Aspects of Child Development

• The term ‘aspects of child development’ refers the physical, emotional and social, cognitive and language developmental changes that occur from conception through out the child hood years. All aspects of development are inter-related.
It’s important to understand that a child’s development progresses in a **holistic way**. Remember this means that as babies grow and develop, all aspects of their development will be involved.

While babies are developing their fine and gross motor skills such as grasping and sitting, they are also developing their language and communication skills through making sounds, discovering the changing world around them, interacting with others and developing their own individual personalities.
Stages of child development

• The stages of child development you’ll be investigating the development of children in the following age range:
  • 0 – 3 years of age
  • 3 – 5 years of age
  • 5 – 8 years of age
  • 8 – 12 years of age
  • 12 -16 years of age
Sequence

- Children’s developmental patterns follow the same *sequence* for all children but individual children develop at different *rates*.
- So, for instance, a baby must have head control before they can sit unsupported.
- Similarly, children may crawl at 6 – 7 months or not until they reach 12 months.
- Both these ages are within the established ‘norm’. Remember there are also children who never crawl but still progress to walking.
Rate

• Remember that there are variations in the rate at which child development takes place but these milestones will always occur in the same sequence.

• Development in one aspect of development does not necessarily mean it will be the same as the other aspects of development.
Normative development

• Normative development refers to what is considered ‘normal’ for that age and stage of development. Significant points in a child’s developmental progress are
• often known as ‘milestones’.
Milestones

• **Milestones** are used to track ‘normal’ development. They allow the measurement of an individual child’s progress and can indicate any deviation from the norm.

• For example, a milestone which demonstrates an infant’s physical development at age 3 months is their ability to lift up their head when lying on their front.

• Milestones are useful in helping us to ensure that activities chosen are appropriate to the stage of development that children have reached. Milestones are also a good measuring tool for progress.
Added Info

• Age groups are used as a general guide to developmental changes that do not always begin and end at specific times.

• For example, one of the changes in adolescence is puberty. For girls, periods start, and boys start shaving.

• However, some girls may start their periods as young as 9 – 10 years old and some boys may not grow facial hair until they are 19 – 20 years old.
Child Development

Aspects:
• Physical
• Language
• Emotional/Social
• Cognitive
Child Development

Stages:

• 0-3 years: Infancy
• 3-5 years: Pre-School
• 5-8 years: Lower Primary (childhood)
• 8-12 years: Upper Primary (childhood)
• 12-16 years: Lower Secondary (adolescence)
Task

Find the meaning of the following terms. Write a sentence or two for each.

Aspects of child development
  – Physical development
  – Emotional/social development
  – Cognitive development
  – Language development

Do the same for the terms:
  • Growth
  • Development
Physical Development

- Actual growth changes to the body as the child progresses from newborn to school child.
- Never stops
- Refers to gross motor skills and fine motor skills
Emotional & Social Development

Social:

**Changing Behaviour** to mix and fit in with society and culture. Includes: sharing, social acceptance, social behaviour, mixing. Developing relationships within and outwith family circle.
Emotional & Social Development

Emotional:

• Coping with and expressing Feelings. Reflects experiences child has seen – excitement, jealousy, anger, contentment.

• Includes development of independence and self esteem.
Cognitive Development

• Development of mind / thinking part of the brain.
• Ability to think, learn, understand and reason.
• Includes imagination, memory and concentration, attention and problem solving.
• Includes development of five senses – sight, smell, taste, touch and hearing
Language Development

• Development of speech and communication skills both verbal and non-verbal
• Includes listening, talking, discussing, mixing, compromise.
Growth

- Growth means an increase in size.
- “Growth is the process by which cells divide to increase the size of the body”.
- Growth refers to changes in the body such as height, weight, head size, bones and muscles.
- These things can be measured and can be seen to increase from conception until we are adults.
Development

• Development means an increase in ability.
• “Development is the process by which children master the control of their body”.
• Development is a continuous process from conception to death.
• Development is affected by hereditary and environmental factors.
Aspects of child development

• It’s important to remember that all aspects of a child’s development are interrelated and dependent on each other (holistic).

• A child should be regarded as a whole person with each aspect of development joining together to contribute to that whole.
Delay

• A delay in progress of one or more developmental aspects may result from or lead to delays in others.

• A child can only progress when he or she is ready and cannot be pushed.
Milestones of development

• Milestones are the indicators of development in these four aspects.
• **Physical development**: milestones show in the development of gross and fine motor skills. Milestones also occur as the body changes at puberty.
• **Social and emotional development**: milestones occur when we identify our own and others’ emotions and are aware of and behave towards other people in appropriate ways in many different settings, situations and contexts.
• **Cognitive development**: milestones include the development of ideas, schemata, concepts and memory.
• **Language development**: milestones would include babbling, single words, holding a conversation, discussing, negotiating and hypothesising.
Other Terms

• Other terms are often used when looking at child development. Look at the list below and explain the following terms in a sentence for each:
  • Bonding
  • Palmer grasp
  • Pincer grip
  • Fine motor skills
  • Gross motor skills
  • Sensory motor skills
Bonding

• **Bonding** refers to the close relationship, known as attachment, developed between mother and baby which is very important, particularly in the early days and first few years of life.
Palmar grasp and Pincer grip

• **Palmar grasp** refers to when you put your finger in the palm of a baby’s hand and it grasps it tightly.

• **Pincer grip** refers to fine motor skills such as picking up the tiniest crumb from the floor.
Motor skills

- **Motor skills** refers to the development of voluntary muscle control. Motor skills can be described as either fine or gross motor skills.

- **Fine motor skills** are the development of control over small muscles like those in our fingers and hands. Fine motor development includes developing the ability to transfer objects from one hand to the other, picking up crumbs with the fingers, holding and using crayons to draw.

- **Gross motor skills** are the development of control over the large muscles in our body. This includes children developing the ability to sit, crawl, stand, walk, climb and kick a ball.
Sensory motor skills

- **Sensory motor skills** refer to the ability to use our senses. Vision is very important to fine motor activities.
- For example, the ability to use a spoon to feed ourselves needs the co-ordination of fine muscles to hold the spoon and vision to put it into the food and then the mouth.
- The ability to see, hear, smell, touch and taste are important physical developments that are used to help us achieve our developmental milestones.
Physical Development

• Babies are born with a set of reflexes to help them through the first weeks of life; indeed, some are vital for survival. Babies have reflexes similar to the knee-jerk and the blinking reflexes in adults.

• When hit on the knee, an adult’s leg jolts forward, and their eye shuts quickly if something is about to be poked into it.

• These reactions are totally involuntary. Indeed, it’s virtually impossible to avoid making the automatic response of a reflex.

• Breathing is obviously one of the most important reflexes for a newborn baby.

• The rooting and sucking reflexes help babies to get nourishment. Without these reflexes, babies would have difficulty surviving.

• Many of a baby’s early reflexes will disappear during the first few months of life. Some reflexes remain with us throughout our lives.
Reflexes

• Babies do things automatically without learning how to do them – these are called reflexes.

• https://www.youtube.com/watch?v=JVlNnp7NZ0

• https://www.youtube.com/watch?v=PTz-iVl2mf4

• 1. The rooting reflex

• 2. The stepping or walking reflex

• 3. The grasp reflex

• 4. The startle reflex
Reflexes

• The newborn baby turns towards the hand that brushes towards their cheek, a demonstration of the *rooting reflex* essential for feeding.
• Another reflex is the *stepping* or *walking reflex* whereby babies will appear to be walking if their feet are placed in contact with a hard surface. The walking reflex is something babies later lose.
• The *grasping reflex* can be seen if the baby is touched lightly on the palm of the hand. They will immediately curl their fingers and grip hard. The grasping reflex is strong and once newborn babies grasp something they cannot voluntarily let go.
Startle Reflex-Sound

• At birth, the baby’s hearing is almost as sensitive as an adult’s. However, their hearing thresholds are lower than adults, which is why newborns can sleep through a loud television or loud music.

• But sudden noises do disturb them – for example, a doorbell or telephone ringing will sometimes startle them and make them cry.

• Babies prefer to hear soothing rhythmic sounds that echo the sounds they heard in the womb such as: the swishing sounds of a washing machine, the sounds of the vacuum cleaner or hairdryer.

• These are all calming, presumably because they seem familiar, and therefore comforting.
Revision

1. What happens when you touch a baby’s cheek?
2. When you put something into a baby’s mouth what do they do?
3. What do babies do when they hear a loud noise (other than crying)?
4. When you put your finger on a baby’s palm what do they do?
5. What does a young child do when held up so their feet touch the ground?
Motor Development

• Remembering that the sequence of development of motor skills is the same in all children, but children vary in their rate of motor skill development, draw a chart showing the sequence of development of motor skills in children aged 0 – 16 years.
Gross motor skills

• 0 -18 months Has head control, sits unsupported, crawls, pulls to stand
• 18 – 24 months Cruises around furniture, walks, climbs onto furniture
• 2 – 3 years Walks, runs, climbs stairs one foot to a step
• 3 – 5 years Jumps, hops, walks backwards, rides a tricycle
• 5 – 7 years Throws and catches a ball, skips, rides bicycle with stabilizers
• 7 – 10 years Develops grace and balance in sport and other physical activities, controls speed when running
• 10 – 12 years Develops strength for games like tennis, plays sport with increased skill, increased physical stamina
• 12 – 16 years Increased physical stamina, skilled in chosen physical activities
Fine motor skills

- **0 - 18 months** Reaches for objects, palmar grasp, pincer grip, builds 2-3 tower with blocks
- **18 – 24 months** Builds 4-6 tower with blocks, holds and lifts cup, turns book pages
- **2 – 3 years** Strings large beads, scribbles, starts to use scissors
- **3 – 5 years** Draws recognizable figures, buttons front of clothes, brushes teeth
- **5 – 7 years** Detailed drawings, uses scissors competently, prints sentences
- **7 – 10 years** Writes in script, increased manipulative skills, may play an instrument
- **10 – 12 years** Manually dexterous, writes well, keyboard skills are well developed
- **12 – 16 years** Skilled in most manual activities, changes in handwriting become apparent as personality develops
Physical Development

• Provides children with the abilities they need to explore and interact with the world around them.

• Physical development encompasses many different tasks and abilities. The term motor development refers to physical growth, or growth in the ability of children to use their bodies and physical skills.

• Genetics, size at birth, body build, nutrition and culture can all influence motor and physical development.
Identifying Physical Development

• Use the Internet to gather pictures which show children carrying out activities which encourage and enhance their physical development for each of the age ranges.

• Make a PowerPoint presentation describing what the picture shows and answer the following questions for each picture.

1. Is it gross motor skills (Large Muscles) or fine motor skills (Small muscles) that are being used?
2. Why are these activities so helpful for each age?
• Remember to think about both gross motor skills and fine motor skills.
• 0 – 3 years
• 3 – 5 years
• 5 – 8 years
• 8 – 12 years
• 12 – 16 years
Example
0-3 years

- Climbing Stairs
- Gross Motor Skills
- Helpful to build leg muscles and aid movement.
Example
0-3 years

• Painting
• Fine Motor Skills
• Helpful to develop coordination and control.
Baby It’s you

• Watch “In the Beginning” and take some notes on the key points you see.
Revision

• Can newborn babies see objects around them clearly?
• Can babies distinguish different colours?
• Can babies identify the direction a sound is coming from?
• Do babies react to strong smells?
• Can babies distinguish between sweet and salty tastes?
Main features of changes and differences in the developing child

• Head size
  • Babies’ heads are bigger in proportion to their bodies compared to older children
  • Babies’ heads are approximately one third to one quarter of their total length
  • Toddlers’ heads are approximately one quarter to one fifth of their total height
  • The head of a 7 year old is approximately one sixth of their total height
  • The head of a 12 - 16 year old will be near the adult proportion of one eighth of their total height
Growth rates

• Babies’ heads initially grow more quickly than their bodies but gradually the growth of the head slows down and the body and limbs grow more quickly.

• Between 2 years and the onset of puberty, children grow at a relatively steady rate.

• From about 10 years in girls and 12 years in boys there is usually a considerable growth spurt.

• Girls are skeletally mature at an earlier age than boys.
Body changes

• From about 10 years old girls may begin to develop secondary sex characteristics and develop breasts and broader hips. They may also grow body hair.

• The feet and hands of most adolescents will reach their adult size before they reach their ultimate height.
Revision

1. Is there a change in body proportions between birth and 16 years old?
2. Does one part of the body grow more quickly than others at different ages?
3. List some Gross motor skills in sequence with the approximate age you would expect a child to achieve each skill.
4. List some Fine motor skills in sequence with the approximate age you would expect a child to achieve each skill.
5. In your own words give a definition what is meant by the term ‘Child Development’
Answers 1 and 2

• 1. Yes. Head is about 1/3 of body at birth and only about 1/8 at 16.

• 2. Yes. Babies’ heads initially grow more quickly than their bodies but gradually the growth of the head slows down and the body and limbs grow more quickly.
## Answers 3 and 4

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Fine Motor Skills</th>
<th>Gross Motor Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0-3</strong></td>
<td>Can pick up small objects</td>
<td>Runs on whole flat foot</td>
</tr>
<tr>
<td><strong>3-5</strong></td>
<td>Threads beads and can use scissors</td>
<td>Can walk on tip toes and use pedals</td>
</tr>
<tr>
<td><strong>5-8</strong></td>
<td>Skilled with construction toys</td>
<td>Plays ball games dances and can hop</td>
</tr>
<tr>
<td><strong>8-12</strong></td>
<td>Improved hand eye coordination, developed skills in writing &amp; drawing</td>
<td>Increased strength and stamina. Can ride a bike</td>
</tr>
<tr>
<td><strong>12-16</strong></td>
<td>Hand eye coordination at its peak.</td>
<td>Rapid musculoskeletal growth during puberty</td>
</tr>
<tr>
<td><strong>Some may start puberty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Most reached puberty</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more detailed information on all age ranges and all aspects of development look at pages **50-67** of “Children and Young People’s Workforce” by Carolyn Meggit.
Puberty

• Often have a growth spurt, for males between 14-15 and females 12-13

• Develop Secondary Sex characteristics.

• Pubic hair in both sexes

• Facial hair and deepened voice in males

• Breast development and widened hips in females
Puberty

- **Primary Sex Characteristics**
  - Development and growth of penis and sperm in males
  - Development of vagina and ovaries in females
  - Hormonal changes cause growth of penis and testicles to produce sperm.
  - Females start menstruation (monthly periods)
  - These events signal *sexual maturity* (ability to reproduce)
  - More details on page 66 of “Children and Young People’s Workforce”
Answer 5

- **Child Development** (*generic answer-overview)*
  
  - All children’s development follows the same pattern or sequence
  
  - The rate of development varies from one child to another
  
  - The measurement of development is usually against norms or milestones
  
  - Development is determined by both genetic and environmental factors.
Physical Development

• Physical Development follows the same pattern (stages, milestones) for every child but the rate (pace, speed) of developments may vary from child to child.

• We measure development against milestones of Normative (average) development.

• *Gross motor* is Big muscles (arms legst etc.)

• *Fine motor* is small muscles (fingers, picking up etc,)

• *Sensory Motor* is development of senses(see, hear, smell, touch and taste)
Physical Development

• **Simple to Complex** (stand before walking, walk before skipping etc.)

• **Head to Toe** (physical control begins with head and neck, then arms and hands and eventually to legs and feet.)

• **Inner to Outer** (able to move arms (gross motor) towards objects before being able to pick them up (fine motor))

• **General to Specific** (young baby uses massive general response, eyes widen legs and arms move vigorously, older child smiles or uses appropriate gestures.)
Emotional Development

- Emotional development relates to how children cope with and express different feelings.
- This includes how children feel about others, both positive and negative feelings, and the feelings they experience from others towards themselves.
- Children’s emotional development includes bonding and attachment, the establishment of trust in others, developing a sense of self and becoming self-confident and independent.
Social Development

• The term social development is concerned with how we relate to other people.
• It’s about how we learn to identify with other people and become a member of a social group. We learn about our social roles and how they change.
• There are many different social roles within our society for example, son, daughter, sister, brother, mother, father, friend, pupil, teacher, doctor, fire-fighter.
• Society expects people in these roles to behave in certain ways. We expect a friend to behave differently to fire-fighter. We are expected to learn and perform certain patterns of behaviour according to each role. So we may be expected to misbehave with our friends, but not in the classroom with our teacher.
• Social development involves our ability to live, work and play with others.
Questions

• Explain in your own words, reasons for the following emotional responses. Why is it important? Why do they do it?

• 1. Attachment/bonding

• 2. Smiles and responds to carer

• 3. Fear of strangers

• 4. Having a ‘comforter’ eg. teddy or blanket

• 5. Temper Tantrums
Attachment/ bonding

• Attachment or bonding to one or more constant carers in early infancy is crucial for proper emotional development. A feeling of trust, which is essential for future relationships, is developed by the consistency of care given.
Smiles and responds to carer

• Young babies are fascinated by faces and until they reach approximately 6 months old they will smile and coo at anyone who spends time interacting with them.

• Babies as young as 4-6 weeks old are making social overtures by smiling and vocalising. They will take conversational turns, pausing in their vocalising to allow the other to speak.

• Babies will then respond when a conversational gap is left for them.
Fear of strangers

- From approximately 6 to 9 months, children usually begin to develop fear of strangers.
- The child will often scream if a stranger approaches him but the fear is usually eliminated if the carer is in sight.
- This fear of strangers is due to the attachment formed with the carer, combined with object permanence and the child may become distressed at any real separation from their main carer at this stage.
- The dependence on the presence of a familiar adult continues into toddlerhood.
Having a ‘comforter’

- At 12-18 months, children may still be shy with strangers and cling to a known adult for reassurance.
- There is still a need for lots of support and consistency in care.
- During this period, the child may have a comfort object such as a teddy or an old piece of blanket.
Temper Tantrums

• As children reach 12 – 18 months old they may express their frustration in ‘toddler temper tantrums’ and may show jealousy if their mother/carer holds or pays attention to another child or baby.

• This is also the age when young children become aware of pain or distress in others and will attempt to comfort a sibling or another child who is crying.
Social and Emotional development

• Identify ways children interact with other people (including strangers), adults and children while developing socially.
• Identify how the interaction may change or show developmental progression.
• Use the internet and books and notes from the video to list at least 3 examples for each age range.
• 0-3
• 3-5
• 5-8
• 8-12
• 12-16
<table>
<thead>
<tr>
<th>Age Range</th>
<th>Crying, vocalising, smiling</th>
<th>Crying, vocalising, smiling</th>
<th>Develop a wariness of strangers</th>
<th>Continues to have a wariness of strangers</th>
<th>Can continue to have a wariness of strangers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3 months</td>
<td>Closely observes facial expressions. And can reflect them back</td>
<td>Closely observes facial expressions. And can reflect them back</td>
<td>Can become distressed when separated from main carer and can clearly express emotions such as pleasure with laughs and squats</td>
<td>Can still become distressed when separated from main carer and can clearly express emotions such as pleasure with laughs and squats</td>
<td>Can be comfortable exploring their surroundings regularly returning to carer for reassurance</td>
</tr>
<tr>
<td>3 – 6 months</td>
<td>Imitating facial expressions smiling</td>
<td>Smiling</td>
<td>Dependence on the presence of a familiar adult. They will hold out their arms to be lifted and cuddled when distressed</td>
<td>Continues to have a dependence on the presence of a familiar adult. They will hold out their arms to be lifted and cuddled when distressed</td>
<td>Clearly express emotions such as pleasure with laughs and squats and may use words to express annoyance</td>
</tr>
<tr>
<td>6 – 9 months</td>
<td>Recognising familiar voices of mum or dad</td>
<td>Recognising familiar voices of mum or dad</td>
<td>Continues Recognising familiar indicators of mum or dad appearing</td>
<td>Enjoys the company of other children and can play alongside them</td>
<td>Enjoy the company of other children and can play alongside them</td>
</tr>
<tr>
<td>9 – 12 months</td>
<td>Being soothed when hearing familiar tones</td>
<td>Being soothed when hearing familiar tones</td>
<td>Being aware of familiar routines when hearing familiar tones eg. bath time, feeding time</td>
<td>Being aware of familiar routines when hearing familiar tones eg. bath time, feeding time</td>
<td>May express their frustration in ‘toddler temper tantrums’</td>
</tr>
<tr>
<td>12 – 15 months</td>
<td>Taking conversational turns, pausing to allow the other to speak</td>
<td>Taking conversational turns, pausing to allow the other to speak</td>
<td>Babies will play ‘give and take’ with toys But are not able to play independently in others’ play</td>
<td>May show jealousy if their mother holds or pays attention to another child or baby</td>
<td>Becomes aware of pain or distress in others and attempts to comfort sibling or other child who is crying</td>
</tr>
<tr>
<td>15 – 18 months</td>
<td>Can continue to have a wariness of strangers</td>
<td>Can be comfortable exploring their surroundings regularly returning to carer for reassurance</td>
<td>Can be comfortable exploring their surroundings regularly returning to carer for reassurance</td>
<td>Can be comfortable exploring their surroundings regularly returning to carer for reassurance</td>
<td>Can be comfortable exploring their surroundings regularly returning to carer for reassurance</td>
</tr>
</tbody>
</table>
0-3

- Solitary play
- On looking play
- Temper tantrums
- No concept of sharing
- May show jealousy
- Likes routines
- Possessive of personal belongings
3-5

- Engages in complex co-operative play
- Has a sense of ‘mine’ and ‘yours’
- Has increased self confidence
- May attend playgroup/nursery
- May have an imaginary friend
- Willing to share
- May defy parents as they start to assert their independence
- Is able to negotiate verbally
- Is toilet trained
- Make efforts to control their temper
5-8

- Is protective of younger children
- Co-operative and sympathetic
- Increased confidence
- Is aware of different emotions
- Has a strong awareness of ‘right’ and ‘wrong’
- May be frightened of the dark and/or imagined monsters
- Starts primary school
- May join after-school activities
• Peer group becomes increasingly important
• Chooses best friend
• Joins clubs/organisations
• Plays in single-sex groups
• Finds it difficult to cope with being teased
• Strongly desires independence
• Peer groups are very important
• Works out own social patterns
• May join sports team
• Likes privacy to be respected
• May defy adult authority
• Enjoys socialising in groups
• Has an awareness of the opposite sex
• Continues to be part of single-sex groups
• Is able to work as part of a group
Social roles and socialisation

• Social development involves our ability to live, work and play with others. This process of learning to participate as a member of a social group is called socialisation.

• The family is usually the first social group that we experience. Within the family we learn about values, beliefs and ways of behaving and thinking and feeling in relation to other people. This is called primary socialisation. For example, some families have the tradition of the tooth fairy, or that it’s polite to say ‘please’ and ‘thank-you’, or have certain religious beliefs.

• As we grow and develop, we mix with others outside our family. Playgroups, nursery and school are other groups that we learn to take part in and play other social roles. These are referred to as sources of secondary socialisation.

• The ability to communicate is extremely important in this process of socialisation.
Questions

1. What is meant by the term social roles? Give an example of one or two social roles we play.

2. What is meant by socialisation?

3. What is primary socialisation? What do we learn from it?

4. Give three sources of secondary socialisation for children aged between 0 –16 years.
Identifying social and emotional development

• Collect pictures of children carrying out activities that require the use of social skills, perhaps showing children in various roles, or groups or in different societies.

• Make a collage/PowerPoint showing children aged between 0 – 16 years from a variety of cultures or traditions.
Present your Collage

• Why is the process of socialisation important to the children in the pictures?
Social development

• Before the age of about 18 months, the child’s social contact is generally centred on the carers and family members such as brothers and sisters.
• As the child gets older, his circle will widen to neighbour’s children and children playing at playgroup or nursery.
• Social contact is influenced by developing language and awareness of others.
• Children learn throughout this stage how to interact with others through play.
Social development

- At around the age of 2 years, the child will happily play near other children but hasn’t yet acquired the skills that enable them to play together.
- The 2 year olds ability to play together is also hindered by their inability to share possessions and even the attention of adults; therefore, resentment may be shown.
- As the child’s social skills develop and confidence is gained, his carer may feel that he is ready to join a playgroup or nursery.
- This social interaction will not only help the child to gain independence but also enable him to accept strangers and develop an awareness of others.
Social development

• Between the ages of 3 and 5 years, social interaction continues to develop as the child begins to enjoy the company of other children his own age.

• They will learn to share possessions and the attention of adults.

• With these new social skills, an increased concentration span and a need to satisfy curiosity with continual questions, the 5 year old is ready for primary school.
Social Development

• Find two or three features of social development in children in each of the following age groups:
  • 0-3
  • 3-5
  • 5-8
  • 8-12
  • 12-16
0-3

• Plays alone even in the company of other children
• Has no understanding of sharing adult attention or toys
• Plays alongside other children for brief periods
• Joins in play with other children
• Begins to be more co-operative and shows understanding
• of idea of sharing
• Enjoys being around other children
• Begins to play games which need cooperation from all playing
• Chooses their own friends and playmates
5-8

- Shows an awareness of expected social behaviour both within and out with the family
- Begins to discover differences in cultures, religions and lifestyles
- Becomes more involved in group activities
- Likes to play competitive games and likes to win
8-12

• Peer group becomes increasingly important
• Chooses best friend
• Joins clubs/organisations
• Plays in single-sex groups
• Finds it difficult to cope with being teased
• Strongly desires independence
12-16

- Peer groups are very important
- Works out own social patterns
- May join sports team
- Likes privacy to be respected
- May defy adult authority
- Enjoys socialising in groups
- Has an awareness of the opposite sex
- Continues to be part of single-sex groups
- Is able to work as part of a group
Identifying social development

• Your child has been invited to a birthday party for non-identical twins aged 11, Lily and Sam.

• You want to buy a gift that helps to promote social development.

• Decide which gift you will buy for each child and give your reasons for your choices.

• Make a PowerPoint slide to show a picture of the gifts, the cost of the gifts and highlighting your reasons.
Cognitive Development

- Development of **mind / thinking part** of the brain.
- Ability to think, learn, understand and reason.
- Includes imagination, memory and concentration, attention and problem solving.
- Includes development of five senses – sight, smell, taste, touch and hearing.
Cognitive Development

• Baby’s five senses are well developed from birth.

• Babies distinguish between male and female voices and seem to like a female voice. They learn quickly and develop the ability to react to others within their first six weeks.

• They can recognise the smell of their own mother and her voice within their first week of life.
Cognitive Development

• Sight is developed enough to respond to changes in shapes and patterns by 4 months old.
• At this stage, babies show an awareness of object permanence, which means that an object exists even when out of sight.
Cognitive Development

- Their sense of taste is also developed as they are breast fed or given formula milk and then progress to weaning and solid foods.
- Babies are very sensitive to touch and respond to comforting and cosy materials.
Cognitive Development - Babies

As babies progress to toddlers, their capacity for learning increases. They:

1. Remember things better.
2. Recognise routines such as mealtimes, bath time, and bedtime.
3. Enjoy repetition of favourite rhymes and request the same storybook over and over again.
Cognitive Development - Toddlers

- Toddlers can find hidden objects and remember where the biscuit tin is kept.
- Their favourite question is ‘What’s that? Or Why’

At around 3 years old the child will:
- Remember nursery rhymes and songs and be able to repeat them.
- Ask questions which feature ‘what’ and ‘why’ constantly
- Vocabulary increases almost daily and speech becomes more intelligible and complex.
- By the time they are 4 or 5 years old they can name colours and shapes.
Cognitive Development – Primary School

• This is the time when literacy and numeracy skills develop.

• As children progress through primary school from age 5 – 12 years they develop more complex cognitive skills.

• Reading and writing gets better.

• They begin to use logical reasoning and enjoy discussions and debates.

• They understand concepts like weight and size.
Revision

Answer the following questions in your own words.

1. What is cognitive development?
2. Whose voice does a baby seem to prefer?
3. What does object permanence mean?
4. What appears to be a toddler’s favourite question?
5. When do children remember and repeat nursery rhymes?
6. At what age can children name colours and shapes?
7. When do children usually start their formal learning?
8. At what age do children become more skilled in their reading and writing?
Identifying Cognitive Development

• Working in groups, use the Internet to gather pictures which show children carrying out activities which encourage and enhance cognitive development in children.

• Each group member should choose one age group.

• make a powerpoint showing the activities which promote cognitive development in children of your chosen age group
Identifying Cognitive Development

• In your groups look at the power points you’ve produced and discuss the activities you found were particularly good at encouraging cognitive development in children.

• Individually write a few sentences on another PowerPoint slide explaining and justifying why these activities were so helpful for each Age group.
0 – 18 months

• Recognises familiar faces and objects
• Recognises familiar routines
• Has a fear of strangers
• Shows concept of object permanence
• Puts all objects into mouth to explore their properties
• Learns simple games such as peek-a-boo
• Enjoys looking at books
18 – 24 months

• Points to objects named by adult
• Obeys simple requests
• Wants to explore and investigate everything in reach
• Joins in nursery rhymes
• Solves simple puzzles
2-3

• Remembers rhymes and songs
• Matches colours
• Sorts objects into simple categories
• Solves more complex puzzles
3-5

- Remembers past events
- • Names 2-3 colours or more
- • Understands the concept of numbers up to 3
- • Counts with increased understanding
- • Concentrates on activities and completes them
- • Names different shapes
- • Shows interest in reading and writing
• Begins to develop concepts of quantity
• Develops literacy skills
• Begins to understand basic scientific principles
• Learns to tell the time
• Plays board games with understanding and skill
• Attention span increases
8-12

• Understands the value of coins
• Begins to understand logical reasoning
• Writes for a good length of time relatively quickly
• Interested in reading books for research for project work
• Develops interests and hobbies
• Understands relational terms such as weight and size
12-16

• Considers all aspects of situations
• Enjoys discussion and debate
• Develops and maintains interests such as sport and music
• May understand abstract concepts
Cognitive and language development

• Watch Baby It’s you – the thinker and take notes on the key information
Questions

1. At 3 months Dylan is demonstrating his first step in abstract thought, what is it?
2. After the first few months what happens to a baby’s reflex actions?
3. How does Marco categorise his toys?
4. What type of thinking does Taffy apply to get her doll?
5. Why does Oscar take things apart?
6. When Colin is tidying up what is he doing with the items?
7. When Polly is copying other’s actions, in what way is she learning?
8. When Polly is reaching for the biscuits, what skills in human thinking is she demonstrating?
• The baby first learns through its senses. As babies are immobile during this period, they will spend a lot of time lying on their backs looking up and they require objects around them that will stimulate their senses.

• Looking up at moving objects helps babies gain an awareness of the world around them.

• During these months, babies are able to demonstrate the first step in abstract thought – cause and effect. In other words, if a baby cries someone will come to him.
6 – 12 months

• As children becomes mobile there is a need to try to reach for things out of range and they understand the meaning of ‘no’.

• Children also learn by putting objects into their mouths. This is because the mouth is more sensitive than their fingertips.

• Children learn about size, shape and texture by putting objects into their mouths rather than just by looking at them.
6 – 12 months

• Learning that objects still exist even when they can’t be seen also occurs during these months. This is known as ‘object permanence’ – out of sight but not out of mind.

• As the memory continues to develop, young children begin to enjoy repetitive play, nursery rhymes and simple books.

• By 12 months children often understand simple commands, their own name and some words (sometimes recognisable) for familiar things such as the family cat or dog.
12-18 months

• During this period children learn skills by imitation, they enjoy copying mum or dad in domestic work and carrying out simple instructions.

• Manipulative skills and hand and eye co-ordination also develop and the young child will enjoy scribbling with a pencil or using a comb or a toothbrush.

• By 18 months, as language skills develop the child will enjoy recognising and naming pictures in favourite books and will join in with nursery rhymes and songs.
Development

• Identify toys and activities suitable for encouraging language development of children at the following ages and stages:
  • 0 – 6 months
  • 6 – 12 months
  • 12 – 18 months

• Make a powerpoint slide showing the toy and explain how it will aid development
18 months – 5 years

• Language development progresses rapidly during these 3 and half years.

• At 18 months, a child may know approximately 20 words and this amount will increase daily.

• In no time at all, the child is progressing from 2 – 3 word sentences that develop into more complex stories by the age of 5.
18 months – 5 years

- Perception is another aspect of cognitive development which changes rapidly at this stage.
- Children make little distinction between what is real and what is fantasy.
- They think that everything around them for example, toys, as having the same properties as themselves and that they may feel pain if knocked or dropped.
- This is known as ‘animist’ thinking.
- At around 2 years old this will change to ‘magical’ thinking, this is because the child does not fully understand the concept of cause and effect and will link events that happen together.
18 months – 5 years

• By the age of 5, the child will have a better understanding of cause and effect and develop these skills into logical thinking, helped by having a longer attention span; imagination and creative thinking also increase rapidly during this period.
Revision

• Answer the following questions.
• 1. What is meant by the term ‘animist’?
• 2. What is meant by the term ‘magical’?
• 3. What does cause and effect mean? Give an example.
Identifying language development

• Working in groups, use the Internet to gather pictures which show children carrying out activities which encourage and enhance language development in children.
• Each group member should choose one age group.
• make a powerpoint showing the activities which promote cognitive development in children of your chosen age group
Identifying language development

• In your groups look at the power points you’ve produced and discuss the activities you found were particularly good at encouraging Language development in children.

• Individually write a few sentences on another PowerPoint slide explaining and justifying why these activities were so helpful for each Age group.
Identifying language development

• List two or three features of language development in children in each of the following age groups:
• • 0 – 3 years
• • 3 – 5 years
• • 5 – 8 years
• • 8 – 12 years
• • 12 – 16 years
• **1 – 3 years**
  • Communicates needs and wants by pointing and vocalising
  • Can use between 6 and 20+ words and understands many more
  • Vocabulary continues to increase
  • Sentence formation begins with two or three words becoming more complicated with increasing age and ability
  • Constantly asks questions
  • Can carry on a simple conversation
• 3 – 5 years
• Conversation skills increase with growing vocabulary
• Begins to ‘answer back’ to adults when thwarted
• Understands the need for verbal negotiations with peers
• Begins to develop skills to enable positive interactions with others
• 5 – 8 years
• Develops a wide use of language, for example, for questioning; guessing;
explaining; justifying and complaining
• Has the ability to reason aloud and to think out ideas, plans and speculate
• Holds long conversations with the knowledge of the 5 – 8 years
• Develops a wide use of language, for example, for questioning; guessing;
explaining; justifying and complaining
• Has the ability to reason aloud and to think out ideas, plans and speculate
• Holds long conversations with the knowledge of the
• 8 – 12 years
• Understands the value of coins
• Begins to understand logical reasoning
• Writes for a good length of time relatively quickly
• Interested in reading books for research for project work
• Develops interests and hobbies
• Understands relational terms such as weight and size
• 12 – 16 years
• Considers all aspects of situations
• Enjoys discussion and debate
• Develops and maintains interests such as sport and music
• May understand abstract concepts
Task

• Your child has been invited to a birthday party for non-identical twins aged 10 Jenny and Josh. You want to buy a gift that helps to promote their language development.

• Decide which gift you will buy for each child and give your reasons for your choices.
Features of Development

• Fill in the tables to show different aspects of development for the different age ranges.
What is health?

• In small groups discuss what the word health means to you. Come up with as many ideas as you can then write them down.

• Be prepared to share your answers with the class.
What is health?

In 1948 the World Health Organization (WHO) defined health as:

‘a state of complete physical, mental and social well being and not merely the absence of disease or infirmity’.

This was a far sighted definition for the time because it presented a holistic view, including mental and social well-being, as well as physical. It doesn’t however; allow for people to have a disability or condition and still be healthy, for example, people with conditions such as asthma, diabetes or those with a sensory impairment.
In 1984 the WHO updated their definition:

‘the extent to which an individual or group is able, on one hand, to realize aspirations and satisfy needs: and, on the other hand, to cope with change or to cope with the environment. Health, therefore, is seen as a resource for everyday life, not an object of living: it is a positive concept emphasizing social and personal resources, as well as physical capacities.’

This definition also reflects the holistic approach to health as well as acknowledging the positive and transient nature of health.
Aspects of Health

• **Physical** health needs relate to the functioning of the body.

• **Social** health needs relate to the way we interact with others and form and maintain relationships.

• **Emotional** health relates to the way we express emotions. It also relates to the way we cope with stress and anxiety.

• **Cognitive** health needs relate to the ability to think clearly and logically.

• **Language** health is linked to cognitive and emotional health as language health is important for expressing thoughts and feelings. It is also linked to social health as using language encourages interaction with others and the development of nurturing relationships.
• Go back to your group activity and consider what you’ve written.
• Identify which aspect of child development your explanations of health fit into.
• Be prepared to share your answers with the class.
Aspects of health

- The word health is derived from the old English word ‘hael’ which means whole.
- Therefore any definition should reflect all aspects of health.
- As seen from the WHO definition and the previous activities it’s clear that there are a number of different aspects of health.
Physical health needs of children

• You learned earlier that physical health needs relate to the physical functioning of the body. For example, for our bodies to remain healthy we need:
  • Food
  • Rest and sleep
  • Warmth
  • Protection from injury
  • Exercise
  • Fresh air
  • Hygiene
  • Medical care
Emotional health needs of children

• Earlier you learned that emotional health relates to our feelings and how we express our emotions. It also relates to the way we cope with stress and anxieties in our lives. Some of our emotional health needs are:
  • Affection/love
  • Belonging
  • Consistency
  • Independence
  • Achievement
  • Social approval
  • Self-esteem
Social health needs

• These relate to the way we interact with others and form relationships. Social interactions enable children to develop a sense of identity and self-esteem.

• The promotion of social health in children encourages appropriate behaviour, a sense of security and an understanding of their place and belonging in their social system. Some concepts linked to social health needs include:

  • Play opportunities
  • No concept of sharing or turn taking
  • Becomes more independent
  • Develops self feeding skills
Social Health Continued

- Engages in complex play
- Chooses own friends
- Starts primary school
- May join after-school activities
- Peer group are increasingly important
- Plays in single-sex groups
- Strongly desires independence
- Works out own social patterns
- Likes privacy to be respected
- May defy adult authority
Cognitive health needs

• These relate to the child’s ability to think, understand, learn and reason, logically.
• Cognitively, children need to learn how to concentrate, use their memory and make decisions. The development of the five senses, sight, smell, hearing, touch
• and taste contribute to our cognitive development and are linked to physical development such as hand and eye co-ordination. They also learn concepts which will help them in their lives to maintain their sense of well-being. These
• include concepts such as:
  • Play
  • Language development
  • Thinking
  • Recognition
  • Communication
  • Problem solving
  • Learning and understanding
Physical health needs of children
Group Task

• In small groups carry out the following tasks:
  • 1 • Investigate each of the elements which contribute to the physical health and development in children at different ages and stages.
  • 2 • Identify adults in the child’s life who can meet these physical health needs.
  • 3 • Explore and identify some of the consequences of these physical health needs not being met in children from birth to 16 years old. Each group will present their findings to the class.
Health factors which may affect child development

• Nutrition

• Nutrition relates to children’s diet and whether they are getting a healthy balanced diet in relation to their age and stage of development.
Breastfeeding

• Research concludes that breast-fed babies are less likely to be overweight, less susceptible to infections. Breast pumps enable other family and friends to feed babies with breast milk from their mothers using bottles so babies still benefit from breast milk.
Breastfeeding

• In your groups identify and describe the benefits of **breastfeeding** for both mother and baby.

• 2. Write down what you think about breastfeeding. Do you know anyone who has breastfed or is breastfeeding? Were you breastfed? Would you breastfeed your baby? If not say why? If so, say why?

• Discuss your ideas in your small groups and be prepared to discuss them in the class.
Influences

• Undoubtedly diet influences health, growth and development.
• Some children have food allergies that can lead to severe allergic reactions resulting in breathing difficulties.
• A healthy balanced diet should contain protein, fat carbohydrate, minerals and vitamins which are essential for healthy growth and development in children.
• Fresh fruit and vegetables may protect children from developing later illnesses such as cancer and heart disease.

• Many children take too much sugar in sweets and fizzy drinks; these can lead to tooth decay and obesity.
Health factors which may affect child development

• Using the range of resources available to you, identify sources of foods which provide for a balanced diet for children.

• Then describe the benefits of a balanced diet to the health and development of children.

• Protein
• Fat
• Carbohydrate
• Minerals
• Vitamins
Physical health needs of children

- **Food** is needed for growth of the body, the repair of tissues of the skin, for energy, heat control of the body, to fight off infection and to maintain all the body systems.
- A balanced diet is important in maintaining a healthy body.
Task

• Think about the needs of children of different ages and identify ways in which adults can meet those needs and what will happen if the needs aren’t met.
Physical health and development

- find out:

  a) The range of components which make up a balanced diet.

  b) The role each component has in promoting physical health.

  c) The consequences or effects a lack of a balanced diet may have on the physical health of the child.
Physical health and development

• Write down what you ate yesterday.
• Do you think it was a healthy balanced diet?
• What could you have eaten to improve it?
Physical health and development

• You will be given one age range each.
• On an A4 sheet of paper produce a meal plan for a day for your given age range.
• Use books, magazines or the internet to help you find out the information.
• Identify the range of components which make up a balanced diet from the menu you have selected.
Sharing information

• In your groups look at the menus you’ve produced and discuss your findings.
• Individually write a sentence or two on your own conclusions, and those of your group.
• We will then discuss the findings as a class.
Exercise, rest and sleep

• Exercise, rest and sleep relate to children’s basic needs to maintain healthy growth and physical developmental progress. Exercise is essential to strengthen and develop muscles and bones.

• Exercise is also important for promoting healthy sleeping patterns.
Play areas

• It’s more difficult for children to take exercise in built-up areas in towns and cities where there are no safe play parks.

• Also, current fears for children’s safety prevent many parents allowing their older children to play outside without adult supervision.
Rest and Sleep

• **Rest and sleep** are important to the body and the benefits they bring include increased appetite; increased energy; increased resistance to infection and increased concentration in children. It must be remembered that the amount of rest and sleep needed varies according to the age and stage of development as well as the individual.

• Similarly, the causes and effects of sleeplessness in children should be considered.
Rest and Sleep

• **Rest** is needed to prevent the child from becoming over tired and unable to sleep. Often children don’t recognize their need to rest but adults can use strategies such as story time to encourage rest.

• **Sleep** is essential to encourage growth as children grow whilst sleeping. Sometimes children need encouragement to sleep and bedtime routines are perfect for the ‘winding down’ period in preparation for sleep.
Rest and Sleep

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.

• What will happen if the needs aren’t met.
Exercise

- **Exercise** is important in promoting not only the physical development in children but also as a means of maintaining health and happiness as well as a harmless outlet for aggression.
Exercise

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.

• What will happen if the needs aren’t met.
Warmth

• **Warmth** is important to the body. The average temperature of the body in good health is within the range 36.2°C and 37.2°C. It’s important to keep babies warm as they have no ability to control their own temperature.

• Babies can be kept warm by ensuring they wear a number of layers that can be removed as necessary.

• By wearing a hat, gloves and socks a baby’s heat can be contained to keep their bodies warm.
Warmth

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.
• What will happen if the needs aren’t met.
Fresh Air

• **Fresh air** is essential for children. The effects of the lack of fresh air and poor ventilation on the health and development of children can include feelings of tiredness, lack of concentration and headache.

• Yawning and sighing are not just signs of boredom but attempts by the body to get more air in and out of the lungs.

• Fresh air can enhance cognitive processes and reduce the risk of infection.
Pollution and climate change

• Environmental influences on health and development include the quality of air, food and water. Air, food or water pollution may adversely affect a child’s development during pregnancy and after birth.

• The use of fluoride either in water supply or added to toothpaste helps to prevent dental caries. Access to health care before and after birth of a baby can encourage health, growth and optimum development.

• Clean water supply and access to fresh air also encourages healthy growth and development in children.
Fresh Air and Pollution

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.
• What will happen if the needs aren’t met.
Physical health needs of children

- **Protection from injury** is important. Child care workers must be aware of the
- vulnerability of children to injury. The range and types of protection from injury
- that children need changes, depending on the developmental age and stage of
- the child. Adults can prevent accidents occurring in a variety of contexts by being
- aware of the dangers to children in their care and to ensuring that safety
- measures are in place.
Physical health needs of children

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.
• What will happen if the needs aren’t met.
Hygiene

• The importance of high standards of personal hygiene in childhood is essential; this can help prevent infection, help prevent skin disorders, increase self-esteem and social acceptance and establish patterns in later life.

• Adults can promote high standards of personal hygiene in children, eg. encouraging hand washing after toileting and teeth cleaning after eating.

• Childcare workers should be aware of the need for high standards of environmental hygiene. There are policies and procedures in all early education and childcare settings to ensure children’s health and well-being.
Hygiene

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.

• What will happen if the needs aren’t met.
Medical care

• **Medical care** is essential in the promotion of the health needs of children. A number of health practitioners such as G.Ps, health visitors, school nurse and child health surveillance have a role in monitoring the health and development of the child.

• The role of immunisation programmes play a crucial role in the promotion of the health needs of children. However, the potential side effects and contra-indicators of immunisation need to be considered to enable a balanced view.
Medical care

• Think about the needs of children of different ages and identify ways in which adults can meet those needs.

• What will happen if the needs aren’t met.
Short term and long term illness

• Health and Illness relates to children’s state of health and includes the impact of short-term illness such as chickenpox, appendicitis or minor injury.
• Long-term illness refers to conditions which require regular treatment such as cystic fibrosis and also impact on health, growth and physical development.
• Good health contributes to children’s growth and development as they eat and sleep well. Children need a healthy balanced diet and sufficient sleep to encourage physical growth and development.
• Healthy children have more energy for exercise to develop muscle strength and their bodies are more likely to develop immunities and fight infection.
Short term and long term illness

• Medical conditions will vary between a short-term condition with temporary negative effects on a child’s development and other medical conditions which require the child to have on-going treatment and/or hospitalization which in turn may have a negative impact on the child’s ability to learn.

• For instance illness can result in children being in hospital or confined to home and missing school and friends, and this can slow down all aspects of their development.

• Some hospitals do provide learning opportunities for long-term in-patient children.
Short term and long term illness

- Short-term illness may temporarily affect health and physical development as the immune system fights infection or focuses on healing injury. Children who enjoy good health usually recover completely from short-term illness and regain their developmental stage with support.

- Long-term illness may permanently affect all aspects of a child’s health and development as they may be confined to bed at home or hospital, may have little appetite for food and may not be well enough to access any learning opportunities available to them.

- Whatever medical conditions a child has and the limits they place on all aspects of their development, with specialist support and a stimulating environment the child will develop to reach their potential.
Illness

• Give an example of an inherited condition which affects health and development in children.
• Give an example of a short-term illness commonly found in children and suggest how this illness may affect their health and development.
• Give an example of a long-term illness found in children and suggest how this illness might affect their health and development.
Illness

- A child has developed chicken pox and is very itchy, off his food and generally feeling unwell.
- How can this affect the health and development of the child?
Feeling Unwell

• When you’re not feeling well what effect does it have on you?
• Discuss this with a partner in the class.
• Are there any similarities or differences between you?
• Be prepared to share your responses with the class.
Revision - Individual activity

• Answer the following questions in your own words.
• 1. Why do we need food? Give 5 reasons.
• 2. Why are rest and sleep important to ensuring a child’s healthy body?
• 3. Why is warmth important for babies? Give an example of how you would ensure a baby is warm enough.
• 4. What safety methods do parents and childcare workers use to ensure the safety and well-being of children 0 – 3 years
• 5. What forms of exercise would you suggest for a child aged 6 years old?
• 6. Why is fresh air important for children? Give 3 benefits of fresh air for children of all ages.
Emotional Health Needs of Children

• Sam and Susie Brown have been married for 23 years; Sam has had his own successful building business for the last 20 years. They live in their own house on the Yorkshire Dales. They have 3 children; Lewis aged 10, Sara age 7 and Connor age 3.

• Sam and Susie have been going through a difficult time since the death of baby Zoë who tragically died from meningitis age 9 months.

• Both Sam and Susie feel responsible for her death. They both feel that their marriage has come to its end.
• Susie has decided to move to Scotland with the children to be with her parents and siblings. Susie’s family have ample room for the family in their house, with schools, nursery, a park and leisure activities close by.

• Susie’s siblings have children of similar ages who attend the local school. Sam will stay in the family home and run his business, but he hopes to have the children stay during the holidays and maintain regular contact via the phone and email.

• The children have mixed feelings about the move, they are excited about going to Scotland to be with their family, but they don’t want to leave their dad at home, their friends or move to a new school.
Questions

• From the list of emotional health needs of children given below, write down:

• 1. What emotional health needs are being met for the children in the case study,

• 2. How the adults in the case study meet these needs

• 3. The possible consequences of those needs not being met.
Emotional health needs of children include:

• Affection/love
• Belonging
• Consistency
• Independence
• Achievement
• Social approval
• Self-esteem
Emotional health needs of children

• In small groups investigate one of the following elements which contribute to the emotional health and development in children at different ages and stages.

• You should explore how adults can meet these emotional health needs and the consequences of these emotional health needs not being met in children from birth to 16 years old.
Emotional health needs

• Giving and receiving love and affection
• Belonging
• Consistency
• Independence
• Achievement
• Social approval
• Self-esteem
Social health needs in children

• Remember, social development is about learning and acquiring the skills, **attitudes** and **manners** required for interacting and relating with other people in socially appropriate ways.

• It’s closely linked to emotional development.
Social health needs in children

• In pairs choose **two** of the social health needs of children listed below:
  • Mixing with others - family and friends
  • Giving and receiving love and affection
  • Belonging
  • Independence
  • Social approval and acceptance from peers and others
  • Displaying positive social behaviour
Social health needs in children

• 1. Investigate your two chosen social health needs in children from birth to 16 years old.
• 2. Identify adults who meet these social needs in children. Give an example of how adults meet these needs.
• 3. Explore the consequences of these social health needs not being met in children from birth to 16 years old.
Social health needs in children

- In your pairs join up with another pair and discuss the role of the adult and the influence of the family in the promotion of social health and development in children from birth to 16 years.
- Write the main points of your discussion to be used for class discussion.
Cognitive health needs of children

• **Cognitive health needs** relate to the ability to think clearly and logically. Children learn how to concentrate, use their memory and make decisions.

• They also learn concepts which will help them in their lives to maintain their sense of well-being.

• Also that the development of the five senses, sight, smell, hearing, touch and taste contribute to a child’s cognitive development and these are linked to physical development.
Cognitive health needs of children

- In groups of 3 choose **two** of the cognitive health needs of children listed below:
  - • Play experiences
  - • Thinking
  - • Communication
  - • Problem solving
  - • Learning and understanding
  - • Decision making
Cognitive health needs of children

• 1. Investigate your two chosen cognitive health needs in children from birth to 16 years old.
• 2. Identify adults who meet these cognitive needs in children. Give an example of how adults meet these needs.
• 3. Explore the consequences of these cognitive health needs not being met in children from birth to 16 years old.
Cognitive health needs of children

• Join up with another group and discuss the role of the adult and the influence of the family in the promotion of cognitive health and development in children from birth to 16 years.

• Write the main points of your discussion to be used for class discussion.
Health needs of children

• A child’s needs are inter-related and as one need is met it can have an effect on some or all of the others.

• Remember in outcome one, you learned that the different aspects of development are inter-related; the same is said for a child’s health needs.

• Adult’s need to support the health needs of children in a holistic way because each child is unique with individual requirements.
How adults meet children’s health and development needs

• A child’s needs must be satisfied in order for them to survive, to grow, develop and reach their full potential.

• Using the headings below, give an example of the needs children must have met to survive. Say what adults can do to meet these needs. Finally, say what is likely to happen if a child’s needs are not met.
How adults meet children’s health and development needs

• Physical needs
• Emotional needs
• Social needs
• Cognitive needs
• Language needs
• You should write your answers individually.
Your Childhood

• A child’s needs are ever changing, according to age, stage of development and the life circumstances of the child.

• Write down how you think your own needs have changed over the course of your own childhood.

• Can you see when and how your needs changed at various stages in your childhood?
Revision

• Answer the following questions in your own words.
• 1. Explain what is meant by the term ‘health’?
• 2. Identify 4 health needs of children.
• 3. For one health need explain how the adult can support the child age 5 – 8 years old.
• 4. For the health need chosen in question 3. Identify the possible consequences of that need not being met in a child age 8 – 12 years old.
Group Investigation

• You will select an age range for your group.
• Each member will choose a specific health need to investigate.
• Each member will identify what the health needs are, describe how adults meet these needs, and the possible consequences for the child if these needs are not being met.
• You should then combine your group answers to give a full overview for that age range.
• You will then present your findings to the class.
Individual Leaflet

- You must produce a leaflet for parents to promote health development.
- Your leaflet should be targeted at a specific age range and should cover all aspects of Health.
- It should also include recommendations for improving health and some consequences of those health needs not being met.
- It should have text and images.
- It may be computer based or paper based.
- It should be double sided A4 and may be 4 page or 6 Page (see templates)
Assessment

• **Outcome 2**
  • Investigate the ways in which the health needs of children from birth to 16 years can be met by adults.

• **Performance Criteria**
  • (a) Identify appropriate resources for the investigation.
  • (b) Gather information about the health needs of children from birth to 16 years.
  • (c) Gather information about the ways in which adults can meet these needs.
  • (d) Use this information to report on these health needs and ways in which adults can meet the needs.
Assessment

• **Outcome 3**
  • Investigate health factors that may affect child development from birth to 16 years.

• **Performance Criteria**
  • (a) Identify appropriate resources for the investigation.
  • (b) Gather information about health factors which may promote child development.
  • (c) Gather information about health factors which may impede child development.
  • (d) Use this information to report on the positive and negative effects different health factors have on child development.
Assessment

• **Outcomes 2 and 3**
  • The candidate will produce a folio containing:
    • 1 all information gathered during an investigation
    • 2 a list of the resources used to gather the required information
    • 3 a written report based on the information gathered.
Assessment

1. The candidate will gather information about:
   - five different health needs of children from birth to 16 years and the adult’s role in meeting these needs 10 marks

2. three health factors which may promote child development 3 marks

3. two health factors which may impede child development. 2 marks

4. 2 The candidate will produce a list of relevant resources used to gather the information. 2 marks
Assessment

• **3** The candidate will produce a *written report* which:
  • describes the information gathered on **five** different health needs of children from birth to 16 years and the ways in which adults can meet these needs **10 marks**

  • describes **three** different health factors which could promote child development **3 marks**

  • describes **two** health factors which could impede child development. **2 marks**
Assessment

• Pass Mark is 19/32
• Folio must include:
  • Written Report,
  • List of sources of Information
• All information gathered that was used in report. (print out of screenshots from internet, leaflets, pamphlets, magazines, copies of information etc.)