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Part 1

Self-regulation in early childhood.

Introduction

Hello and welcome to this presentation today on self-regulation in early childhood part 1 of Health, wellbeing and lifestyles, module number ECEY 5009 my name is Pandora Oates student number 2317746.

Section 1 Self-regulation in Early Years

In the EYFS (2024) there is an early learning goal around self-regulation; some of the success criteria for meeting this goal include a child being able to understand their own feelings and others, to begin to regulate behaviour appropriately, demonstrate control over impulses, have focused attention, and the ability to follow instructions. Birth to 5 Matters (no date) suggests that self-regulation requires a child's emerging ability to regulate emotions, thoughts and behaviour to support them in acting in decisive ways toward an objective or goal. However, Development matters (2023) states that the ability to self-regulate is reinforced by language development and executive functioning skills, including: working memory, flexible thinking, focused attention, and inhibiting impulses. This suggests that self-regulation skills help children focus, plan and adapt what they are doing, whether this be behaviour, learning or in play. A child that has the beginnings of self-regulating strong emotions should also be able to bounce back problems and demonstrate patience. Contrary to these statements, Vohs and Baumeister (2016) state that control over

impulses is more about self-control than self-regulation. Even though these concepts are often used interchangeably, self-control is about inhibiting impulses with willpower and effort, and it is our ability to self-regulate first that makes self-control possible. Fisher (2021) posits that although focus is often desired in a class environment, it should be seen as more of an indicator of compliance rather than an aspect of self-regulation. This should especially be taken into consideration for SEND children. as them “focussing” may actually be a demonstration of anxiety or fear of doing something wrong. Therefore, self-regulation should be taught in order to improve focus, not the other way around (Fisher, 2021).

Children experiencing trauma, issues around attachment, developmental delays or who are neurodivergent are more likely to struggle with self-regulation in comparison to peers that do not face these challenges (Fisher, 2021). It is crucial therefore to remember that these early learning goals are only checkpoints to help practitioners assess where children are and to support when needed, as well as to help adapt pedagogy and environments in order to support self-regulation, development and learning (EYFS, 2024). Self-regulation is part of ‘The Characteristics for Effective learning’ and these also help practitioners enable children to develop and become able learners (Development Matters, 2023). Self-regulation is possibly the most important aspect of emotional development that a practitioner will support children with, as all their learning rests upon this skill (Asquith, 2020). Children with an inability to self-regulate or whom struggle to learn self-regulation skills such as calming, reflection or pausing before acting on an impulses, are likely to develop long term mental health problems and adopt maladaptive coping strategies, according to Shekhawat and Jain (2022) and Woodward (2016). Carl Rogers “Unconditional positive regard” believes that children learn through unconditional acceptance and understanding, therefore practitioners to decipher and unpick the behaviours being communicated to meet the needs of the child (Bozarth et al, 2001 and Campbell and Maidstone-Cotton 2022)

Section 2 Self-regulation and brain development

Shanker’s (2020) ‘The blue brain, red brain balance’, referred to by Paul Macleans as the ‘Triune Brain Hypothesis’, states that the red brain (limbic system) without

connection to the blue brain (Neocortex) is the dysregulated child practitioners see in their settings, practitioners need to be mindful of their interactions with a dysregulated children if they are to avoid sending the child into the non-rational state of fight, flight, freeze or fawn and as young children struggle with self-regulation during this time of brain development. Garvey (2023) and Grimmer (2022) posit that during this state of fight, flight, freeze or fawn, stress hormones and adrenaline are released inhibiting our ability to reason. Arnsten (2020) agrees, stating that parts of your brain 'switch off' when we become overwhelmed, reducing our capacity to think logically.

Bryson and Siegel (2012) go into more detail about the functions of the brain and how it develops and why children might find self-regulation difficult. They describe the brain as a "house", stating that at birth the "downstairs" part of the brain of a healthy baby is mostly developed; this area includes the limbic system, brainstem and hippocampus, which are important for remembering details and storing memories and the amygdala responsible for fight, flight freeze, fawn response however the amygdala also plays an important in storing memories and therefore learning (Garvey, 2023, Bryson and Siegel, 2012). "Upstairs" is the prefrontal cortex, the last part of the brain to develop. This is responsible for problem solving, decision making, analysing and interpreting experiences, and helps with emotional control, flexibility, empathy and morality, according to Conkbayir (2023), Bryson and Siegel (2012). During the early years of childhood, the brain is under major construction, and it will not be fully developed until 25 years. The "staircase" is the most important part of the brain as it connects the "downstairs" with the "upstairs"; unfortunately, children will not yet have developed the "staircase" that links the two areas of the brain, which are needed in order to self-regulate. (Conkbayir, 2023, Bryson and Siegel, 2012).

An NHS (2021) Mental Health Children and Young People survey stated that children as young as preschool had experienced a mental health disorder, with boys (6.8%) more likely than girls (4.2%) to experience some type of mental disorder. These stresses can have a lifelong impact. Jones and Gwenin (2020) have found that prolonged bouts of stress leading to dysregulation in cortisol secretion may lead to health issues in later life, such as diabetes, heart disease and strokes.

Section 3 Co-regulation and the role of the practitioner

The early learning goals for self-regulation might be a challenge to meet, as children need loving adults around to help them by demonstrating caring behaviours and empathic attunement to the child's needs and emotions. Self-regulation does not develop in isolation, but within relationships with others. Bowlby's theory of attachment suggests children are biologically preprogrammed to survive through forming of attachments with others; understanding this theory may help practitioners support a child's wellbeing, especially when starting school. Bowlby's theory can also help practitioners to understand what the child is trying to communicate through their externalised behaviours. Erikson (1950) states that psychosocial development is relevant to self-regulation, as in the first year of life an infant begins to develop a sense of trust, which is the foundation for self-regulation. This is only possible if the primary caregivers' interactions are responsive, attuned and consistent. According to Grimmer (2022) a child's social emotional and mental health is reliant on the first attachments they make. By developing positive relationships with their primary caregiver and child as a key person, practitioners can begin to enable the child to socially and emotionally develop, accessing play with confidence and cooperatively, and learning effectively and persevering through adversity, all part of the 'characteristics of effective learning' (Development Matters, 2023 and Tickell, 2011). Shanker (2020) stated 'children acquire the ability to self-regulate by first being co-regulated'. Shanker (2020) goes on to define co-regulation as the warm and responsive interactions, including serve and return and modelling. Co-regulation requires practitioners to pay close attention to cues children send and respond to them sensitively, consistently and with the right amount of support. It is also dependent on the practitioner's awareness of their own emotional state (Conkbayir, 2023). Garnett (2024) agrees, stating that co-regulation needs observation, meaningful interactions and collaboration, adding that practitioners and parents need to have strong partnerships sharing strategies to create a unified and unique child approach. Co-regulation is about nurture, connection and wellbeing, practitioners need to first establish trust with a child by providing a space which is predictable and adults that are emotionally available to them so children can explore emotions safely, (Garnett, 2024).

The ability to self-regulate is also affected by physiological needs, such as those in Maslow's Hierarchy of Needs; if a child feels hungry, tired or unwell they will struggle more with self-regulation as the child is already at a disadvantage. (Garvey, 2023).

Barkley (2022) states that 'the children who need our love the most will always ask for it in the most unloving ways'. Barkley (2022) suggests it may be helpful to reframe 'attention seeking' as 'connection seeking' - by doing so, practitioners are in a better place to meet the needs of the child. Siegel's (2020) 'Window of Tolerance' describes the state of stimulation in which we are able to function and thrive.

Children within this window are ready to learn and able to relate to others, however outside this window children can become hyper-aroused or hypo-aroused. A child's tolerance is affected by many factors including environment and care, which is where practitioners can support in widening their own windows of tolerance.

Co-regulation is different to behaviour management or managing behaviour, which is usually about controlling, coercion and punishment. While co-regulation is about validating the child's emotion and listening to the child's needs (Kuypers, 2011), Grimmer (2022) suggests that practitioners adopt a loving pedagogy and uses Chapman and Campbell (2016) love languages theory, saying that there are different ways children like to express and receive love. Grimmer (2022) states it is important for a practitioner to know children emotionally and understand how they like to feel loved, as then we can talk in a language that makes the child feel safe and secure.

Summary

In summary, a child's ability to self-regulate will be a journey they navigate all the way through to early adulthood. Co-regulation is possibly one of the utmost effective tools we can develop as practitioners when communicating with and understanding the needs of our children. By developing our awareness of co-regulation, to consciously and intentionally connect with children and influence their state to a place of calm through warmth and expertise, this will not only benefit the child in the short term but will also impact their lifelong health and wellbeing.

Thank you for your time today, I hope you found this presentation insightful and interesting.

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