

Individual Development - Lucy Davey

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Physical Development

Blog Post: <https://academicblogposts.wordpress.com/2021/03/28/physical-development/>

The developmental domain of physical or biological development can be summarised as children's ability to use their bodies. This includes both fine motor skills as well as gross motor skills. There are many milestones set out for a young child in relation to their physical development, however, there are also many obstacles in place for children ranging from the nutrition they receive as well as a number of genetic factors.

Before we can begin to look at the complications and complexities of physical development in early years, we must first understand what physical development assumes of a young child. Child development milestones (National Health Service, N/A) share that a child of two months old should be able to turn their head while laying on their tummy as well as being able to wave their arms and legs while laying on their back. They progress to state that a child of four months should be able to hold their head upright without support while in a seated position. Child development milestones (National Health Service, N/A) list many physical developmental milestones for children between birth to five years old including a range of both fine motor skills and gross motor skills.

Valencia Higuera (2018) describes fine motor skills to be movement of small muscles groups found in the fingers, wrists, and hands while gross motor skills are carried out by larger muscle groups such as the legs and arms. Valencia Higuera (2018) highlights that both skill sets are required for a child to become more independent yet she favors fine motor skills by explaining their use for simple self-care tasks such as brushing teeth, writing, and eating. Valencia Higuera (2018) goes on to pinpoint several milestones for young children in relation to fine motor skills such as a child of 0-3 months being able to raise their hands to their mouth; a child of 3-6 months being able to transfer a toy from one hand to the other; a child of 6-9 months being able to squeeze with their hands; a child of 12 months to 2 years being able to build a tower with blocks and a child of 3-4 years being able to operate buttons and scissors. As well as for fine motor skills, there are several milestones for gross motor skills. Amanda Morin (N/A) lists many of these such as a child of 4 months pushing up onto their elbows from their tummy; a child of 9 months crawling and pulling themselves to a standing position as well as a child of 3-4 years being able to jump on two feet and alternate feet on the stairs.

With such vast lists of milestones available online, parents/caregivers can find themselves experiencing some concerns over their child's physical development. While these milestones are set to be taking as a rough guideline, there are many children who fall short of meeting them repeatedly. As a parent/caregiver there are ways to support your child's development at all stages of their early years. Baby Moves (National Health Service, N/A) recommend tummy time from birth to help strengthen the babies back, neck and

shoulders. As well as strategies and initiatives such as tummy time, simply providing space and time for your child to play can support physical development.

Despite these milestones being widely accepted you could argue that they are non-inclusive of those children with ALN. However, without these milestones, how would parents, or those around a child notice the delays which often are an instigator in seeking a diagnosis?

Dyspraxia or developmental co-ordination disorder (DCD) is a condition where a child or adult is unable to meet many of the physical developmental milestones. Developmental co-ordination disorder (dyspraxia) in children (National Health Service, N/A) list symptoms such as a child not meeting milestones such as crawling and self-feeding by the expected age. Dyspraxia (DCD) is a lifelong condition with no cure, there are many theories as to the cause of dyspraxia (DCD) such as premature birth.

It is in cases such as a child with dyspraxia (DCD) that we see an overlap between developmental issues in the physical domain with others such as emotional and social development. Issues in physical development can severely impact a child's self-esteem which in turn leads to a lack of confidence in themselves which later on can have a drastic impact on their emotional state and their willingness to socialise with others.

Emotional Development

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(National Scientific Council on the developing child, 2004) explain that from birth children develop the ability to experience emotions and express them as well as manage a range of feelings. They are able to develop emotionally alongside development in the other domains. (National Council on the developing child, 2004) also state that during infancy, most of the emotions experienced by the child are during times where interaction with the caregiver is taking place through activities such as feeding and holding; infants are able to show signs of distress or discomfort through crying when wet, cold, or hungry.

Continuing, it is explained that the emotional state of older children, in toddlers and preschoolers is more complex than in the infant years. (National Scientific Council of the developing child, 2004) describe the toddler and preschooler years to be the years where a child begins to regulate and understand their emotions as well as interpret how others respond to them; in post pre-school years, it is stated that children should now have the ability to anticipate, talk about and use awareness of their emotions in order to manage in social situations.

Hannah Meinke (2019) splits early emotional development into three categories; noticing emotions, expressing emotions, and managing emotions. These each happen at a certain life stage. Noticing emotions takes place from birth to one year, Hannah Meinke (2019) explains that while many theories exist regarding when we begin to feel emotions, signs such as cooing and crying must mean an infant is feeling something. Hannah Meinke (2019) continues to explain that expressing emotion begins at age two to three where tantrums are often displayed; the stage for managing emotions then starts at age 3-5

where children enter the world of pre-school meaning they must now learn to self-regulate their emotional states.

Emotional behaviour and the way in which it occurs is described as a chain of events; stimulus in context, cognitive process, experienced feeling, behaviour (Alan Sroufe, 1995, p. 12). Using this process, we can apply it to many situations where emotion is felt and displayed. For example, a baby is fed, they feel full, this makes them happy, they smile. Another example in childhood could be a preschooler has their toy taken from them, they no longer have what they want, they feel sad, they cry or steal a toy from another child. Not only is this four-step chain of events useful in helping us to understand emotional development in early years but it can also be applied to us as adults.

With the process of emotions seeming quite basic we can be easily fooled into believing that little can affect the emotional development of a child, however, that is not the case. Issues such as physical abuse, sexual abuse and chaotic home lives can impact all developmental domains, including emotional development. One issue that has been explored is the effects of neglect on a child's emotional development. (Hildyard & Wolfe, 2002, p. 685) explain that while compared to non-neglected preschoolers, physically and emotionally neglected preschoolers displayed difficulties in emotional regulation as well as being hopeless in stressful situations. These preschoolers were also described to have poorer problem-solving abilities at age 24 months (about 2 years) compared to their counterparts. Following the Minnesota Mother-Child Study, neglected preschoolers showed behaviours such as tics, tantrums, stealing and frequent physical complaints. (Hildyard & Wolfe, 2002, p. 685). While it is clear neglect can have a lasting impact on development, it is interesting to question why some of these behaviours were displayed and how we could link them back to the four-step chain discussed earlier. It is clear that tantrums are a behaviour that follow negative feelings being experienced.

When evaluating and assessing the impacts on early years emotional development, a great area to look at is the emotional state of the primary caregiver which in many cases is the mother. (Health Science Reports, 2018) found that women who were experiencing depression when they had a two-year-old were more likely to see delays in the child's social, emotional, and behavioural development. (Health Science Reports, 2018) also found that at ages 1 and 2, children who did not take part in daily play interactions with caregivers displayed a social and emotional delay in comparison to those children who did engage in interactive play.

Early years emotional development has a lasting impact on an individual which can cause alterations in many aspects of their later life. The ability to notice, express and manage our emotions is a crucial skill for all.

Social Development

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When we are socialising we do not think or recognise the skills that we are using or the development that is taking place at that time. Simply, we take the ability to socialise for granted. We assume that it is something we as a species are instantly able to do, however, that is not the case. As with all other developmental domains there are several milestones we are expected to reach. Your Child's Social and Emotional Development (Stanford Children's Health, N/A) state that in the first year, a young child should be able to communicate using their face and body, recognise tone and emotions in a caregiver's voice and be able to recognise their name. Moving on, Your Child's Social and Emotional Development (Stanford Children's Health, N/A) explain that during the toddler years (age 2-3) children should be able to imitate the behaviour of others, begin to enjoy the company of others and then be able to understand simple games and the concept of taking turns. Your Child's Social and Emotional Development (Stanford Children's Health, N/A) tell us that during the pre-school years (age 4-5) a child will be able to interact with others during play and begin to solve conflicts.

For much of the population, social skills were developed during the early years which has put these people on a path where their social skills benefit many aspects of their life such as in work, in the community as well as benefiting their mental health by allowing them to have meaningful and engaging conversations with others. However, this is not the case for people diagnosed or suspected of falling into the Autism Spectrum Disorder (ASD). It is likely under-estimated that 1% of the UK population is affected by ASD (UK Parliament, 2020). ASD is described as a developmental condition that is lifelong which affects the way a person is able to interact with others and the world around them (UK Parliament Post, 2020).

As a spectrum disorder, autism affects individuals differently meaning that some will be able to use social skills while others will experience social difficulties. Social difficulties for people with ASD include things such as an extreme lack of interest in others, a lack of reciprocity, difficulties understanding others non-verbal communication and difficulties accepting that others may have a different perspective (Baron-Cohen, 2008, p.17). While during the early years the caregiver of an individual with ASD may have promoted good social skills and development there is the chance that a child with ASD may struggle with their speech and language as in autism there is an invariable language delay (Baron-Cohen, 2008, p.107). In studies of children's first birthday video footage, it was found that children who were later diagnosed with ASD showed fewer social behaviours such as pointing, looking at others and responding to their name (Frye, 2018, N/A). As we have already seen, these types of behaviours should be met during the first year. Another finding, is that children with ASD opted to look at the mouth of a speaker rather than form eye contact, this was seen in children aged 15 months old (Frye, 2018, N/A). Another key component in social development that is hindered in people with ASD is language development. In people with ASD, the use and understanding of language can vary. Some may be able to use language well and talk too much, often about a topic they are passionate about while others rarely express themselves verbally (Brower, 2007, p. 23)

From experience working with teenagers with ASD it is clear that social development and social skills present themselves differently. One of the pupils I work with, RH is a 14-year-old girl with a diagnosis of ASD. RH is sufficient in both her language skills as well as her non-verbal skills, however, in a conversation with RH it is impossible to share your thoughts. RH has explained to her support network that the reason she is so talkative is to ensure that she does not experience awkward silences. Meanwhile, pupil MC who is a 14-year-old boy diagnosed with ASD has extreme difficulty engaging in conversation. MC will answer questions given to him with one worded response and no interest in engaging

further. In opposition to pupil RH, MC is most comfortable when sat next to a peer or member of staff in silence.

While social development is a typical difficulty for those with ASD it is vital that all interventions are individual to each child as we have seen that there is a wide range of proficiencies and deficiencies across the spectrum.

Cognitive Development

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Cognitive development is the developmental domain that encompasses how a child can think and work things out. As with the other domains it has several milestones that a child is expected to reach. Kendra Cherry (2019) lists a number of these including at aged 3-6 months the ability to react and recognise familiar sounds and faces while at age 3-4 years the use of “why” is to gain more information as well as learning by observation. Many theorists have studied cognitive development such as Piaget and Vygotsky.

Jean Piaget, a Swiss psychologist is most known for his work in child development. Through his study, Piaget concluded that there are four stages to cognitive development all of which are universal. These stages are Sensorimotor (ages 0-2 years), Pre-operational (aged 2-7 years), Concrete operational (aged 7-12 years) and formal operational (aged 12+ years) (Oakley, 2004, p. 16). The sensorimotor stage is where the child transforms from a helpless newborn baby to a toddler who can walk and talk; this stage is where the child will develop their sensory and motor activities and skills (Oakley, 2004, p. 16). The pre-operational stage is further divided into the pre-conceptual stage (aged 2-4 years) and the intuitive period (4-6 years). The pre-conceptual stage is the stage in which there is an increase in language development while the intuitive period is where a child becomes able to mentally order things and apply classification (Oakley, 2004, pp. 18-19). The concrete operational stage is where a child finds the ability to problem solve while the formal operational stage is where the child is able to solve hypothetical or imagined problems (Oakley, 2004, p. 22).

Using Piaget’s work, the way we educate children has changed. Prior to Piaget’s child-centered approach to learning, the teacher would share knowledge while the child passively received it. Through the introduction of child-centered learning the way we teach has changed to be more focused on the child and take into account a Childs developmental stage (Oakley, 2004, pp. 30-31). The Plowden Report ([infed.org](https://www.infed.org/infed/plowden.htm), N/A) highlights the influence of Piaget in the 1967 educational report where Piaget’s theory of the whole child was key.

I believe that if we are to look at links between educational systems and Piaget’s theory then the stage of pre-operational development is of significant importance. It is during this stage a child begins to experience education and all the aspects that come with it. During the pre-conceptual period there are limitations to the Childs thinking due to egocentrism and animism, this means the child can only see things from their own perspective and tend to connect feelings to objects. (Oakley, 2004, pp. 18-19). It is during the intuitive stage (age 4-6) that children begin to attend educational settings. Dr. Saul McLeod (2018)

describes many key features of the preoperational stage such as centration where a child can only focus on one aspect of a situation at a time; egocentrism where a child cannot see the perspective of others; pretend (or symbolic) play where children begin to enjoy play with others through role playing games.

Through the activities and features of the preoperational stage we can begin to find clear links to other domains. During pretend (or symbolic) play where a child begins to show an understanding of others feelings and perspectives there must be a good development of both social and emotional development for the child to interact effectively with others as well as strong physical development for the child to participate in the activity.

Through the Foundation Stage in Wales, a child is encouraged to explore and play in a way in which they are able to not only learn but develop at a pace correct for their age. Through things like messy play, outdoor play and song a child is able to develop not only their cognitive ability through exploration but also their social development through play, their physical development through outdoor play and their emotional development through song and story time. While many may argue that the school is for learning and development should take place separately from the classroom, we have come to find that with young children spending much of their time in the classroom, teachers also play a crucial role in encouraging and enabling children to progress through the developmental milestones of each domain.

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