



**THE
SOCIAL CARE
TRAINING HUB**

CHILD DEVELOPMENT

Your Handbook

This handbook has been published by The Social Care Training Hub as part of its Training and Development Program for carers who work with vulnerable young people. The program which you have completed has been designed to assist carers with relevant and practical training practices which can be implemented into carers and young people lives.

This guide only covers the essential points of good practice when working with children and young people.

This handout provides more detailed information which you can download and review in your own time this way you can reflect and remind yourself of the key messages you have learnt.

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STAGES AND SEQUENCES OF DEVELOPMENT



Birth to One year:

Newborn babies can:

- See faces as fuzzy shapes
- Grasp an object that has touched the palm of their hand
- Turn their head to look for a nipple or teat if their cheek is touched
- Suck and swallow
- Try to make stepping movements if they are help upright with their feet on a firm surface
- Startle in response to a sudden sound or bright light
- Stretch their arms suddenly and then bring them in if they feel they are falling.
- Recognise their mother's voice and smell
- Cry when they are hungry, in pain, need feeding, changing or just cuddling.



One to three years:

By their first birthday babies can:

- Move around, either by crawling or shuffling or some may be standing with support and a small number walking alone.
- Sit up alone and feed themselves, at least with their fingers
- Use their hands skilfully to move and arrange objects including dropping things on the floor and looking to see where they are.
- Wave 'bye bye' and point at things with their fingers
- Communicate by babbling and sayings two syllable words like 'dada'
- Understand the world around them
- Know who their main carers are and cry if they are left with someone they do not know.



By their third birthday, children can:

- Run, clumb and pedal a tricycle
- Walk upstairs on alternate feet and walk on tiptoe
- Use the toilet alone
- Talk clearly so anyone can understand them
- Tell the difference between boys and girls
- Sometimes play cooperatively with other children
- Build a tower of 9 bricks and build a bridge with bricks.
- Undo buttons and thread beads.



- Enjoy playing with role play toys and dressing up
- Enjoy books
- Enjoy painting and 'pretend' writing.
- Enjoy copying and helping adults.

By their 7th birthday, children can:

- Throw, kick and control a ball, hop and ride a bicycle
- Use their hands to thread, use scissors well, build models and write clearly.
- Draw with meaning and detail
- Take turns and play cooperatively with friends
- Tell jokes and enjoy conversations
- Start to understand rules
- Be frightened of fictitious things like Ghosts
- Read and enjoy books
- Dress themselves easily
- Have a best friend
- Worry about not being liked



By their 12th birthday, children can:

- Solve problems
- Enjoy responsibility
- Have a keen interest in hobbies
- Use good co-ordination skills
- Tell you what they are good at
- Start to see physical changes in their body
- Start to argue with their parents/carers
- Seen very grown up but also childish at times.



By their 16th birthday, a young adult can:

- Have an adult body
- Have high level skills in some areas, for example drawing or computing
- Enjoy their friend's company more than that of their family.
- Develop their own identity, tastes in music, clothes
- Have mood swings
- Feel very anxious at times
- Be very confident with friends.
- Leave school and get married.



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Physical Development

Age	Physical Development (Gross and fine motor)
0-4 weeks	Lies on back with head to one side Head lags when pulled up to sit Primitive reflexes (i.e. sucking, stepping and grasping)
1 month	Head control still unsteady Hands in tight fists Grasps objects when they touch the palm of the hand Head and eyes move together
3 months	Kicks legs and waves arms Can lift head and turn when on front Watches movement of own hands, plays with own hands Holds rattle for a few seconds if placed in hand
4 months	Uses arms for support when lying on stomach Turns from back to side Holds on to and shakes small items
6 months	Sits with support. Rolls over Pushes head, neck and chest off floor with arms when on front Uses whole hand in palmar grasp, passes toy from one hand to another
9 months	Sits alone without support Reaches out for toys when sitting May crawl or shuffle Pokes at small item with index finger Uses index and middle fingers with thumb in pincer grip to pick up small items Will take and hold a small brick in each hand Lifts blocks but can only release by dropping.
1 year	Stands alone and starts to walk holding on. Mobile through crawling and shuffling Enjoys self-feeding and holds cup with help Picks up anything tiny from the floor using neat pincer grip Starting to show hand preference Clicks two tubes together Puts cubes in box when shown
18 months	Can walk alone Pushes and pulls toys when walking Can walk downstairs with hand held Tries to kick a ball, rolls and throws a ball Squats to pick up objects from the floor Assists with dressing and undressing

	<p>Can use a spoon</p> <p>Uses a delicate pincer grasp for tiny objects</p> <p>Holds a crayon in primitive tripod grasp and scribbles</p> <p>Turns handles</p> <p>Pulls off shoes.</p>
2 years	<p>Walks up and down stairs with both feet on one step. Climbs on furniture</p> <p>Builds a tower of 6 bricks</p> <p>Uses a spoon for self-feeding</p> <p>Puts shoes on</p> <p>Draws circles and dots</p> <p>Starts to use preferred hand</p>
3 years	<p>Stands and walks on tiptoe</p> <p>Can kick a ball confidently</p> <p>Jumps from low steps</p> <p>Pedals a tricycle</p> <p>Turns single pages in a book</p> <p>Can draw a face</p> <p>Builds bridges with blocks when shown</p> <p>Undoes buttons</p> <p>Threads large beads</p>
4 years	<p>Can aim and throw and catch a large ball</p> <p>Walks backwards and on a line</p> <p>Runs and hops</p> <p>Builds a large tower</p> <p>Can brush own teeth</p> <p>Cuts round an object with scissors and copies a square</p> <p>Buttons and unbuttons clothes</p> <p>Can do a 12 piece jigsaw</p>
5 years	<p>Skips</p> <p>Runs quickly</p> <p>Easily dresses and undresses</p> <p>Hits a ball with a bat</p> <p>Draws a person with a head body and legs and a house</p> <p>Can do a 20 piece jigsaw</p> <p>Forms letters and writes own name</p> <p>Accurately uses scissors</p>
6-7 years	<p>Enjoys hopping, bike riding, roller blading and skating</p> <p>Balances on a wall or beam</p>

	<p>Has finer manipulation of building blocks, jigsaws etc.</p> <p>Can sew simple stitches</p> <p>Ties and unties shoe laces</p> <p>Builds intricate models</p> <p>Controls pencil in a small area and do detailed drawing.</p>
8- 12 years	<p>Improves physical skills that have already developed</p> <p>Puberty starts around 10 for girls with a growth spurt and increase in body strength</p>
13-16 years	<p>Brains developing with increase in reaction times and coordination</p> <p>For girls puberty is complete at about 14 and periods start</p> <p>For boys puberty is 12-16 and they will be stronger than girls.</p>


Age	Language and Communication Skills
0-4 years	Language and Communication development
1 month	<p>'Freezes' when a bell is rung gently close to the ear, moves head towards the sound.</p> <p>Stops crying at sound of human voice (unless very upset)</p> <p>Coos in response to carer's talk</p>
3 months	<p>Becomes quiet and turns head towards sound of rattle near head</p> <p>Vocalises when spoken to and when alone</p>
6 months	<p>Make sing song vowel sounds, for example 'aahaah' 'goo'</p> <p>Laughs and chuckles and squeals aloud in play</p> <p>Responds differently to different tones of voice</p> <p>Starts to respond to noises out of sight with correct visual response</p>
9 months	<p>Vocalises for communication, shouts for attention</p> <p>Babbles loudly and tunefully using dual syllables in long strips, for examples 'dad-dad' or 'mam-mam'</p> <p>Imitates adults vocal sounds for example cough, smacking lips</p> <p>Understands 'no' and 'bye-bye'</p> <p>Has instant response to a hearing test conducted 1 metre behind child, out of sight.</p>
1 year	<p>Knows own name</p> <p>Jargons loudly in 'conversations', includes most vowel sounds</p> <p>Understands about 20 words in context for example cup, dog</p> <p>Understands simple messages for example clap hands</p>
12-18 months	<p>First words appear – uses 6-20 recognisable words, understands many more.</p> <p>Tries to join in with nursery rhymes</p> <p>Responds to simple instructions such as 'shut the door'</p>
18-24 months	<p>Uses two words linked together</p> <p>Uses more than 200 words by 2 years</p> <p>Makes simple two word sentences</p> <p>Refers to own name, talks to self during play</p> <p>Has telegraphic speech, using key words and missing out connecting words.</p>
2-3 years	<p>Rapidly expanding vocabulary, including plurals</p> <p>Holds simple conversations</p> <p>Enjoys repetition of favourite stories</p> <p>Counts to 10</p>
3-4 years	<p>Imitates adult speech</p> <p>Can be understood by strangers</p>

	<p>Forms short, grammatically correct sentences</p> <p>Asks many questions – why, what and how?</p> <p>Knows parts of body, animals</p> <p>Still makes errors of tenses</p>
4-8 years	<p>Speech is fluent and correct, using descriptive language</p> <p>Gives full name, age, birthday and address</p> <p>Enjoys jokes, singing, rhyming</p> <p>Rapidly expanding vocabulary, 5000 words by 5 years</p> <p>Recognises new words and asks the meaning of them</p> <p>Will accurately copy accents heard</p>
8 years +	<p>Most children are fluent speakers, readers and writers of their language.</p> <p>Increasing use of peer influenced coded language.</p>



Social and emotional development

Age	Social and Emotional Development
0-4 weeks	Responds positively to main carer Imitates facial expressions Stares at bright shiny objects
1 month	Gazes intently at carers Social smile at carers (by 6 weeks)
4 months	Smiles, engages and vocalises with carers
6 months	Starts to show interest in other babies, smiles Becomes more interested in social interaction, depending on amount of time spent with other children and his/her personality. Shows fear of strangers and distress at separation from carer Interacts differently with various family members. Uses comfort object, for example a blanket Seeks attention
9 months	Very interested in all around Recognises familiar and unfamiliar faces Shows stranger anxiety
1 year	More demanding and assertive, emotionally volatile Temper tantrums may start Unhappy at changes in routine Expresses rage at being told 'no' Distinguishes between self and others Starting to develop object permanence
18 months	Shows stranger shyness Dislikes changes in routine Starts toilet training Starts to have tantrums when upset Has separate sense of self Little idea of sharing and strong sense of 'mine'
2 years	Enjoys other children's company but reluctant to share May show concern when another child is upset Engages in parallel play (alongside others) Remains egocentric Becoming emotionally stable, but prone to mood swings Learning to separate from carer for short periods Knows own identity
3 years	Greater social awareness Will play in twos or threes, sharing ideas. May have close friends A lot of mixed play of the sexes

	<p>Stable and emotionally secure</p> <p>Friendly to other children</p> <p>Increasing in independence, but still needs some adult support</p> <p>Fears loss of carers</p> <p>Strong sense of gender identity</p> <p>Less anxious about separation</p> <p>Plays alongside others.</p>
4 years	<p>Enjoys co-operative and dramatic play</p> <p>Understanding co-operation and competition</p> <p>Responds to reasoning</p> <p>Can take turns</p> <p>Enjoys independence but still needs comfort and reassurance</p>
5 years	<p>Becomes engrossed in activities</p> <p>Develops fear of ghosts, things under the bed</p> <p>Concerned about being disliked</p> <p>Good sense of self awareness</p>
6-7 years	<p>Able to form friendships</p> <p>Very supportive of each other, complex games</p> <p>Plays in separate sex groups</p> <p>Fairly independent and confident</p> <p>Increasing sense of morality (Right and wrong)</p>
8- 12 years	 <p>same sex</p>
13-16 years	<p>ettings family.</p>

Intellectual Development

Age	Intellectual Development
0-4 weeks	Blinks in reaction to bright light Turns to soft light Stares at carer Cries when basic needs require attention
1 month	Stares at soft light Gaze caught by and follows dangling ball
3 months	Follows movements of large and smaller objects
6 months	Very curious, easily distracted by movements Immediately fixes sight on small objects close by and reaches out to grasp them. Puts everything in mouth Watches toys fall from hand within range of vision
9 months	Looks in correct direction for falling toys
12 months	Drops toys deliberately and watches them fall Looks in correct place for toys rolled out of sight Recognises familiar people at 6 metres
18 months	Builds tower of three cubes when shown Turns pages of a book, several at a time, enjoys picture books and can point to a named object Points to interesting objects outside Points to parts of the body
3 years	Copies circle and cross, draws man with head Matches two or three primary colours Paints with large brush, cuts with scissors
By 5 years	Copies square and range of letters Draws man with head, body, arms, legs and features, and will draw house Colours pictures neatly Names primary colours and matches 10 or more colours Knows time of day for basic activities i.e. breakfast time Matches letters, numbers and symbols Can decide on lighter and heavier objects Understands, in front of, behind and next to. Counts to 20 by rote
By 6 years	Ability to write developing is able to write some words and copies others. Reads simple books Increasing sophistication in drawing and painting Knows Birthday
Course Title : Child Development	Sight reads 10 or more words

	<p>Can predict next events</p> <p>Can count up to 100</p> <p>Knows half and whole</p>
6-8 years	<p>Able to understand concept of conservation for example the amount of dough is the same in a ball as if it is stretched out to make a snake.</p> <p>Developing the ability to think about several things at once</p> <p>Enjoys games and rules</p> <p>Understands the use of symbols in maths, writing etc</p> <p>Great curiosity in relation to the workings of his/her environment.</p>
8- 12 years	<p>Can reason and apply logic to problems</p> <p>Can transfer information from one situation to use in another</p> <p>Becoming more creative in play</p> <p>Reading and writing confidently</p> <p>Increasing preferences for subjects</p>
13-16 years	<p>Developing ability to think abstractly</p> <p>Will question sources of information</p> <p>Becoming more globally aware</p> <p>Clear preferences for arts or sciences</p> <p>Choices relating to future education and careers being thought about.</p>





Developmental Issues for Young Children in Care

American Academy of Pediatrics

Greater numbers of young children with complicated, serious physical health, mental health, or developmental problems are entering foster care during the early years when brain growth is most active. Every effort should be made to make foster care a positive experience and a healing process for the child. Threats to a child's development from abuse and neglect should be understood by all participants in the child welfare system.

The developmental issues for young children in foster care are reviewed:

- 1) The implications and consequences of abuse, neglect and placement in foster care on early brain development
- 2) The importance and challenges of establishing a child's attachment to caregivers
- 3) The importance of considering a child's changing sense of time in all aspects of the foster care experience
- 4) The child's response to stress

Additional factors which also have an impact include: parent-child contact, permanency decision making and the components of assessment and treatment of a child's development and mental health needs.

Early Brain and Child Development:

More children are entering foster care in the early years of life when brain growth and development are most active. During the first 3 to 4 years of life, the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened and made permanent. If unused, these structures atrophy.

The nerve connections and neurotransmitter networks that are forming during these critical years are influenced by negative environmental conditions, including lack of stimulation, child abuse or violence within the family. It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development.

Paramount in the lives of these children is their needs for continuity with their primary attachment figures and a sense of permanence that is enhanced when placement is stable. Basic stimulation techniques and stable, predictable nurturance are necessary during these periods to enable optimal cognitive, language and personal socialisation skills. Because these children have suffered significant emotional stress during critical periods of early brain development and personality formation, the support they require is reparative as well as preventative.

Attachment:

To develop into a psychologically healthy human being, a child must have a relationship with an adult who is nurturing, protective and fosters trust and security. Attachment to a primary caregiver is essential to the development of emotional security and social conscience.

Optimal child development occurs when a spectrum of needs are consistently met over an extended period. Successful parenting is based on a healthy, respectful and long lasting relationship with the child. This process of parenting especially in the psychological rather than biological sense, leads a child to perceive a given adult as his or her 'parent'. That perception is essential for the child's development of self-esteem and self-worth.

Having at least one adult who is devoted to and loves a child unconditionally, who is prepared to accept and value that child for a long time, is key to helping a child overcome the stress and trauma of abuse and neglect.

The emotional consequences of multiple placements or disruptions are likely to be harmful at any age, and the premature return of a child to the biological parents after results in return to foster care or ongoing emotional trauma to the child. Children with attachment disorders and an inability to trust and love often grow up to vent their rage and pain on society.

Child's sense of time;

Children are placed in foster care because of society's concern for their well-being. Any time spent by a child in temporary care should be therapeutic but may be harmful to the child's growth, development and well-being. Interruptions in the continuity of a child's care giver are often detrimental. Repeated moves from home to home compound the adverse consequences that stress and inadequate parenting have on the child's development and ability to cope. Children when young have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of 'temporary' versus 'permanent' or anticipation of the future. For young children, periods of weeks or months are not comprehensible.

Response to psychological stress:

The body's physiological responses to stress are based on involuntary actions of the brain. Physical and mental abuse during the first few years of life tends to fix the brain in an acute stress response mode that makes the child respond in a hypervigilant, fearful manner. Research demonstrates chemical and electrical evidence for this type of brain response pattern.

The age of the child dictates the developmental response and manifestations to stress. When an infant is under chronic stress, the response may be apathy, poor feeding, withdrawal, and failure to thrive. When the infant is under acute threat, the typical 'fight' response to stress may change from crying (because crying did not elicit a response) to temper tantrums, aggressive behaviours or inattention and withdrawal. The child, rather than running away (the 'flight' response) may learn to become psychologically disengaged, leading to dis-attachment, apathy and excessive day dreaming.

Some abused and neglected children learn to react to alarm or stresses in their environment reflexively with immediate cessation of motor activity ('freeze' response). Older children who

have been repeatedly traumatized often suffer from posttraumatic stress disorder and automatically freeze when they feel anxious, and therefore are considered oppositional or defiant by those who interact with them.

The same areas of the brain that are involved in the acute stress response also mediate motor behaviour and such functions as state regulation and anxiety control. Repeated experiencing traumatic events can lead to dysregulation in these various functions, resulting in behaviours such as motor hyperactivity, anxiety, mood swings, impulsiveness, and sleep problems.

Effects of Neglect:

An increasing number of young children are being placed in foster care because of parental neglect. Neglect has very profound and long-lasting consequences on all aspects of child development – poor attachment formation, under stimulation, developmental delay, poor physical development and antisocial behaviour.

Being in an environment in which child-directed support and communication is limited makes it more difficult for a child to develop their brain connections that facilitate language and vocabulary development, and therefore may impair communication skills.

Assessment of children in foster care:

The model suggests that we should be assessing as a minimum the following once a child is placed in foster care, leading to an individualised treatment plan.

- Gross and fine motor skills
- Cognition
- Speech and language function
- Self-help abilities
- Emotional well-being
- Coping skills
- Relationship to persons
- Adequacy of caregiver's parenting skills
- Behaviours

All children regardless of their type of placement must receive individual attention from their caregivers.



The following principles should guide work with looked after children:



- 1) Biological parenthood does not necessarily confer the desire or ability to care for a child adequately.
- 2) Supportive nurturing by primary caregivers is crucial to early brain growth and to the physical, emotional and developmental needs of children.
- 3) Children need continuity, consistency and predictability from their caregiver. Multiple placements are injurious.
- 4) Attachment, sense of time, and developmental level of the child are key factors in their adjustment to environmental and internal stresses.
- 5) Paediatricians can play a constructive role in the referral, assessment, and treatment of children who are at risk of being abused, neglected or abandoned, or who are known to the protective services.
- 6) Caregivers need to:
 - a) Give the child plenty of love and attention
 - b) Be consistent with love, stimulation and discipline
 - c) Stimulate the children through exposure to developmentally appropriate holding, conversation, reading, music and toys
 - d) Expose the child to opportunities to improve language via direct voice and face-to-face contact.
- 7) Parents should be given reasonable assistance and opportunity to maintain their family, while the present and future best interests of the child should determine what is appropriate
- 8) A child's attachment history and sense of time should guide the pace of decision-making.
- 9) Foster care placements should always maximise the healing aspects of foster care and be based on the needs of the child.
- 10) Foster care placements with relatives should be based on careful assessment of the needs of the child and the ability of the carer to meet those needs.

Developmental Issues for Young Children In Foster Care –

Committee on Early Childhood, Adoption and Dependent care

Accessible at:

<http://pediatrics.aappublications.org/content/106/5/1145.full.html>

LEV VYGOTSKY

Vygotsky is not only an important theorist in cognitive development theory, but in social development theory as well particularly through his socio-cultural theory.



Unlike Piaget, Vygotsky did not see the child as a solitary discoverer of knowledge, but as learning within social interactions that involve communicating. He therefore also emphasised the role of language in the development of thinking processes.

Vygotsky emphasised the importance of relationships and interactions between children and more knowledgeable peers and adults. He believed that children's cognitive understandings were enriched and deepened when they were 'scaffolded' by parents, teachers and peers. He believed that the environment plays an important role in the social aspects of development.

He focused on the notion that children internalise feelings, emotions and ideas and language is a key factor in the development of concepts. He saw it as crucial to learning in the preschool period, particularly imaginative play. Vygotsky saw play as a major contributor to the development if children can imagine themselves doing something they are closer to doing it. Play also fosters the separation of thoughts from actions and objects (symbolic function).

Points to consider:

- What do you feel these theories reveal to us about a child's development should a child be suffering enduring neglect or abuse from an early age?
- What would the theory tell us about the differences between chronological age of some looked after children and their physical age?
- Does the theory give us any insight into why there seems to be many children in care whose parents were also in the care system?
- Do you think that Vygotsky's theory is saying that if a child does not reach its milestones then that stage of a child's development is damaged and the opportunity for the child to develop normally has been missed?
- Do you think the theory is saying that there is no way back or less hope for looked after children if they have developed in a less than ideal environment?



JEAN PIAGET

Jean Piaget was a Swiss Theorist – he believed that children’s thinking passed through four separate stages and changed qualitatively in each of these stages. He emphasised the importance of maturation and the provision of a stimulating environment for children to explore. He believed that children were active learners.

The four stages were as follows:

Sensory motor stage (approx birth to 2 years)

- Children are using their physical or motor skills and their senses to explore their world and develop cognitive understandings (hence term Sensory motor)
- Children are learning by moving around.
- Concept of object permanence is learnt – things exist even if we cannot see them.

Pre-operational stage (approx 2 years to 7 years)

- In this stage children are less reliant upon senses and physical exploration, and Piaget comments that they are ‘illogical thinkers’.
- During this stage, Children could be shown two balls of dough are exactly the same size and they will agree that the balls are the same size, however when one is flattened, they will usually say now that one is bigger. This is the inability to ‘conserve’.
- Also demonstrate a level of ‘egocentrism’ – ‘my way is the only way’ – shown using the Mountains Task (cannot see from other’s perspectives).



Concrete- Operational Stage (approx 7-11/12 years)

- Children are able to develop more logical thinking, although they need concrete materials to help them to reach correct conclusions. E.g. when working on maths problems, they will need fingers blocks or counters to work things out.



Formal operational Stage (approx 11/12+)

- From this age Piaget believed that we are more capable of ‘abstract thinking’ and able to solve problems in our heads. We can deal with more complex issues.

Key Development Terminology

VYGOTSKY's Terms

Zone of Proximal development:

- A toddler has a large knob puzzle with a simple bear shape. The toddler tries to put the teddy in the hole, but has it upside down. He tries to get it in, cannot and moves away. This child operating independently is unable to complete the puzzle. A caregiver might then help the toddler with the puzzle and say 'Look here are his ears, see, here is the space for the ears'.
- The caregiver then puts the teddy bear the right way up and just to the side of the hole. The toddler slips the puzzle into place. Now the toddler is capable of doing the puzzle.
- The child's zone of proximal development has been expanded – what it cannot do, what it can do with help, and what it is still not able to do are considered.

Scaffolding:

- Vygotsky saw the adult as vital to the process of scaffolding the child's behaviour. When you scaffold a building, you support it structurally while internal development occurs. It is a common sight on building sites. We scaffold children's development almost without thinking.

PIAGET's Terms

Accommodation-

'Changes in an individual's cognitive organisation in order to deal with the environment'

Assimilation –

'Dealing with new environmental situations by using existing cognitive organisation'

Erik Erikson (1902-1994)

Erikson used Freud's work as a starting place to develop a theory about human stage development from birth to death. In contrast to Freud's focus on sexuality, Erikson focused on how people's sense of identity develops; how people develop or fail to develop abilities and beliefs about themselves which allow them to become productive, satisfied members of society. Because Erikson's theory combines how people develop beliefs psychologically and mentally with how they learn to exist within a larger community of people, it's called a 'psychosocial' theory.



Erikson's stages are, in chronological order in which they unfold:

- 1) Trust versus mistrust
- 2) Autonomy versus shame and doubt
- 3) Initiative versus guilt; industry versus inferiority
- 4) Identity versus identity confusion
- 5) Intimacy versus isolation
- 6) Generativity versus stagnation
- 7) Integrity versus despair.

Each stage is associated with a time of life and a general age span. For each stage, Erikson's theory explains what types of stimulation children need to master that stage and become productive and well-adjusted members of society and explains the types of problems and developmental delays that can result when this stimulation does not occur.

For example, the first psychosocial stage is **trust versus mistrust**, and it spans from birth to about age one year. During this phase, if children are consistently provided all their basic needs such as food, clean nappies, warmth, and loving affection and soothing from caregivers, they will learn that they can trust other people in their environment to love them and to take care of them, and they will believe the world is good. If infants are neglected and not given these things consistently or if they are taken care of roughly and unpredictably, they will learn to question their caretakers and to believe that others will not always be there to support them when it's needed. Learning to trust others is the first necessary step to learning how to have loving, supportive relationships with others and to have a positive self-image.

The second stage, **autonomy versus shame and doubt**, spans ages one to three years. When children are autonomous, they feel confident that they can make their own choices and decisions and that they will be positive experiences. Young children become autonomous when caregivers are supportive and give children the safe space to make their own decisions and to experiment with their bodies and problem-solving skills without shaming or ridiculing the child. When children feel shame and doubt, they believe that they are not capable of making valid decisions and not capable of doing everyday tasks. This will begin stunting a positive self-esteem as these small children start seeing themselves as “stupid.”

The third stage, **initiative versus guilt**, spans ages three to six years. When children develop initiative, they continue to develop their self-concept and gain a desire to try new things and to learn new things while being responsible for their actions to some extent. If caregivers continue to give children a safe space to experiment and appropriate stimuli to learn, the children will continue to find their purpose. However, if caregivers try to create too many strict boundaries around what children can do and to force too much responsibility on kids, children will feel extreme guilt for their inability to complete tasks perfectly.

The fourth stage, **Industry versus Inferiority**, spans ages six to eleven years. When children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.

The fifth stage, **Identity versus Role Confusion**, spans adolescence from 12 to 18 years. Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion, not knowing who you really are and a weak sense of self.

Erikson’s theory continues into adulthood, with the sixth stage, **Intimacy versus Isolation** being the challenge from 19 to 40 years. In this way young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.

Generativity vs Stagnation – 40-65 years – Feelings of usefulness.

Ego Integrity vs Despair – 65 years to Death – Need to feel a sense of fulfilment of their lives.

Lawrence Kohlberg (1927-1987)



Kohlberg described three stages of **moral development** which described the process through which people learn to discriminate right from wrong and to develop increasingly sophisticated appreciations of morality. He believed that his stages were cumulative; each built off understanding and abilities gained in prior stages. According to Kohlberg, moral development is a lifelong task, and many people fail to develop the more advanced stages of moral understanding.

Kohlberg's **first 'preconventional'** level describes children whose understanding of morality is essentially only driven by consequences. Essentially, "might makes right" to a preconventional mind, and they worry about what is right and wrong so they don't get in trouble.

Second stage 'conventional' morality describes people who act in moral ways because they believe that following the rules is the best way to promote good personal relationships and a healthy community. A conventional morality person believes it is wrong to steal not just because he doesn't want to get punished but also because he doesn't want his friends or family to be harmed.

The final 'postconventional' level describes people whose view of morality transcend what the rules or laws say. Instead of just following rules without questioning them, 'postconventional' stage people determine what is moral based on a set of values or beliefs they think are right all the time. For example, during the Vietnam War, many Americans who were drafted to be soldiers opposed the war on moral grounds and fled to Canada rather than fight. Even though this behaviour was against the law, these people decided that these particular laws did not follow the higher rules they believed in, and they chose to follow their higher rules instead of the law.

Kohlberg studied moral reasoning by presenting subjects with moral dilemmas. He then categorized and classified the reasoning used in the responses, into one of six distinct stages, grouped into three levels: pre-conventional, conventional and post-conventional.

Kohlberg Dilemma Example - Heinz dilemma



A dilemma that Kohlberg used in his original research was the druggist's dilemma: *Heinz Steals the Drug in Europe*.

A woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to produce. He paid \$200 for the radium and charged \$2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$ 1,000, which is half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said, "No, I discovered the drug and I'm going to make money from it." So Heinz got desperate and broke into the man's store to steal the drug for his wife. Should Heinz have broken into the laboratory to steal the drug for his wife? Why or why not?

From a theoretical point of view, it is not important what the participant thinks that Heinz should *do*. Kohlberg's theory holds that the justification the participant offers is what is significant, the *form* of their response. Below are some of many examples of possible arguments that belong to the six stages:

Stage one (obedience): Heinz should not steal the medicine because he would consequently be put in prison, which would mean he is a bad person. Or: Heinz should steal the medicine because it is only worth \$200, not how much the druggist wanted for it. Heinz had even offered to pay for it and was not stealing anything else.

Stage two (self-interest): Heinz should steal the medicine because he will be much happier if he saves his wife, even if he will have to serve a prison sentence. Or: Heinz should not steal the medicine because prison is an awful place, and he would probably experience anguish over a jail cell more than his wife's death.

Stage three (conformity): Heinz should steal the medicine because his wife expects it; he wants to be a good husband. Or: Heinz should not steal the drug because stealing is bad and he is not a criminal; he tried to do everything he could without breaking the law, you cannot blame him.

Stage four (law-and-order): Heinz should not steal the medicine because the law prohibits stealing, making it illegal. Or: Heinz should steal the drug for his wife but also take the prescribed punishment for the crime as well as

paying the druggist what he is owed. Criminals cannot just run around without regard for the law; actions have consequences.

Stage five (*human rights*): Heinz should steal the medicine because everyone has a right to choose life, regardless of the law. Or: Heinz should not steal the medicine because the scientist has a right to compensation. Even if his wife is sick, it does not make his actions right.

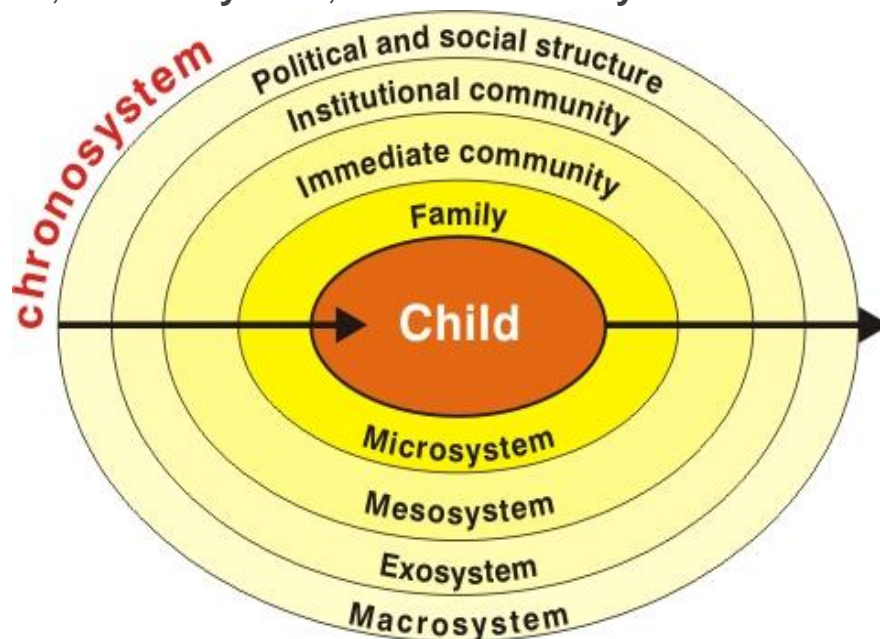
Stage six (*universal human ethics*): Heinz should steal the medicine, because saving a human life is a more fundamental value than the property rights of another person. Or: Heinz should not steal the medicine, because others may need the medicine just as badly, and their lives are equally significant.



Urie Bronfenbrenner (1917-2005)

Bronfenbrenner developed the ecological systems theory to explain how everything in a child and the child's environment affects how a child grows and develops.

He labelled different aspects or levels of the environment that influence children's development, including the **microsystem**, the **mesosystem**, the **exosystem**, and the **macrosystem**.



The **microsystem** is the small, immediate environment the child lives in. Children's microsystems will include any immediate relationships or organizations they interact with, such as their immediate family or caregivers and their school or day care. How these groups or organizations interact with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able to grow. Furthermore, how a child acts or reacts to these people in the microsystem will affect how they treat her in return.

The next level, the **mesosystem**, describes how the different parts of a child's microsystem work together for the sake of the child. For example, if a child's caregivers take an active role in a child's school, such as going to parent-teacher conferences and watching their child's soccer games, this will help ensure the child's overall growth. In contrast, if the child's two sets of caretakers, mum with step-dad and dad with step-mum, disagree how to best raise the child and give the child conflicting lessons when they see him, this will hinder the child's growth in different channels.

The **exosystem** level includes the other people and places that the child herself may not interact with often herself but that still have a large affect on her, such as parents' workplaces, extended family members, the neighbourhood, etc. For example, if a child's parent gets laid off from work, that may have negative affects on the child if her parents are unable to pay rent or to buy groceries; however, if her parent receives a promotion and a raise at work, this may have a positive affect on the child because her parents will be better able to meet physical needs.

Bronfenbrenner's final level is the **macrosystem**, which is the largest and most remote set of people and things to a child but which still has a great influence over the child. The macrosystem includes things such as the relative freedoms permitted by the national government, cultural values, the economy, wars, etc. These things can also affect a child either positively or negatively.

Think about:

- How does this relate to foster children?
- Who would you put in each of the levels for a child or young person who you are caring for?

The Importance of out of school activities/hobbies:



- ✚ Organised out-of-school activities help young people gain a variety of skills and new ways of thinking.
 - ✚ These experiences help young people to learn better in school.
 - ✚ Out of school activities helped young people to learn:
 - That learning is active
 - That skills and knowledge can be transferred across different contexts of learning
 - The benefits of greater self-control and confidence
 - How to learn from and with other young people
 - ✚ Out of school activities have a special role in learning because:
 - The learning has immediate meaning and uses
 - Learning is shared with adults in a way that does not happen in the classroom.
 - They provide a fun way to realise you have to follow the rules to achieve what you want
 - Young people get to see adults in a different light.
- ✚ Leisure is important for personal development and learning – helping children and young people to learn the habits and behaviours that will help them to succeed at school.
- ✚ Many children who lack social skills have been helped by joining in non-competitive team activities.



TEEN COGNITIVE DEVELOPMENT



What is it?

Developing Advanced reasoning skills – advanced reasoning skills include the ability to think about multiple options and possibilities. It includes a more logical thought process and the ability to think about things hypothetically. It involves asking and answering the questions ‘what if?’

Develop abstract thinking skills – Abstract thinking means thinking about things that cannot be seen, heard or touched. Examples include things like faith, trust, beliefs and spirituality.

Developing the ability to think about thinking - known as ‘meta-cognition’, allows teens to think about how they feel and what they are thinking. It involves being able to think about how one is perceived by others. It can also be used to develop strategies for improving learning.

How do these changes affect teens?

Heightened level of self consciousness – Teens tend to believe that everyone is as concerned with their thoughts and behaviours as they are. This leads teens to believe that they have an ‘imaginary audience’ of people who are always watching them.

Belief that no one else has every experienced similar feelings and emotions - They may become overly dramatic in describing things that are upsetting them. They may say things like ‘you’ll never understand’ or ‘my life is ruined’

‘It cannot be me’ syndrome – this belief causes teens to take unnecessary risk, like drinking and driving (I won’t crash the car), having unprotected sex (I cannot possibly get pregnant) or smoking (I cannot possibly get cancer).

More cause orientated - Their activism is related to the ability to think about abstract concepts. After reading about cruelty to animals, a teen may become vegetarian and a member of animal rights campaigns.

Justice Orientated - Teens are quick to point out inconsistencies between adults' words and their actions. They have difficulty seeing shades of grey; they see little room for error.

How can we help teenagers?

- Don't take it personally when teens discount your experience. Maybe enlist an older sibling or friend to give good advice to the teen if needed.
- Get teens involved in discussing their rules and consequences.
- Encourage controlled risky behaviour for example rock climbing to play out their 'it can't happen to me' in a safe context.
- Talk to teens about their views and be open to discussing your own.
- Try and build a genuine relationship with teens. Talk to them about your own mistakes and vulnerabilities.
- Praise teen for their efforts as well as their abilities.

We all need to learn that failing is a really important part of learning. We should expect it, and use the failed effort to plot our next move!!



Taken from :

Huebner, A. Teen Cognitive Development in Nelseon, P.T (Ed) (2012) Families Matter! A series for Parents of School-Age Youth. Newark, DE: Cooperative Extension, University of Delaware.

Interrupted Child Development

Birth to 1 year:

General Developmental task:

- Building a sense of security and trust

Normal development allows for:

- Rapid language growth
- Beginnings of language development
- Gaining of muscular controls
- Basic needs (food, warmth etc) met and trust begins to develop
- The formation of strong attachment to key people in his/her life.
- Distrust of strangers

Interrupted development may result in:

- Failure to thrive physically and emotionally
- Poor language development
- Insecurity
- Mistrust
- Inability to identify own needs and to get them met

Resulting behaviour may include:

- Passivity
- Unresponsiveness
- Poor muscle control
- Little movement or speech

What can carers do?

- Treat as a very young baby
- Give a great deal of stimulation, attention and physical contact

- Hold in arms, play, sing and talk.

3 to 6 years:

General Developmental task:

- Finding out about yourself and the world around you

Normal development allows for:

- Rapid language development
- Curiosity and eagerness for information – constant questions
- Enjoyment of physical activity – getting increasingly daring
- Using imaginative and dramatic play as way of finding out about the world
- Beginning of sharing with others, enjoyment of company of other children and adults.
- Increasing self-reliance; is toilet trained, can dress him/herself

Interrupted development may result in:

- Delayed language development
- Lack of curiosity
- Poor physical coordination
- Excessive fears about what has happened to them (Was it all my fault?)
- Feeling of being out of control; anger, aggression, inability to share
- Lack of control over own bodily functions



Resulting behaviour may include:

- Withdrawn or frozen behaviour
- Nightmare terrors, extreme clinging
- Feelings of being a bad boy or girl – guilt and self-blame
- Hurling around the room – restless energy
- Aggression towards self, other children, animals or objects

What can carers do?

- Give a lot of individual attention – help child to do things alongside carer
- Help child to get rid of some of the guilt and blame – ‘it wasn’t your fault’
- Lessen some of their bedtime fears by careful routines

- Find things child can do well and praise achievements.

6 – 10 years:

General Developmental task:

- To gain understanding and control of life outside the family

Normal development allows for:

- Development of reasoning skills – moving from magical to concrete thinking
- New physical skills – learning to work hard and play hard
- Able to discern a sense of all the workings of the world (sense of time and space)
- Development of a conscience – sorting right from wrong



Interrupted development may result in:

- Being overwhelmed by sense of grief and loss – ‘Why me? – It’s not fair’
- Grieving takes energy, and leaves little over for new skills – poor concentration at school
- Poor ability to make friends



Resulting behaviour may include:

- Feelings of sadness, anger, guilt, depression
- Very bossy with other children or very withdrawn
- Poor performance at school
- Inability to progress from magical to concrete thinking

What can carers do?

- Give children time to grieve properly
- Don’t expect them to be grateful
- Praise and encouragement for each new task learnt not matter how small
- See all magical thinking for what it is – a wish for a happy ending

10 to 16 years

General Developmental task:

- Making sense of who you are and your place in the world

Normal development allows for:

- The onset of puberty and a number of important physical changes
- Need to assert independence from the family – to make important relationships outside the family.
- Coming to terms with strong emotional feelings, especially sexual feelings.
- Questioning other adult values and changing views about the world. A similar period to the 3-6 year olds. They need to get down and explore, but from a secure place.
- Changing views about yourself, the consolidation of a sense of identity.

Interrupted development may result in:

- Insecurity, poor self-esteem and identity confusion
- Greater intensity of emotions
- Inability to make lasting friendships/relationships

Resulting behaviour may include:

- Violence/aggression
- Shutting off from adults
- Constant challenges to authority
- Inappropriate attention seeking – stealing/sexual provocative.
- Truancy, running away both literally and emotionally i.e. drink and drugs.

What can carers do?

- Set limits and be sure of reasons why
- Improve communication skills
- Tackle issues of sexuality, and inform of risks
- Prepare for independence by learning life skills

- Use methods of sanction which build self-esteem rather than heavy punishment
- Find ways of building up a positive sense of identity

Thank you and congratulations on completing your training, this is one of many steps you will take in your journey to becoming a successful carer. We hope you have found this handbook useful, please remember you can refer to this handbook anytime to help, guide and maintain your knowledge.

To discover what other
courses we offer please visit us at
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