

The Growing Importance of Early Childhood Education & Care

- *A Landmark in holistic Child development-*

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Childhood Is A Journey Not A Race

Children need to be healthy and happy to become productive and contented adults. To give them a happy childhood, we must need to know how they think and what they can do at different ages so that we can help them with any difficulties they face as part of growing up. We all know that children change a great deal from birth until they have grown up the first. It is important for us to remember that they also change a great deal in the way they think, feel and learn. For example, a two-year old child does not understand that an injection he gets from the doctor for high fever will help him, but thinks only how much it will hurt and will cry when he gets it. There are some things, however, which are true for children of all ages and for all types of families.

The healthy development of the child is of basic importance to the growth of the family & the nation. Development is usually categorized as: a). **Cognitive development**, including memory, problem solving and numerical understanding; b). **Language development**, the ability to communicate with others, to comprehend speech and express thoughts; c). **Social-emotional development**, including an understanding of the relationship to self or others, ability to regulate oneself and one's emotions, development of all social skills; d). **Temperament**, a biologically based tendency such as the ease or difficulty with which a child approaches routine and novel situations; and e). Fine and gross **motor development**, including child's ability to sit, walk, run and handle small objects.

A recent global perspective reiterated this perspective: "Health and cognitive interventions need to be interactive and designed as integrated programmes of nutrition, health, and psychosocial stimulation"

Although there is still much to be learned about the interactions of physical growth, illness and psychological development, and how they are related to family and social conditions, the intimate relationship of physical and psychological growth has been well established.

IT IS WORTH REMEMBERING THAT

- India - Children and adolescents constitute 40% - 44% of over 1000 million populations.
- ICMR (2001) study found 12.8% of the children and adolescents suffering from Mental & Behavioral Disorders.

Child mental health care has received scant attention in service, research and training aspects in the national context, despite has sound policy guidelines

Learning to learn in a new learning world

It would be appropriate recalling four basic principles of development in early childhood education & care. The first is that the learner is an individual with growing mental abilities. A second principle is that learning is a creative and necessarily involves both the subject and the object or material to be learned. The third principle is that knowledge is always a construction and contains something of the subject as well as of the material to be known. Finally, the aim of development in early childhood education is to produce active, self-motivated learner and critical thinkers. Therefore that early childhood education perspective, knowledge is always a construction. That is to say, reality as we know it is never simply a copy of the external world but rather is a construction or creation that bears something of ourselves and something of the external world.

As the child matures, so too do his or her mental abilities. As a consequence, the child must construct and reconstruct reality in the process of growing up.

A Renewal of our understanding of childhood...

Children can only grow up happy if they have other people around who are keenly interested in their development. For example, a child whom rarely nobody talks to will never learn to speak. This makes people who are around children, such as relatives, or teachers, very important persons. The overall wellbeing of a child also affects how he thinks and feels. For example, a child who is always hungry will feel unhappy and have no volition to learn much. On the other hand, a child who is very sad because of the loss of his mother may also refuse to eat and then internalize a lot of negativity.

There are many things children cannot do for themselves and they need much help from grown-up people. If a child cannot trust that the grown-up people around him will help, love & encourage him, he will not develop normally and may show adjustment problems later, Children of the same age who live in the same environment, will often be very different in the way they behave. For example, some children cry more than others, can be upset more easily, are more active or need more attention than others.

Such difference can already be seen in very young children. Children learn in this way that they can have many different feelings; be sad, angry or afraid and that the adults around them still love them and care for them.

The child

The intimate relationship between physical growth and psychological development is particularly evident in the first years of life. This helps explain why prenatal and early childhood nutrition interventions—without a psychosocial component—can also have an impact on psychological development. Likewise, early psychosocial stimulation improves cognition (one aspect of psychological development) and may also have effects on physical growth. The most significant fact, though, is that children who receive *combined* nutrition and stimulation perform better than those who receive either type alone.

The child and the family

Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical and psychological development of a child. Sensitivity and responsiveness have been identified as key features of caregiving behaviour related to later positive health and development outcomes in young children. **Sensitivity** is an awareness of the infant and an awareness of the infant's acts and vocalizations as communicative signals to indicate needs and wants. **Responsiveness** is the capacity of caregivers to respond contingently and appropriately to the infant's signals. To ensure the child's health and growth, caregivers need to be sensitive to the physical state of the young child, to be able to judge whether the child is hungry, tired, needs toileting, or is becoming sick. Responsive caregivers are able to make these judgments because they monitor the child's movements, expressions, color, temperature, and the like.

By continuously taking account of the child's response, they are able to adjust their own actions to achieve an optimum outcome – for example, to comfort the child's fretfulness, put the child to sleep, and encourage the child to feed when ill. In addition, the capacity of infants and young children to cope with biologically challenging conditions, including low birth weight and illness, is dependent on the ability of caregivers to adjust their caregiving to the special needs of the child.

Beyond survival, **interactions between caregiver and child** that are sensitive to the child's cognitive functioning, and complement and extend the child's capacity to identify and act on objects in the world, are essential to the child's psychosocial development, including the acquisition of language and cultural meaning. A stable and close emotional relationship, long before the infant learns to speak, enables the caregiver to describe and mediate the child's experiences, and lays the foundation for the child's language development.

Loving care also provides the infant with a mirror reflecting a tender and sympathetic view of the child's self and of the world. Early experiences function as schema on which the infant then predicts future events and encounters. The young child who receives loving care feels that he is a loved person and expects other people to respond to him as someone deserving of care and attention. In contrast, a child whose needs have been neglected does not usually expect others to be kind and considerate, and frequently behaves aggressively and defensively.

What can teachers do to promote psychological well being?

- ❖ Apprise important facts about child development to parents and relatives. We have already described some of these facts. It is worth noting that neglected, malnourished children or children without caring parents or entry that you may find it almost impossible to have them catch up with the other children in what they learn. It help parents know the important facts about pre-school development also.
- ❖ Choosing a suitable time for such teaching is important – may be you can do this together with a health worker while mothers are waiting at a clinic, or as part of a village meeting. Mothers should be helped to feel that the task of bringing up children is important, and that they have the skill and ability to carry out this task well. The teacher should try and build up their confidence by praising the positive things that the parents are doing well. If a traditional practice seems harmful, she should suggest some other way of dealing with the problem, rather than talking against the traditional practice. Be aware of local resources for children which promote healthy development. Within the neighborhood and the larger community
- ❖ Helping parents to help themselves is effective. In some areas, with a little help from a health worker or a teacher, groups of mothers can often set up groups for pre-school children, groups for extra tuition of slow learning children, or parents group to give assistance to teachers. You should encourage parents to form such groups and help them in their functioning.
- ❖ Give Meaning and passion to your teaching methods. Remember that the teacher is a very important person for the development of a child. His interest in what a child is doing and learning and the confidence a child has in the academic skills, but they learn also how to get along with other children and how to perform a piece of work. In order to learn these tasks, they must be made rewarding for the child. For example, if children are discouraged by their parents from reading at home, you could add some work or some technical skills to what is taught. This may convince parents of the need for the schooling and make children enjoy school more because they can be proud at home of what they have learned.

In essence, the aims of early childhood education have been well outlined by Jean Piaget. “The principle goal of education is to create men who are capable of doing new things... men who are creative, inventive and discoverers. The second goal of education is to form minds which can be critical, can verify, and not accept everything that is offered. The legitimate aim of early childhood education is to produce self-motivated learners and critical thinkers. With educational reforms now being unleashed, this aspect of human development needs utmost care & indepth appraisal.

IDENTIFICATION OF EMOTIONAL & BEHAVIOURAL PROBLEMS IN SCHOOLS

Like adults, children may experience disturbance in emotions, behavior and relationships, which impairs their functioning. It is distressing to the child as well as parents and community. *Judicious early identification would curtail needless suffering and avoid spiraling of problems.*

There is no one cause for these disturbances. Reasons are often multiple: genetic, environmental, chromosomal and socio-cultural. Factors like child's temperament, parental health, family relationships and parenting styles are important.

Influences on Child Behavior

- **Preconception factors** i.e. age of parents, intensity of their desire for a child.
- **Prenatal factors** i.e. maternal diseases, psychological stress, preterm delivery
- **Postnatal factors** such as,
 - Establishment of a bond between parents and a child.
 - Parents and the home i.e. love for the child, fear of spoiling, overprotection, favoritism as well as rejection, parental habits etc.
 - Disturbed family e.g. inadequate family, antisocial family.
 - Attitude of other significant person e.g. teachers, friends and siblings.

Despite these environmental influences and stressors certain children are more vulnerable while some are less. Children differ in their personality character or temperament. A “difficult child” is much more likely to show emotional problems during the pre-school period than an “easy child”.

Comprehensive evaluation of the child should include:

- Clinical Interviews
- School Report
- Intellectual Functioning
- Development Tests
- Neurological Assessment

Therefore school forms an integral part of the child's assessment regarding his/her mental and development related issues.

DISORDERS/ABNORMALITIES COMMONLY FOUND IN CHILDREN	CORE SYMPTOMS
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)	Failing to give close attention to details, Difficulty sustaining attention, Not listening, Easily become distracted, Forgetfulness, Fidgeting, Inability to sit at one place, Difficulty playing quietly, Always 'on the go' or 'driven by motor', Excessive talking
CONDUCT RELATED DISORDERS	Stealing without confronting a victim, Running from home, Lying, Truancy, Use of a weapon, Initiating physical fights, Physical cruelty to people, Deliberate destruction of another's property
ANXIETY RELATED PROBLEMS	Experience of fear, Restlessness, Irritability, Avoidance, Rapid labored breathing, Sweating or perspiring or "shaking"
DEPRESSIVE DISORDERS IN CHILDREN	Emotionally brittle, temperamental, irritable or easily annoyed, Loosing friends, Repeated rejection by other children, Inability to sit still, fidgeting or pacing, Stays in room and isolates himself, Repeated emotional outbursts, shouting or complaining, Avoids and doesn't talk to other children, Irregular sleep habits (up at night and sleep during the day), Recent emergence of bed wetting
LEARNING DISABILITY IN CHILDREN	<p>Dyslexia - a language-based disability in which a person has trouble understanding words, sentences, or paragraphs.</p> <p>Dyscalculia - a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.</p> <p>Dysgraphia - a writing disability in which a person finds it hard to form letters or write within a defined space.</p> <p>Autism - a developmental disability in which there is significant impairment in social relatedness, communication, and the quality, variety, and frequency of various activities and behaviors.</p>

MENTAL RETARDATION

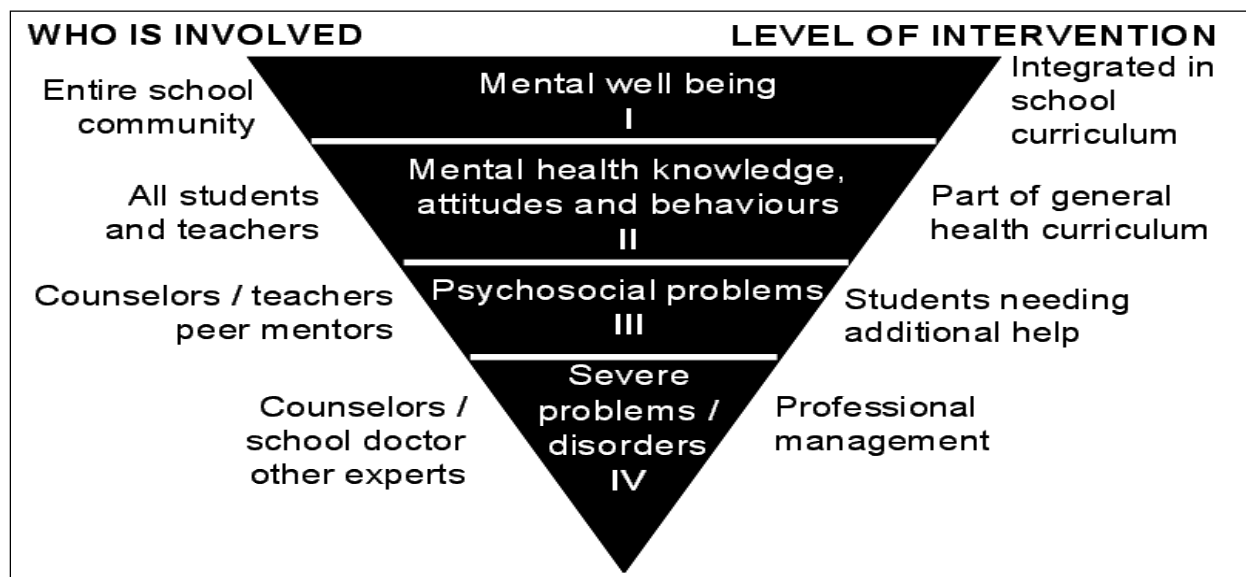
The child operates at a level significantly below the intellectual functioning of the general population, resulting in difficulties of problem solving the adaptation in several areas of functioning. It is separated into mild, moderate, severe, and profound subgroups based on the degree of intellectual impairment defined by the IQ and the level of adaptive functioning.

WHAT SHOULD THE TEACHERS DO?

DOS	DON'TS
<ul style="list-style-type: none">✓ Keep the child safe with the family/ nearest relatives✓ Provide security and comfort✓ Normalize the child's life as quickly as possible and share information✓ Offer a simple expression of sorrow and take time to listen.✓ Encourage professional help when necessary.✓ Talk honestly, in a language that children and adolescent can understand.✓ Limit the amount of media coverage they see.✓ Accept them unconditionally.	<ul style="list-style-type: none">✗ Do not send them to far-off places where everyone is unknown✗ Do not punish/frighten children to gain control✗ Do not make false promises✗ Do not offer false comfort. It doesn't help when you say "it was for the best" or you'll get over it in time."✗ Angry outbursts or criticism only deepens a child's anxiety and delays recovery.

A FRAMEWORK FOR SCHOOL MENTAL HEALTH PROGRAMMES

The following diagram illustrates the psychosocial and mental health concerns for the schools and indicates who is likely to be affected:



Children who are not doing well in school may be suffering from poverty, violence, hopelessness or mental illness in their families and may come to the attention of schools due to disruptive and disturbing psychosocial problems. Children with poor mental health skills and / or environmental stress such as family or emotional problems or the feeling that nobody cares – are unlikely to perform well in school or later in life.

INTERVENTION MODEL -AN EXPLANATION

Levels I through IV can be likened to primary, secondary, and tertiary prevention efforts. Primary prevention and health promotion (**Levels I and II**) target the causes of healthy and unhealthy conditions with interventions which to promote healthy behaviors and prevent a disorder from developing. Secondary prevention (**Level III**) targets a more selected population of high-risk people to protect against the onset of the disorder. Tertiary prevention (**Level IV**) targets people who already have developed the disorder with the intent of treating the disorder, reducing the impairment from the disorder, and / or preventing relapse.

FUNDAMENTAL GUIDELINES FOR IMPLEMENTATION

Behavioral approach & Benefits of life skills in Comprehensive Early childhood care & Education can be viewed from a population targeted approach.

A).Students

- Promotes a appropriate academic curriculum for all students.
- Prepare students for the challenges of the 21st century through academic, career, and enhanced personal/social development.
- Facilitates career exploration and development.
- Develops decision – making and problem-solving skills.
- Provides strategies for bridging the achievement gap.
- Assists in developing effective interpersonal skills.
- Assures equitable access to educational opportunities.

B).Parents

- Provides support for parents in advocating for their child's academic, career, and personal/social development.
- Enables parents to access school and community resources.
- Provides training and informational workshops.

C).School Counselors

- Provides direct services to all students.
- Ensures involvement in the academic mission of the school.
- Enhances the role of school counselor as a student advocate.
- Provides a clearly defined role and function.

D).Teachers

- Provides an interdisciplinary team effort to address educational needs.
- Provides assistance to teachers in classroom management, teaching effectiveness, and affective education.
- Promotes learning to increase student achievement.
- Increases collaboration between teachers and counselors.

E).Administrators

- Integrate school counseling with the academic mission of the school district.
- Provides program structure with specific content.
- Provides a program promoting student success
- Assists administration to use school counselors effectively to enhance learning and development of all students.
- Provides a means of evaluating school counseling programs.
- Monitor data for school improvement.

Another view in research is the School-based approach which is **Environment-Centered** or **Child-Centered**.

1. ENVIRONMENT-CENTRED APPROACHES

In this approach the aim is to improve the educational climate of the school and to provide opportunities for the child to utilize the healthy school programme. The positive mental health atmosphere includes the amount of time spent in school, the structuring of playground activities, the physical structure of the school and the classroom decoration.

What kind of programmes can the school conduct?

- (a) Programmes/workshops can be organized to enhance the ability of administrators, teachers and support staff to deal with the specific areas of emotional or behavioral disturbance that they encounter.
- (b) Programme for **improving teachers capacity** to understand how to make use of other agencies providing mental health services for children.
- (c) **National campaigns** to reduce the incidence of certain mental health damaging behaviors e.g., bullying, raging, corporal punishment etc.
- (d) Improvement in the **school's social environment** can be brought about by encouraging parent participation through parent programme in support of school activities.
- (e) A **multidisciplinary mental health team** can be established in the school to provide consultation in the management of student behavior problems.

- (f) The mental health team can include representatives from the governing body, teachers, support staff, and parents. The **governing body** can identify and rate problems and opportunities within the school.
- (g) The school mental health team can monitor and evaluate the outcome and provide feedback so that appropriate modifications can be made to the programme.
- (h) Schools can be the centre for **community enhancement** projects including programmes to improve health and mental health. They can serve as training centers for parenting skills where parents learn more about child development and parent effectiveness skills and receive support to enhance feelings of self worth and competence.

Such a programme provides a coordinated, collaborative effort to improve communication, understanding, and respect between staff, students and parents. This provides a sense of direction and ownership of the programme.

2. CHILD-CENTRED APPROACH

Child-centre approach includes individual mental health consultations and specific problem-focused interventions as well as more general classroom programmes to improve coping skills, social support, and self-esteem.

What kind of programmes can the school conduct?

- (a) Particular **child and family having difficulty** can be referred to the school counselor or mental health professionals
- (b) The **counselor** is involved in giving recommendations to the parents, the teachers and in some cases referral for treatment outside the classroom.
- (c) Maladjustment can be prevented by **locating at-risk children** and involving them in an intensive goal-directed intervention that should include close contact with non-professional child-aides such as special educator, resource room teachers and peer mentors.
- (d) The use of **parents as teacher's** aides can be a helpful learning experience for the parents, the teacher and the child. Working in the classroom provides parents with a new perspective of their child as they observe other children and talk with other parents and the teacher.
- (e) Early intervention programmes with **high risk behaviors** such as aggressiveness, smoking, precocious sexuality, excessive shyness, poor worsening of interpersonal relationship, poor school attendance, declining academic performances, irritable and fluctuating moods, and changes in peer groups can prevent serious consequences.

- (f) Schools can also use **screening tools** for identification of psychosocial problems and mental disorder. This can help the schools in determining if children have (or are at risk of having) significant mental health problems. Although, there is a danger of “labeling” and stigma nevertheless, the instruments can be very useful in planning management strategies.
- (g) **School based health centers- or clubs** located within the school have an important role in supporting better health care for children and adolescents. The mental health services in these school-based health clinics can provide screening, counseling for common child and adolescent concerns, information about substance abuse, sexuality, HIV / AIDS, reproductive health, depression, stress, anxiety, etc. Because these clinics are located within the daily environment of the children most youth, they offer particular benefit to young people who might not otherwise receive assistance, by decreasing the economic and psychological barriers. Clinics can facilitate and support positive relationships among students, their families, the schools, and other community services.

Facilitation of Emerging Skills For Quality Teaching In Early Childhood Education

Children in the most formative years & impressionistic times need to be cared and educated with an empathetic quality teaching that includes all the following approaches.

- Non-judgmental, non-critical, avoids prejudices, and presumptions.
- Curiosity and inquisitiveness: Posses a natural interest in people.
- An ability to listen: Find listening stimulating.
- A comfort with conversation: Enjoy verbal exchanges.
- Empathy and understanding: Can put themselves in another person’s place.
- Emotional insightfulness: Are comfortable dealing with a wide range of feelings.
- Introspection: Have the ability to see/feel themselves from within.

I think the purpose of life is to be useful, to be responsible, to be honorable, to be compassionate. It is, after all, to matter: to count, to stand for something, to have made some difference that you lived at all.

-Leo C. Rosten-