

A sense of self

It is crucial that practitioners understand the sensory, social and emotional factors that could impede a child's development – and how to plan for individual needs. *Sue Chambers* explains

PHOTOGRAPHS AT NOAH'S ARK NURSERY, LONDON, BY JUSTIN THOMAS

Under the Progress Check at Age Two, practitioners are expected to assess a child's Personal, Social and Emotional Development (PSED). The aim of the assessment is to inform parents and practitioners about a child's current development and how to aid their progress, particularly in areas identified as being less than expected.

For the assessment to be effective, practitioners need to be aware of the various components within this area of development. However, if caring for vulnerable two-year-olds, it is vital too that practitioners understand the sensory, social and emotional factors that might be impeding that development and the effect of these factors on the child's progress.

For a definition of PSED, practitioners can turn to the Early Years Foundation Stage Statutory Framework, which states that it 'involves helping children to develop a positive sense of themselves, and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities.'

Helpful, too, is *Social and Emotional Aspects of Development* (SEAD), which notes that PSED comprises the three building blocks of future success in life:

- Personal development (being me) is how we come to understand who we are and what we can do and how we look after ourselves.
- Social development (being social) is how we come to understand ourselves in relation to others, make friends, understand rules society and behave towards others.
- Emotional development (having feelings) is how we come to understand our own and others' feelings and develop our ability to 'stand in someone else's shoes' and



see things from their point of view, referred to as empathy.

SEAD goes on to describe the range of factors that can adversely affect a child's PSED, most notably: premature/low birth weight, poor health, poverty, lack of warmth and affection, parental drug or substance abuse, poor housing, abuse, social, racial or cultural discrimination, and poor relationships with practitioners. SEAD documents are available at www.foundationyears.org.uk.

Practitioners can also turn to the growing body of research that is now revealing the potential impact of these factors on the young child. These are principally: poor self-regulation, metacognition and independence skills (see information column).

PSED ASSESSMENT

The progress check should be based on the ongoing observational assessments carried out as part of everyday practice in a setting, and the *Early Years Outcomes* document (at www.gov.uk) sets out what a child should

Part of planning should be dedicated to helping the child feel safe and secure

be doing in PSED between 22-36 months if they are developing typically for their age. These are:

Self-confidence and self-awareness

- Separates from main carer with support and encouragement from a familiar adult.
- Expresses own preferences and interests.

Managing feelings and behaviour

- Seeks comfort from familiar adults when needed.
- Can express their own feelings such as sad, happy, cross, scared or worried.
- Responds to the feelings and wishes of others.
- Aware that some actions can hurt or harm others.
- Tries to help or give comfort when others are distressed.
- Shows understanding and co-operates with some boundaries and routines.

Research shows us the importance of PSED for a child's life chances

- Can inhibit own actions/behaviours – for example, stop themselves from doing something they shouldn't do.
- Growing ability to distract self when upset – for example, by engaging in a new play activity.

Making relationships

- Interested in others' play and starting to join in.
- Seeks out others to share experiences.
- Shows affection and concern for people who are special to them.
- May form a special friendship with another child.

PLANNING FOR THE ASSESSMENT

As we have noted, research shows us the importance of PSED for a child's life chances and how that development can be negatively affected by various social influences. Practitioners alone cannot counter all of these negative factors, but when caring for vulnerable two-year-olds, practitioners can make a huge difference by the way they work with young children and their families.

Evidence from the Effective Provision of Pre-school Education study (2004) suggests that early learning environments with a strong focus on both planning for individual learning needs and promoting understanding of cultural differences are effective for children's cognitive, social and behavioural development, and help to achieve better outcomes for all children.

It is important, therefore, through discussions with parents and other professionals involved with the family,

and regular observations of the child, to assess the child's level of PSED on entry to the setting and to plan strategies to meet the child's needs in partnership with the parents.

Daily dialogue with parents allows practitioners to discuss regularly the child's progress, needs and interests so when the time comes for the formal progress check, there will be no surprises. Easen et al (1992) acknowledge the parents' own learning process in the dialogue with practitioners, emphasising the importance of 'taking what children do know as the starting point for observation and reflection [as this] allows for a positive and non-judgemental dialogue to develop between parents and educators [practitioners].'

Safe and secure

Part of that planning should be dedicated to helping the child feel safe and secure. It is important to remember that between the ages of two and three years a child will:

- start to become very assertive about what they want
- frequently say 'no' to adult requests
- become shy and wary of strangers
- begin to show fears in certain situations
- dislike change – new people or situations
- want independence but still need the security of parents
- start to show awareness of her own feelings and others' feelings
- become easily frustrated and may become aggressive
- need predictable routines
- watch other children while playing alongside

MEASURING QUALITY

THE LEUVEN SCALE FOR WELL-BEING

Level 1 Extremely low The child clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The child does not respond to the environment, avoids contact and is withdrawn. The child may behave aggressively, hurting him/herself or others.

Level 2 Low The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under Level 1 or the sense of discomfort is not expressed the whole time.

Level 3 Moderate The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort

Level 4 High The child shows obvious signs of satisfaction (as listed under Level 5). However, these are not constantly present with the same intensity. The child looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The child may talk to him/herself, play with sounds, hum or sing. The child appears relaxed and does not show any signs of stress or tension. He /she is open and accessible to the environment

Level 5 Extremely high The child looks happy and cheerful, smiles, cries out with pleasure, is spontaneous and expressive, talks to him/herself and sings, is relaxed and open, engaging with the environment and is lively and expresses self-confidence and self-assurance.

THE SCALE FOR INVOLVEMENT

Level 1 Extremely low The child hardly shows any activity: no concentration, daydreams, has an absent/passive attitude, displays no signs of exploration or interests, doesn't partake in goal-oriented activity and doesn't seem to be taking anything in.

Level 2 Low The child shows some degree of activity but it is often interrupted: limited concentration, often looking away during activities and dreaming, is easily distracted and action only leads to limited results.

Level 3 Moderate The child is busy the whole time, but without real concentration: attention is superficial, doesn't become absorbed in activities and these activities are short lived, limited motivation, does not feel challenged and the child does not use his/her capabilities or imagination to the full extent.

Level 4 High There are clear signs of involvement, but these are not always present to their full extent: engaged in activities without interruption, displays real concentration although sometimes the attention can be more superficial, the child feels challenged and motivated, the activities engage the child's capabilities and imagination to a certain extent.

Level 5 Extremely high During the observation the child is continuously engaged and completely absorbed in the activity: concentrates without interruption, is highly motivated and perseveres, is alert and shows precision and intense mental activity, is not easily distracted, even by strong stimuli, addresses his/her full capabilities/imagination and enjoys being engrossed.



CASE STUDY: KENDRA

Kendra was two years and three months on admission to the children's centre. Her family already had a family support worker based in the centre, so she was able to share information about the family circumstances.

Kendra's mother had mental health problems and found socialising very difficult. The family – Kendra, her mother and a younger sibling – lived in temporary accommodation and a Common Assessment Framework, or CAF, meeting was called soon after Kendra started at the nursery to discuss ways in which the family could be supported.

The deputy manager, very experienced at being able to reassure anxious parents and children, was appointed as Kendra's key person. Kendra's mother was extremely anxious about Kendra spending time away from her in the centre. She didn't want her to be there more than one morning per week. The manager and key person explained how hard it would be for Kendra to settle with just one session per week and it was finally agreed that she would attend two mornings, including lunch.

Kendra showed very high levels of anxiety parting from her mother, so the induction took about four weeks until Kendra was sufficiently confident to let her mother leave her. It soon became evident that Kendra had quite a few issues around PSED:

- does not understand the concept of waiting.

The commitments of A Unique Child require practitioners to 'tune in' to children as unique individuals. This involves:

- knowing how children develop
- observing children closely
- listening actively, attentively, and with respect, to all children and parents whatever their background
- being able to put yourself in the child's or parent's shoes by stepping outside yourself, and the way your setting is run, and seeing

Self-confidence and self-awareness

- She found it difficult to separate from her mother.

Managing feelings and behaviour

- She found it difficult to respond to the feelings and wishes of others.
- She was unaware that some actions can hurt or harm others. She found turn-taking and sharing hard and was physically aggressive towards other children.
- She showed little understanding and found it difficult to co-operate with some boundaries and routines. At lunchtimes, she would refuse to sit at the table and get up and run around the room.

Making relationships

- At first, she showed little interest in others' play or joining in activities.

Drawing on the advice of the local authority early years adviser, the centre put in place strategies that were shared with Kendra's mother. Since then, Kendra has improved markedly in all areas of learning.

The progress check will be carried out later this month. Currently, Kendra is not yet meeting her expected targets. However, there is reason to believe that with ongoing support and interventions she will soon meet her developmental milestones.

things from their point of view – often called having empathy

- valuing what you learn from observing children and talking with their parents and acting on it for the benefit of the children
- understanding that physical and mental health and well-being are closely related.

The learning environment

For children to flourish, practitioners will also need to look at the appropriateness of the learning environment provided to two-year-olds and

MORE INFORMATION

- *A Know How Guide: the EYFS progress check at age two*, www.gov.uk
- *A Process-Oriented Child Monitoring System for Young Children* by F Laevers, E Vandenbussche, M Kog and L Depondt, Centre for Experiential Education.
- *Birth to Three: supporting our youngest children*, Learning and Teaching Scotland
- *Building Character* by J Lexmond and R Reeves
- *'Parents and Educators: Dialogue and Development Through Partnership'* by P Easen, P Kendal and J Shaw in *Children and Society*, Volume 6, Issue 4
- *Poorer Children's Educational Attainment: how important are attitudes and behaviour?* by Joseph Rowntree Trust
- *Rolling Out Free Early Education for Disadvantaged Two-Year-Olds*, National Centre for Social Research
- *'The Significance of Insecure Attachment and Disorganisation in the Development of Children's Externalising Behaviour: a meta-analytic study'* by RP Fearon, MJ Bakermans-Kranenburg, MH Van IJzendoorn, AM Lapsley and G Roisman, in *Child Development*, 81 (2)

recognise their intrinsic need for secure relationships. Many two-year-olds spend their days with threes to fives in an environment designed to meet the needs of the older children and the twos have to fit in and adapt.

We know that young children need environments where they feel safe but have the freedom to explore, and feel secure, confident and valued in order to develop their sense of well-being. *A Good Place to be Two*, produced by Community Playthings, notes, 'Two-year-olds thrive in a peaceful environment. They cannot cope with an overload of stimulation as they are just learning to control their feelings. So excessive dingle-dangles, brilliant displays and clutter are to be avoided' (www.communityplaythings.co.uk).

NAEYC's Features of Good Practice (www.naeyc.org/DAP) looked at children's need for an orderly routine that provides structure, within an environment that is lively and stimulating but yet also predictable and consistent. The guidance sets out the principles when providing learning spaces for young children:

- Children's well-being, learning and individual needs and interests are paramount.
- Consistent, positive relationships with a limited number of adults and other children matter.
- Planning opportunities to play individually and together in varied group sizes.
- Planning opportunities for adults and children to talk with each other in order to enhance their own learning and development.

WELL-BEING

Practitioners cannot assess children's development in PSED unless they examine their well-being. Ferre Laevers shows how we can measure the degree of a child's well-being by observing how well the educational environment succeeds in helping the child to feel at home, to be himself, to remain in contact with himself and have his emotional needs – the need for attention, recognition and competence – fulfilled. Laevers suggests that the most effective way of assessing the quality of any educational setting is to focus on:

- the degree of emotional well-being of the children
- the level of involvement of the children (see boxes). ■

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