

Expected pattern of development essay



Emotional development is the expected pattern of a Child's ability to feel and express and increasing range of emotions. Social and behavioural development is the expected growth pattern of a child's ability to relate to the world around them. There are various theories and models that show the different aspects of the development stages. I have combined these and below is my understanding of these.

Birth-3 years At this stage a baby is trying to develop an attachment to the primary care giver, because of the limited language skills a baby possesses it uses its vocal chords to cry and scream for attention hoping that the primary care giver will notice that there is something wrong and intervene and meet their needs whether that be to feed, to change or to give love. When babies start to see, they start to take notice of familiar faces and in normal circumstances the baby starts to smile at those people.

This is a crucial time for developing attachments. Psychologist John Bowlby was the first attachment theorist, describing attachment as a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life.

According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

At around 6 months old a baby will start to motion for their primary care giver to pick them up, at this stage the baby will start to babble to mum/dad as a form of communication, babies of this age are receptive to simple games like peek a boo and tickle games. By 1 year of age a child is trying to

distinguish its place within the family dynamics and is able to work out who is in the family circle and understand that these people will look after them if needed.

Also at this stage a child will know his/hers name and will respond to him/her being called by care givers. They will also be able to understand simple instructions By 18 months to 2 years a child's development has developed at an extraordinary rate they are able to show a whole range of emotions from empathy to frustration. They will know who there primary and secondary care givers are and also act accordingly if someone around them is upset, If at nursery they will be able to maintain friendships although still fragile ones.

By 3 years of age a child will have learned to control their emotional and physical abilities slightly better, they are able to cope with social situations and have a better understanding of how to act in certain situations. They may have the ability to play games and share property with siblings and peers. Children at this age are able to express there feelings and thoughts through use of language, as apposed to becoming disruptive or misbehaved.

4-7 years

By this age most children would have started pre-school/ school and are able to maintain a state of independence and are able to recognize that they are part of a peer group. By this age most children are able to interact happily with those around them. When children of this age are tired/ill/hurt they still look to there main care givers for the attention they need. At this stage in a child's life they will prefer to be individually competitive instead of sharing in

team games, they will look to win in every occasions but when they loose they will be able to have more control over there emotions.

8-12 years At this stage the expected cognitive level is extensive, children will usually be able to have an extensive vocabulary and will have a good grasp of their native language and for those children who live in multi cultural societies might even be able to be bilingual, children at this stage will be able to explore their ideas and will be able to understand a variety of subjects taught within their curriculum. 12-16 years At his stage children will be at school and preparing themselves for exams and choices about their future, children will be able to converse will their peers about ideas and solutions to task set within their education setting.

Children of this age concentrate more on their peer groups and less on what their care givers think. Towards the later age they start to understand what it is to be part of a social society. 16-19 years At this stage in a young person's life intelligence and communication skill are at a peak, they have made a decision to go onto further education or have decided that they would feel more comfortable concentrating their skills on a work environment. Young person's at this stage are fully aware of their standing within their communities and hold themselves accountable within those communities and wider a field in society.

Physical aspect of development:- Physical development is the explanation of the development of the body and its functions; below is an explanation of physical development from 0-19 years of age. 0-2 years At this age they start to grow rapidly, they learn to crawl and walk, and they start learning a

few words and noises. They can start eating on their own with a knife and fork, learn to do new things such as kicking and throwing a ball, start scribbling using a pen, climb up and down the stairs and can sort shapes in a shape sorter. They can turn pages and knobs of doors and are able to pedal a tricycle.

Some skills using the hands are improves such as holding a crayon well enough to make it vertical, horizontal and circular strokes, they learn how to twist such as opening lids from jar and rotating handles. 2-5 years At this age the child starts growing taller they no longer are chubby. They start walking, running, jumping, climbing, standing on tiptoes. They also learn to hold onto things better such as being able to hold onto a pencil like an adult. They have better co ordination and balance they are able to brush their teeth, hop on one foot, get dressed, might be able to skip, stand on tip toes.

Art skills are also improving by this age they will be able to copy simple geometric patterns, printing letters, cutting and pasting and being able to paint with a paintbrush. By the age of 5 most children begin to lose their baby teeth, gain more muscles and lose fat, are able to brush their own teeth and wipe their own bottoms, can copy shapes such as triangles and circles, are able to throw and catch a ball and can hop, jump, skip and also might be able to stand on one foot. 5-7 years At this age most children can show off their skills such as jumping, running, and skipping.

They are able to follow rules of a game or sport, they can play a musical instrument, they start showing improved ability to follow movement patterns and be able to perform some basic dance moves. They are able to throw a

ball at a specific target such as scoring a goal. 7-11 years At this age they can dress and undress themselves this includes being able to fasten show laces. They lose their baby teeth and are starting to grow taller. They are improving in how to climb, jump and be able to balance. They can kick a ball in a certain direction and be able to hit a ball with a bat. They learn to swim and be able to ride a bike with stabilizers.

Their motor skills are improved, they can sew simple stitches and can cut out shapes and their handwriting starts improving. They continue to enjoy singing and dancing games. 11-16 years At this age they can dress and undress themselves this includes being able to fasten show laces. They lose their baby teeth and are starting to grow taller. They start changing physically as they start hitting puberty. They enjoy sports and games that involve team work. They are able to ride a bicycle confidently. They can do more complex activities and they enjoy singing and dancing and performing.

16- 19 years At this age they are no longer young people they are adults. Their physical features are more defined and shaped. Girls reach physical maturity. Boys continue to grow and change until mid 20s. Identify expected speech and language development for different life stages of YP's and how these play an important role in the development of YP's Birth Babies will hear the noises that are around them, they will listen to people talking near them, although they may not be able to understand the words, they will listen to the tone used.

If startled by a loud noise they will go respond by tensing there body and will start to cry. -3 months During this period babies will turn to you when you

When you speak and look at your mouth as it's moving, they will smile when they hear a recognised voice and will be soothed by the sound of the primary care giver's voice if they are upset. When an unfamiliar voice can be heard babies will stop and listen attentively. 4-6 months At around this stage babies will listen to the word, "no". This could possibly be to do with the tone used with the expressive word. Babies of this age are hyper sensitive to the changes in voice tone and react accordingly; they will either smile and laugh or will cry.

At this stage noises within their environment excite them and they love the sound of music and everyday items like a washing machine. 7-12 months This is a fascinating age for children, they are able to listen to the caregiver, and look at when they are being spoken to and when called by their name will look for where their name is being called. They are able to enjoy games like "ring a ring a roses" and "pat a cake" at this age they are also able to recognise names like daddy, mummy and the name of their favourite toy.

1-2 years Now your child points to pictures in a book when you name them, and can point to a few body parts when asked. He or she can also follow simple commands ("Push the bus!") and understand simple questions ("Where's the bunny?"). Your toddler now likes listening to simple stories and enjoys it when you sing songs or say rhymes. This is a stage in which they will want the same story, rhyme or game repeated many times. 2-3 years By now a toddler will be able to understand two stage commands ("Get your socks and put them in the wash") and understand meanings like hot / cold, stop / go, in / on and nice.

He or she notices sounds like the telephone or doorbell ringing and may point or become excited, get you to answer, or attempt to answer themselves. 3-4 years at this stage in a child's vocabulary stage they will start to string sentences together, they will be able to start talking about events that have happened whilst they have been away from their home environment, adults will be able to understand what they are talking about, at this stage problems with speech development are easily picked up and access to the relevant medical services are normally sought after by parents.

4-5 years

At this stage in a child's development their language skills are becoming more advanced and their knowledge of sentence structure and story telling has developed to the extent where they feel comfortable being able to read a story at this age any problems with speech may be picked up at school and strategies may be placed around the child so that they can catch up with those around them. 5-10 years During these years a child's development is fast growing and their knowledge is expanding at a fast rate, children learn about different subjects in their schooling environment and children from multi-cultural backgrounds may become bilingual.

Children are able to speak confidently and express their views on the world around them. 10-16 During this period a child will start to develop regional accents and will talk in the same tone as those around them, they will be able to openly communicate with peers, teachers and adults around them, "Brown's Stages" were identified by Roger Brown 1925-1997 and described in his classic book (Brown, 1973). The stages provide a framework within which to understand and predict the path that normal expressive language

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development usually takes, in terms of morphology and syntax” (<http://www.peech-language-therapy.com/BrownsStages.htm>)

There are many issues that can effect the development of communication in young people some of them include:- Unilateral Hearing Loss- this is a condition that effects the hearing of children, often diagnosed at birth, this is often deafness either in the right or left ear, children with this condition can experience slow language development especially if in a busy environment as they have to concentrate harder on where the sound is coming from, this means that on occasions information received to the fully working ear would appear to sound muffled. (http://en.wikipedia.org/wiki/Unilateral_hearing_loss)

Auditory processing Disorder- this is a condition that prevents sounds being converted correctly into relevant information within the brain, if this is detected early on in a child’s development then strategies could be put in place so that a child can still develop at the expected rate. (http://kidshealth.org/parent/medical/ears/central_auditory.html) Cleft palate- cleft palate effects 1 in 700 babies, this is a condition that happens when a baby is developing within the womb. In most cases cleft palate is repairable before the development of language happens, however, if this is not corrected there are a wide range of effects, speech development is slow, however when growing up a child with cleft palate will be involved with specialist speech and language therapist’s.

Environmental factors- the question is often raised as to whether the level of education that the parents of a child possess determines the rate of

development in that child, various research into this has shown that a high percentage of children who come from an underprivileged background enter education with low levels of speech and cognitive abilities. “ Normally language development of children raised by parents with a high level of education is faster than that of children raised by parents with a low level of education (e. g. lexical richness [25]).

In addition, parents’ monitoring of language interactions with children differs according to their socioeconomic status [e. g. 26]. Moreover, mothers and fathers appear to influence children in different way” (<http://www.plosone.org/article/info:doi%2F10.1371%2Fjournal.pone.0004683>) Monitoring development and how your interventions can promote positive behaviour. When a baby is born in the UK the parents are given a booklet that enables them to monitor and record every aspect of a baby’s/young child’s development. Baby clinics are set up at local health centre’s and community nurses are on hand to help parents with advice and guidance on new born baby’s and later young children.

At these centers baby’s are checked over by the nurses, this enables health professions to check for normal development and if need be refer those who are under achieving in a certain area to other health professionals, this is one way of early intervention. “ From birth parents of new born babies are given a Assessment of a child’s height and weight as an indicator of health and well-being. it is well established and has been incorporated into pediatric practices in both developed and developing countries.

In 1998 in the UK, a multidisciplinary group consisting of pediatricians, endocrinologists, public health professionals, GPs and nurses met to develop a consensus on growth monitoring (known as the Coventry Consensus).¹ The group established that the potential benefits of growth monitoring were the identification of treatable chronic disorders or diseases in apparently normal children, the provision of reassurance to parents, the provision of data to monitor children's health from a public health perspective and the provision of data for use in epidemiological research. "

All children who are placed into care from Cumbria social services are given a monitoring booklet much the same as the ones parents are given at birth, these help new carers to know more about the child's Health and any previous medical history. Along with annual health checks Made by a LAC nurse. These are requirement by law and are also directed under the every child matters frame work. " The first (Initial) health assessment is generally undertaken by a qualified pediatrician, (this is a medical assessment and the child may be required to undress).

At subsequent health reviews, six monthly for under 5s and annually for over 5s, the child/young person will be seen by the LAC Nurse (the child will not be required to undress). These assessments will be holistic and take into account not only the child's present health needs but also promote a future healthy lifestyle. Health action plans are written following each health assessment. These will be part of the child's LAC Review and be monitored to ensure that all recommendations are carried out.

Children will be fully immunized according to Department of Health Guidance. " (http://www.kent.gov.uk/childrens_social_services/children_in_care/corporate_parenting/how_health_teams_help.aspx) During these reviews recommendations are put forward, in the role as a key worker it would be my responsibility to make sure that the key child is aware of the necessary appointments and try to help the key child understand a little more about why it would be in their best interest to attend the appointments.

It is important the looked after child is aware of any appointments they attend so that especially those with diagnosis of behavioral conditions are able to understand that some of their feelings are able to be linked to their conditions. As a support worker in a behavioral unit it is important that you have a good underpinning knowledge of conditions like ADHD and Asperger's, so that you are able to identify when a young person is going into crisis and act accordingly so that a positive outcome can be achieved.

It is also important to have these understandings of negative behaviors associated with conditions such as ADHD etc: - so that on rare occasions a young person in your care has been misdiagnosed at an early stage in their life, you are able to make recommendations to managers and through reports to social workers that your working with the young person reveal different associated traits and that if appropriate would recommend reassessment so that the best outcome can be achieved for the young person.