

# [Understanding and promoting children’s development](https://assignbuster.com/understanding-and-promoting-childrens-development/)

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Here is a list of activities and the areas of children’s development involved:

Climbing the ladder of a slide –

* Locomotive Skills- requires full body movements - balancing on the ladder and at the top of the slide
* Gross motor skills- climbing
* Cognitive skills- how to climb the ladder

Playing football in a team–

* Gross Motor Skills - large limb movements.
* Cognitive skills – memory, problem solving and imagination e. g. playing the game, planning next move
* Moral development- choices and decisions (thinking of others and playing fairly) being a team player.
* Locomotive skills- walking, running
* Communication development- gestures, body language and communication
* Social and emotional development- acceptable behaviour

Using a pencil to write their name and draw a picture-

* Fine Motor Skills – smaller more precise movements
* Cognitive development- memory, problem solving. Putting the pencil in the correct hand and knowing how to hold it.

Using a knife and fork to eat a meal-

* Social and Emotional Development- social skills
* Fine motor skills – holding the fork and knife correctly
* Communication development- gestures, body language
* Cognitive skills- memory, problem solving e. g. putting the fork and knife in the correct hand.

Expected Stages of Development

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| Age  | Physical Development  | Cognitive Development  | Communication Development  | Social and Emotional Development  | Moral Development  |
| 0-6 months  | Simple movements waving arms and legs and rolls side to side and able to control head to follow people and objects.  | Language skills start to develop baby will begin to ‘ babble’ which in fact is their new ability to listen, understand and recognize the names of people and the things around her.  | Pays more attention to human sounds than any other sounds.  | Babies will be laughing out loud anytime from two to four months and will giggle and kick her legs when being played with by four months.  | n/a  |
| 6-12 months  | Places objects into and out of containers  | Simple responses e. g. to sound, smell movement.  | Responds to own name.  | Becomes interested in mirror images.  | n/a  |
| 12-18 months  | Uses thumb and fore finger to explore objects, turns knobs and dials etc.  | Enjoys games such as peek -a-boo.  | Gets excited when sees a familiar face.  | Begins to show defiant behaviour.  | n/a  |
| 2-3 years  | Can make own vertical and horizontal and circular strokes with a pen or crayon.  | Able to match colours, some shapes and pictures.  | Uses pronounces, I, you , me etc.  | Can take turns in games.  | Testing the boundaries.  |
| 3-5 years  | Becomes primarily left handed or right handed.  | Enjoys imaginative, co-operative and creative play. Able to follow instructions with more at least two elements.  | Understands the concept of same and difference.  | Capable of dressing and undressing themselves.  | They still expect adults to take charge, but instead of trying to avoid punishment, they follow rules because they want to be viewed as good.  |
| 5-7 years  | Copies triangles, squares and geometric patterns.  | Has opinions and can see others viewpoints.  | Speaks in complex sentences.  | Sometimes demanding and sometimes eagerly cooperative.  | Children can also feel bad when they are punished, because they can feel that they have upset someone else. This is because her morality is becoming empathy.  |
| 7-9 years  | Able to run and change direction accurately.  | Experimentation and creative activity.  | Vocabulary extends from 4000 to 10, 000 words.  | Has needs for possessions and can be possessive.  | Children of this age have a strong sense of what they should do and what they should not do.  |

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| 9-11 Years  | Improving bat and ball skills.  | Conversations develop, can express views and share ideas.  | Able to use more complex writing skills, longer sentences with adjectives, punctuation and conveying ideas with clarity.  | Greater awareness of others, feelings, needs, rights etc.  | Understand and value fairness, and perceive morality as a social contract in which rules must be obeyed in order to be liked.  |
| 11-13 years  | Facial hair, musculature, etc. and continued loss of milk teeth.  | Able to concentrate for extended periods of time and dislikes interruptions.  | Able to adapt language for different occasions, informal and formal.  | Developing strong opinions or beliefs which may lead to conflicts and arguments, may take longer to forgive and forget.  | Tries to weigh alternatives and arrive at decisions alone.  |
| 13-19 years  | Faster running and other physical movements such as, swimming , diving, balancing etc.  | Develops specific interests and has competitive traits so enjoys showing off developed skills and abilities.  | Appreciates more sophisticated humour and wordplay.  | Clearer sense of cause and consequences of own actions. Greater awareness of complex issues that affect others e. g. religion, politics.  | Understands about rights and wrongs and consequences of actions. Experiences feelings of frustration, anger, sorrow, and isolation.  |

A good overview of the expected patterns of development at different ages.

Influences on Development

How does foetal alcohol syndrome develop during pregnancy?

Foetal alcohol syndrome (FAS) is caused when a woman drinks alcohol during pregnancy. The alcohol can cause birth and developmental defects to the baby. Alcohol can cross from the mother's blood to the baby's blood by the placenta.

Even a small amount of alcohol can damage the foetus. It is not known how much alcohol it takes to cause defects. The risk increases with moderate to heavy drinking, even social drinking may pose a danger. Any type of alcohol, including beer and wine, can cause birth defects.

What are the signs and symptoms of foetal alcohol syndrome?

The signs of foetal alcohol syndrome may include:

* Distinctive facial features, including small eyes, an exceptionally thin upper lip, a short, upturned nose, and a smooth skin surface between the nose and upper lip
* Deformities of joints, limbs and fingers
* Slow physical growth before and after birth
* Vision difficulties or hearing problems
* Small head circumference and brain size
* Poor coordination
* Mental retardation and delayed development
* Learning disorders
* Abnormal behaviour, such as a short attention span, hyperactivity, poor impulse control, extreme nervousness and anxiety
* Heart defects

The classic symptoms ofcoeliac diseasein children include:

* Failure to thrive
* Diarrhoea
* Muscle wasting
* Poor appetite
* Abdominal distension
* Lethargy
* Change of mood and emotional distress.

Sickle celldisease includes:

Fatigue

Anaemia

Swelling and inflammation of the joints

Sickling crisis – leads to blood blockage in the spleen or liver.

Sickle cell anaemia can also cause damage to the heart, lungs, kidneys and bones.

Turner Syndromeoccurs more often in girls, including kidney problems, high blood pressure, heart problems, overweight, hearing difficulties, diabetes, and thyroid problems. Some girls with the condition may experience learning difficulties, particularly in maths. Many have difficulty with tasks that require skills such as map reading or visual organization.

* short stature and lack of sexual development
* a " webbed" neck (extra folds of skin extending from the tops of the shoulders to the sides of the neck)
* a low hairline at the back of the neck
* drooping of the eyelids
* differently shaped ears that are set lower on the sides of the head than usual
* abnormal bone development (especially the bones of the hands and elbows)
* a larger than usual number of moles on the skin
* Edema or extra fluid in the hands and feet.

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| Lack of vitamin/mineral  | Condition it may cause  | Signs and symptoms  |
| Vitamin B-1  | * Alcoholism
* Alzheimer’s disease
* Crohn’s disease
* Congestive heart failure
* Depression
* Epilepsy
* Fibromyalgia
* HIV/AIDS
* Korsakoff’s psychosis
* Multiple sclerosis
* Wernicke’s encephalopathy
 | * Loss of appetite
* " Pins and needles" sensations
* Feeling of numbness, especially in the legs
* Muscle tenderness, particularly in the calf muscles
* Depression
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| Vitamin B-12  | Reduced amount of oxygen in the body.  | * Common symptoms include tiredness, lethargy, feeling faint, becoming breathless.
* Less common symptoms include headaches, a thumping heart (palpitations), altered taste, loss of appetite, and ringing in the ears (tinnitus).
* You may look pale.
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| Vitamin C  | * Crohn’s disease.
* Gingivitis
* Anaemia
 | * Bleeding gums
* Decreased ability to fight infection
* Decreased wound-healing rate
* Dry and splitting hair
* Easy bruising
* Gingivitis (inflammation of the gums)
* Nosebleeds
* Possible weight gain because of slowed metabolism
* Rough, dry, scaly skin
* Swollen and painful joints
* Weakened tooth enamel
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| Vitamin D  | * Rickets.
* Cancer
* Increased risk of death from cardiovascular disease.
 | * Cognitive impairment in older adults.
* Severe asthma in children.
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| Vitamin K  | * blood clotting
 | * Blood clotting, which means it helps wounds heal properly.
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| Calcium  | * Osteoporosis
* Hypocalcaemia
* Rickets
 | * Easy bruising, where the skin is thin.
* Lack of blood clotting may lead to a haemorrhage in an organ of the body which can be fatal in areas like the brain.
* Weakness of bones/brittle.
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| Potassium  | * Muscle cramps in arms and legs
* Constipation
* Muscle weakness
 | * Dehydration
* Fatigue
* Frequent urination
* Nausea
* Vomiting
* Fainting
 |
| Magnesium  | * Weakness
* Tiredness loss of appetite
 | * Numbness
* Tingling
* Muscle cramps
* seizures
* abnormal heart rhythms
 |
| Sodium  | * seizures
* muscle fatigue
 | * muscle weakness
* spasms/cramps of muscles
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| Iron  | * Anaemic
* Tiredness
* Frequent infections
* Frequent colds
 | * Pale, sickly
* Tiredness
* Inability to concentrate
* Poor achievements in sports
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Personal factorsare within the child such as, their personality, their health and wellbeing, medical needs, learning difficulties, speech and language, sensory impairment, disability etc. Having a disability could affect their development as they may have low self-esteem, may be isolated and have difficultly socialising with others.

External factorscan have a huge influence on a child’s life; the main contributor to this would be poverty and deprivation, which can limit their social status with friends. An example of this may be no mobile phone or computer to keep in touch with friends out of school. Lack of funds at home could have a huge impact on transport and educational resources, which could mean that the child is delayed in academic achievement.

There are a range of external factors these can include a lack of parental skills thus leading to abuse, neglect, and undernourishment. This would impact the child’s development as they do not have the guidance and support of the parent regarding progress through education.

A Loss of a parent through divorce, separation and death can lead to a lack of basic nurture, because of depression or grief ruling their family life, due to little family support. The child would not have a strong support network which would hold back their development in education.

Children develop at different ratestherefore, the sequence of development is more important than the age of development. For example, babbling their first words.

Milestones are a rough guide of this, as all children differ in their rates of development e. g. different children will progress at different rates, such as the reading ability in children, this may be different from the expectations of adults. Another example would be that puberty can differ from the age of nine to sixteen years in girls.

We need to be aware that there are factors that influence these developmental stages and know how to address their impact.

Parents and professionals e. g. health visitors, teachers and support staff etc. Play a key role in providing environments that encourage development, they also help to make the child feel confident and help boost their self-esteem throughout each stage in their development.

The rate of development is the speed at which a child attains a particular development aspect. The length of time a child remains at a phase of development might be influenced by the difficulties they face. For example, a child with speech and language difficulties may remain at the stage of speaking in simple phrases.

We cannot expect all children to develop at the same rate, we need to be aware that there are factors that influence these developmental stages and know how to address the impact. A key factor is working at an appropriate pace when supporting development. For example, a selective mute means that the child will be delayed in the comprehension of speech and language. Another example would be that a neglected child would have low communication ability and hold back.

Children with a learning or physical disability may be exposed to prejudice or discrimination at school because they may be treated differently than the rest of the children. They may be bullied or teased by other students which will affect their self-confidence and in turn affect their learning ability and development. Disabilities are categorised in different forms i. e. learning or physical.

Early Interventionis important for children in the long term, so that any delays in development are identified as soon as possible and support can be put in place. Good. Having a Key Worker working closely with the child, means they can identify the child’s needs and can highlight any delays or difficulties within a particular area of their development.

Speech, language and communication delays are a good example for this as, this could result in the child being a social recluse and unable to engage with their peers. An example of this is Selective mute, a lack of confidence and less able to manage their thoughts could lead to them experiencing emotional problems.

Behavioural issues caused by the inability to communicate could lead to frustration and aggression. Good point. For example; the child will find it hard to form a relationship with other children.

A delay to literacy acquisition would lead to poor recognition of vocabulary and production of sounds. This would cause a delay in their development and make it more difficult to keep up with their peers.

To identify specialist advice and involvement of parents/carers is paramount so that a structured programme of intervention (e. g. IEP) is put in place as soon as possible, so that all agencies can work together and give appropriate support as early as possible.

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