Unit 1: Understand Child and Young Person Development

Unit code: CYP Core 3.1
Unit reference number: L/601/1693
QCF level: 3
Credit value: 4
Guided learning hours: 30

Unit summary
This unit provides knowledge and understanding of how children and young people from birth to 19 years develop, including underpinning theoretical perspectives. It also includes actions taken when differences in development are identified and the potential effects of transitions on children and young people’s development.

Assessment requirements/evidence requirements
This unit should be assessed in line with the Skills for Care and Development’s QCF Assessment Principles.
Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.
Unit content

1. Understand the expected pattern of development for children and young people from birth-19 years

*Expected pattern of development birth – 19 years:* stages 0-3, 3-7, 7-12, 12-16, 16-19 years; sequence usually same for all children; rate of individual development; effects of premature births; low weight babies; multiple births

*Sequence of development:* broadly the same sequence; normal ranges of development; cephalo-caudal development in infancy; links with the nervous system; critical periods

*Rate of development:* development is holistic; individual differences in rate; different aspects of development affect one another; aspects of development proceed at different rates in individuals; range of factors affecting individual differences; principles of physical development

*Gross motor physical development:* infant reflexes; development of locomotion, balance and co-ordination; gender differences

*Fine motor physical development:* infant reflexes; palmar grasp; pincer grasp; hand eye coordination; use of pencil, brushes, tools, increase in control of tools; benefits of a stimulating environment

*Physical maturity:* target height, role of hormones, puberty, sexual maturity

*Development of communication:* Pre-linguistic vocalising; linguistic, single words, sentences, increase in vocabulary; receptive language; expressive language; development of pragmatic skills; theories of language, behaviourist, observational learning, language acquisition device; nature/nurture debate; critical periods

*Intellectual/cognitive development:* object permanence, use of symbols, development of abstract concepts; memory; imagination; problem solving skills; schema; multiple intelligence-Gardner; nature/nurture debate; maturation theory; Gesell scales

*Social development:* social interaction; cooperation with others; development of friendships, importance of friendships; peer groups; ability to spend time alone

*Emotional and behavioural development:* attachment to primary care giver; multiple attachments; theories of attachment, Bowlby, Ainsworth, effects of separation; the distress syndrome; self-concept, self-esteem, confidence, self fulfilling prophecy; emotional resilience; personal identity; social identity; Rogers, growth promoting climate

*Moral development:* stages; theories, Kohlberg, Eisenberg, Piaget, Gilligan
2 **Understand the factors that influence children and young people’s development and how these affect practice**

*Personal factors influencing development:* health status; disability; sensory impairment; learning difficulties; genetic inheritance; gender; motivation, adult expectations, bullying, effects of discrimination; family function/dysfunction, social, cultural, financial, economic, environmental factors; disability of family members; long term illness of primary carer

*Theories of development and frameworks affecting practice:* competing theories; Piaget- cognitive/constructivist, learner-centred educational philosophy, learning through play; Psychoanalytical-Freud, Erikson, effects of early experience on personality, Humanistic- Rogers’ growth promoting climate, Maslow’s hierarchy of needs, self actualisation, effects on self- concept; Social learning theory -Bandura, observational learning/modelling, positive role models; Behaviourist approach- Skinner, use of operants to shape and reinforce behaviour, use of reinforcement to promote learning; social pedagogy, holistic approach to children’s experiential learning

3 **Understand how to monitor children and young people’s development and interventions that should take place if this is not following the expected pattern**

*Methods of monitoring development:* formal; informal; observation and assessment: formative; summative; comparison with milestones; relation to child development theorists, expert opinion; information from parents/carers, colleagues; assessment frameworks, Common Assessment Framework (CAF), curriculum frameworks (Early Years Foundation Stage (EYFS), National Curriculum); standard measurements, milestones, percentiles, Bayley Scales Inventory

*Recording, reporting and sharing information:* sharing information with parents or carers and children, sharing findings as appropriate and according to the procedures and policies of the setting, referring concerns eg particular difficulties, suspected abuse, legal evidence to an appropriate professional, Special Educational Needs Coordinator (SENCO), role of the named person; lines of reporting; procedures in familiar setting; storing information, securely, no longer than necessary, use of records, signing and dating; electronic storage, use of secure passwords, need to change passwords regularly to preserve security; not leaving computer screens unattended

*Reasons why development is not following expected patterns:* disability; genetic impairment, sensory, physical, cognitive; emotional or physical difficulties; environmental factors; cultural reasons; social factors; specific learning needs; global learning disability; communication difficulties; abuse; family dysfunction; family patterns of physical development; effects of illness; trauma; hormone deficiency; malnutrition
Different types of intervention: social work support for looked after children, children who have disabilities; speech and language therapist support with communication difficulties; psychologist support with learning and behavioural difficulties, role of play therapy; psychiatrist support with emotional difficulties; youth justice to provide support for young offenders, support to stop children and young people offending; specialist nurse to provide support for children/young people with specific health needs; additional learning support in the classroom and at home; physiotherapist support for fine and gross motor skills development, following trauma or illness; assistive technologies to enable pupils who have specific needs to access the curriculum, computer programmes, speech recognition device, hearing aid; health visitor to liaise with the family on health issues

4 Understand the importance of early intervention to support the speech, language and communication needs of children and young people

Importance of early identification of speech, language and communication delays and disorders: language and communication delay impacts on cognitive development/learning, social development, and emotional development/behaviour

Multi-agency support for speech, language and communication: speech and language therapist; special educational needs coordinator (SENCO); teacher; teaching assistant; school support worker; sensory support teacher; autism advisory teacher; educational psychologist; parents/carers; signers

Methods of support: use of augmentative alternative communication, British Sign Language; Makaton; signs and symbols; finger spelling; Braille; English as an additional language; use of interpreters and translators; bilingual and multilingual professionals; assistive technologies, computer software, hearing aids; objects of reference, communication passports

Play and activities to support speech, language and communication: whole-class and small-group activities; role play; strategies, use of positive body language, gestures, pointing, facial expressions; appropriate paralanguage, tone, pitch; active/reflective listening; positive reinforcement; modelling speech and language; puppets; interactive computer programmes; story DVDs, signed and spoken; interactive whiteboards
5 Understand the potential effects of transitions on children and young people’s development

*Types of transitions:* emotional, bereavement, birth of sibling, family break up, new adults in the home, entering or leaving care, change of carer; physical, moving house, nursery, school, class, moving from one activity to another; physiological, transition from baby to toddler, puberty, long-term medical conditions; intellectual, moving from one key stage to the next

*Impact of transitions:* physical impact, growth spurts, losing or gaining weight; behavioural impact, anxiety, nocturnal enuresis, withdrawal, mood swings, use of illegal substances; attitudinal impact, rudeness, loss of interest and motivation, reluctance to participate in activities; difficulty in building relationships; delayed emotional and social development; lack of trust; loss of self-esteem; self harming; school refusal; positive effects of transition, increased interest, development of self-identity, motivation, development of friendships, new experiences

*Importance of positive relationships:* effects on emotional, physical, psychological and cognitive development; provision of stability, consistency and security; someone to talk to; someone who understands how they may be affected, opportunities for children or young people to explore the effects of transitions on their lives, express feelings about the impact of transitions on self and others, develop empathy for others undergoing transitions; supporting and encouraging decision making; development of independence; recognition of choices and consequences; opportunities for children and young people to express feelings about impact of transitions for self and others, opportunities for child or young person to develop of empathy for others undergoing transitions, opportunities to support and encourage decision making, independence; identification of situations which may arise from transition that may require referral; role of mentors; role of befrienders; role of advocates