations. His theory of scaffolding recognises the importance of adult support. Thinking of the adult as the scaffolding and the child as the building, the adult moves up with the child as they grow offering support and reinforcement.

LINKS TO PRACTICE: This approach can be very rewarding to a practitioner because it involves working together with the children, stretching their ideas and celebrating their learning. It teaches both the child and the practitioner to respect and value each other's needs. It is also very effective in helping children to learn during their early years, although it can be harder work for the practitioner because there is more to think about, organise and

do. A HUMANISTIC APPROACH (MASLOW & PRINGLE) Maslow created a theory of human needs which is relevant to all ages. He described 5 levels of need: Physiological ??“ air, water, food, sleep and shelter Safety ??“ providing comfort and protection Social ??“ love, belongingness and friendship Esteem ??“ pride in one??™s self Self- actualisation ??“ reaching your highest potential without expecting reward He said that each level must be met before progressing to the next and he proposed that it is difficult to reach your full potential unless the lower needs have been met. Pringle suggested that there are 4 significant developmental needs that have to be met: The need for love and security ??“ the most important need The need for new experiences ??“ a fundamental requirement for cognitive development. Children learn from their experiences The need for praise and recognition ??“ strong incentives are necessary for children to continue through difficulties and conflicts they will encounter.

The most effective incentives are praise and recognition. The need for responsibility ??“ this is met by allowing children to gain personal independence. LINKS TO PRACTICE: As a practitioner it is your role to structure the environment and provide challenging tasks for the children. Make sure that children are given the appropriate praise for working hard and keep your expectations high to motivate a higher level of effort and achievement. LEAVE IT TO NATURE THEORIES (LAISSEZ-FAIRE ??“ ROUSSEAU & GESELL) Jean Jacques Rousseau thought that children learned naturally and that they are biologically programmed to learn particular things at particular times. This view suggests children naturally do what they need to

do in order to develop and learn. Children are active in their own learning, they may be helped by other or learn on their own.

Because adults need not act. Gesell mapped a set of developmental norms, charting expected development. He believed that normal development progressed according to a set of sequences.

This is not a good approach for children with special educational needs as they get labelled as abnormal. LINKS TO PRACTICE: The practitioner helps children to learn by making sure the environment supports the child's learning. Lots of painting and drawing equipment is usually available to younger children in nursery/reception classes to allow the children to experiment with the colours when they feel ready to do so. ATTACHMENT THEORY (JOHN BOWLBY) Bowlby looked at how babies become attached to the mother figure (attachment), what happens when babies are separated from their mother figure (separation) and what happens when babies experience loss and grief after being separated from the people that they feel close to. Bowlby thought that early attachment was very important. As a child matures the need for attachment lessens, however attachment behaviour continues throughout life. LINKS TO PRACTICE: Bowlby's work led to the key person system being introduced into the early years setting. The key person will help the child to become familiar with the setting and to feel confident and safe within it.

Most early years settings also have policies on how to settle children, so as to make it a positive experience. PSYCHOLOGICAL THEORIES (SIGMUND FREUD) Freud argued that development in children unfolds quite naturally.

He believed in the power of love, security, play and interesting experiences as well as being valued.

Freud emphasised the conscious mind and believed that: Our conscious minds influence the way in which we behave Our early experiences cause later adult behaviour Symbolic behaviour is important, and he tried to interpret dreams Freud linked thinking, feeling, sexual and social relationships with early physical behaviour such as breast feeding, toilet training and separation from parents. LINKS TO PRACTICE: At the centre of many psychoanalytical theories is that children must be supported in working through their emotional or psychological problems in order for them to develop a sense of emotional well-being. This is seen in early year??™s settings through the provision of role play, which helps children to play out their fears and anxieties. Practitioners acknowledge the importance of transitional objects; children are often encouraged to bring in a toy from home as a link between home and the school Setting.

### 3. 1EXPLAIN HOW TO MONITOR CHILDREN AND YOUNG PEOPLES

DEVELOPMENT USING DIFFERENT METHODS Throughout their lives children are assessed bay a variety of professionals using a range of different methods. At birth a baby??™s health will be assessed using the Apgar score, which utilises 5 physical signs of a baby giving each a possible score of 0, 1 or 2. The test is performed at 1 minute old and then repeated at 5 minutes. In the months and years following birth a child will be continuously assessed by doctors and health visitors to ensure that they are progressing according

to the recognised developmental norms. In the education setting observations are a valuable method of assessing a child's development.

Children are also assessed using The Early Years Foundation Stage Profile during the academic year that they reach the age of 5 (this is usually the reception year). The profile describes the child's level of attainment and identifies their learning needs for the next stage of school. Parent's comments and views should be included in the records whenever possible. 3.

## 2 EXPLAIN THE REASONS WHY A CHILD'S DEVELOPMENT IS NOT

FOLLOWING THE EXPECTED PATTERN There are several reasons why a child's development may not be following the recognised developmental norms: Disability " autism Emotional " insecurity Physical " poor diet Environmental " poor quality housing Cultural " child rearing customs Social " child neglect Learning needs " downs syndrome Communication skills " delay in literacy skills 3.

3 EXPLAIN HOW DISABILITY MAY AFFECT DEVELOPMENT Disability can have an effect on a child's development but this will vary depending on the nature of the disability and the amount of support available to the child.

Children with special educational needs have difficulties in one or more areas of communication, interaction and speech. Children who have difficulties in cognition and learning find it hard to understand new concepts, solve problems and learn skills. Children with social, emotional and behavioural difficulties may be withdrawn, anxious and isolated; disruptive, aggressive and behave in a disturbing way; lack concentration and be hyperactive.



Other problems may include regulating their emotional state and co-operating with others. Sensory difficulties can range from the profound and long term (being deaf or blind), to lower level visual and hearing impairment. Physical impairments such as lung disease may lead to a child being oxygen dependant. Neurological problems like cerebral palsy, which is a failure of part of the brain to develop, leads to a loss of control over certain muscles, posture or balance. Some children may have a combination of profound sensory and physical needs with a significant effect on their development. Medical conditions such as childhood leukaemia or chronic lung disease can also affect learning development.

The child may become tired quickly or the condition may lead to frequent absences from school for treatment. Other medical conditions such as asthma or diabetes can be more easily managed by medication and therefore do not cause such a significant interference on the child's development and learning.

3. 4 EXPLAIN HOW DIFFERENT TYPES OF INTERVENTIONS CAN PROMOTE POSITIVE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WHERE DEVELOPMENT IS NOT FOLLOWING THE EXPECTED PATTERN. A range of professionals can be called upon to help and support families and children whose development is delayed: Educational psychologist – a qualified teacher who is also trained as a psychologist. They help children who find it difficult to learn, understand and communicate with others Health visitor – a registered nurse or mid wife with additional training.

They visit families in their homes to give to give advice and practical assistance. Some have particular expertise in supporting families with disabled children Learning support assistant ??” works alongside teachers. Support individual children or small groups to learn and take part in school activities Nurse specialist ??” aims to provide specialist holistic care for all special needs children and their families Paediatric dietician ??” a health professional who gives advice about nutrition and feeding difficulties Paediatric occupational therapist ??” helps children with difficulties in carrying out day to day activities such as holding a knife and fork or drinking from a cup. They carry out assessments to see if the child would benefit from specialist equipment and offer advice to parents Paediatrician ??” a doctor who specialises in babies and children. Usually the first point of contact when a family finds out their child has an impairment or medical condition Physiotherapist ??” a health professional that specialises in physical and motor development. They make an assessment and put a plan in place that might help a child to sit, crawl or walk Portage home visitor ??” an educational professional who can come to the home of pre-school children with special educational needs Psychiatrist ??” a doctor who specialises in psychiatry.

Deals with the study, prevention and treatment of mental illness Social worker ??” provides practical help and advice about counselling, transport, home help and other services provided by the local council Special educational needs co-ordinator (SENCO) ??” school staff member who has responsibility for co-ordinating SEN provision within that setting Speech and language therapist ??” asses and treat children who have difficulties with

speech and language Youth justice board ??“ overseas the youth justice system in England and Wales. They work to prevent offending and re-offending by children and young people under the age of 18 Assistive technology can also be used to support children and young people. This includes specially designed mobility aids, standing chairs, feeding equipment and voice activated computer programs.

#### 4. 1 ANALYSE THE IMPORTANCE OF EARLY IDENTIFICATION OF SPEECH, LANGUAGE AND COMMUNICATION DELAYS AND DISORDERS AND THE POTENTIAL RISKS OF LATE RECOGNITION

Some children find it very difficult to communicate (listen and talk). This may be due to having a hearing impairment, learning difficulties or physical disabilities such as cerebral palsy. It is important that all children are encouraged to find a way of communicating with other people.

Many children are helped to learn sign language or sign systems, such as Makaton, to help them communicate. Gestures and touch are also effective forms of communication as well as shared signs, finger spelling, computers and keyboards. It is important that communication and language development is encouraged in the first 5 years.

Most children who are uncommunicative lack confidence in themselves and their ability to relate to others. It is therefore important to develop their self-esteem and to improve their social skills. Every Child a Talker (ECaT) is a developmental appropriate approach that emphasises the importance of a supporting environment which encourages the development of communication and language. It also supports the early years foundation stage. ECaT helps practitioners to identify what helps communication and

language develop, review the language provision and plan appropriately.

There are several reasons why language may be delayed. The child may be growing up in an environment which does not support the development of communication and language. It may be that the child has a learning difficulty such as Asperger's syndrome or downs syndrome which can make the processing of language difficult.

They may also have a visual or hearing impairment. Children's development is monitored continuously by doctors and health visitors in a number of ways. These can include examinations at regular health checks, filling in health questionnaires and sometimes through screening tests. In the educational setting children's development is also monitored. This can be done in a formal way such as spelling and reading tests or maybe SATs and GCSEs for older children. Careful observations can be a more informal way to make objective assessments of a child's behaviour pattern, learning style, level of development, curriculum strength and weaknesses.

These observations can be done in several ways including tick box check lists and time samples, the information can then be used to plan appropriate learning activities.

#### 4. 2 EXPLAIN HOW MULTI-AGENCY TEAMS WORK TOGETHER TO SUPPORT SPEECH, LANGUAGE AND COMMUNICATION

For children with a speech, language or communication delay it will be necessary to provide support to their development. This help can come from a speech and language therapist, a specialist language teacher or an educational psychologist.

A health visitor will also provide support in the home context. All these professionals need to work together and with the child's parents to ensure the right support is offered and put in place.

#### 4. 3 EXPLAIN HOW PLAY AND ACTIVITIES ARE USED TO SUPPORT THE DEVELOPMENT OF SPEECH

Children learn well when they are having fun; therefore play is a vital part of developing language. Some simple games and activities that support language development are: Songs and rhymes – singing and actions Music – signing along and dancing Books – repetition stories and knowledge Small world play – imaginative play and creative writing skills Role play – imaginative play and conversation skills Blowing bubbles – helps language skills

#### 5. 1 EXPLAIN HOW DIFFERENT TYPES OF TRANSITIONS CAN AFFECT CHILDREN AND YOUNG PEOPLES DEVELOPMENT

Children pass through a number of transitions as they grow and develop.

These transitions can affect all areas of children's development:

Emotional – personal experiences such as parents separating, bereavement, entering or leaving care Physical – moving to a new school or home Intellectual – moving from nursery to primary or primary to secondary school Physiological – puberty or a long term medical condition

Many transitions are expected or can be anticipated, and are experienced by most people such as babies progressing from crawling to walking; children moving from primary to secondary school; young people going through physical and emotional changes caused by puberty and adults getting married, getting a job and having children. However not every transition is experienced by every child and not all can be anticipated, such as violence or abuse within the family; parents divorcing and having a new step family;

serious illness, accident or death in the family. A lot of the problems associated with transitions in childhood are associated with separation.

How early experiences of separation and transitions are handled will reflect in how children cope with them when they are older. Children who experience multiple transitions often find it harder to make new friends and relationships. Transitions can affect the development of children in different ways. There can be positive as well as negative effects; they can also be short and long term. Some of the effects of transitions on children are:

Withdrawn ??“ children may withdraw from new relationships and friendships because they do not trust the separation not to happen again

Disorientation ??“ the child settles in one place only to be uprooted and have to go through the transition again Sense of loss ??“ every time a child moves they lose the friends they have made and the attachments they have formed

Regression ??“ reverting back to behaviour usually shown by younger

children Depression ??“ sadness, problems sleeping, crying, lack of appetite

Separation anxiety ??“ children become clingy and need to be close to their parent carer for re-assurance Changes in behaviour ??“ child may have

frequent outbursts of temper or become aggressive Lack of motivation ??“

child may have difficulty in concentrating and become distracted<sup>5</sup>.

## 2 EVALUATE THE EFFECT ON CHILDREN AND YOUNG PEOPLE OF HAVING

POSITIVE RELATIONSHIPS DURING PERIODS OF TRANSITION It is important that children have practitioners who are able to recognise the importance of attachment and emotional well-being during periods of transitions, and are able to identify the needs of an individual child and his/her family. This will

help to alleviate some of the anxiety and stress experienced by the child during transitions.