

WORKING WITH PRESCHOOL CHILDREN e-Toolkit on Early Childhood

Monitoring Development in Preschool Children



by Francesca Ballarin



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Terre des hommes Italia

with the support of the





Terre des hommes Italia Foundation (Tdh-It) (www.terredeshommes.it) is an international non-governmental organisation intervening in twenty-two low-income countries, irrespective of political, racial or religious considerations, in

defense of the rights of children. Tdh-It has been operating in the occupied Palestinian Territories since 2000, where it implements actions aiming at responding to a number of basic needs of children and vulnerable people in Palestinian society while promoting children's and vulnerable people's basic rights, as stated in the international conventions, namely the right to education, health and expression as well as the right to a balanced psychosocial development. Attaining these rights will empower and enable Palestinian children and vulnerable people to become active citizens in their communities.

Tdh-It implements this strategy in partnership with Palestinian NGOs, contributing to their institutional building and development by providing them with technical and financial capacities.

Tdh-It has been working since 2008 in Gaza Strip, where, in partnership with the Palestinian Medical Relief Society, it has implemented several projects in the Northern Governorate focusing on prevention and treatment of malnutrition and Iron Deficiency Anaemia. From September 2009 Tdh-It, again in partnership with PMRS, has implemented two Psychosocial Projects funded by the European Commission Humanitarian Aid & Civil Protection (ECHO) in the Southern Governorates of Gaza (Khan Younes and Rafah), where the nutritional component plays an important, yet subsidiary, role in supporting children's wellbeing. The methodology adopted during the first two phases of the action "*Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip*", adheres to the *integrated support systems and multi-layered supports* envisaged by the IASC Guidelines on MHPSS in Emergency Settings, giving a prominent role and importance to the caregivers in addressing children's difficult behaviours and special needs.



Palestinian Medical Relief Society (PMRS) is a grassroots, community-based Palestinian health organisation. PMRS (www.pmr.ps) was founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation. In the Gaza Strip PMRS operates with four Primary Health Care Centres (PHCs), two ambulances and two mobile clinics providing preventive and curative services to the most vulnerable members of Palestinian society, specialised women's and children's health, health education services, physiotherapy and assistive equipment to the disabled.

PMRS works for the attainment of physical, mental and social wellbeing of Palestinians. Health is viewed as an entry point for social change and community development.

PMRS has been a partner of Tdh-It since 2008.

Francesca Ballarin has worked as Early Child Development – Psychosocial Consultant for Terre des hommes Italia since 2009. She has extensive experience in developing, managing and monitoring humanitarian aid projects and programmes focussing on child protection and education. In the past thirteen years she worked in emergency and post-conflict environments in several countries, among which are Afghanistan, Jordan, Iraq, Occupied Territories of Palestine, Pakistan, Syria and Sudan. She holds a Masters Degree in Psychology with a focus on Clinical Psychology and is an INEE qualified trainer.

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INDIVIDUAL CHILD FOLLOW-UP FILE

Foreword

There are 1.85 billion children under fifteen years of age in the world today. Tens of millions of them live and grow in contexts of poverty, violence, war and protracted crises. Terre des hommes Italia, founded in 1994, works today in twenty-two countries where it assists and protects 100,000 of the most vulnerable. Since 1979 the Palestinian Medical Relief Society has provided medical services to Palestinian people in the West Bank and Gaza with focus on children's health.

Although humanitarian programmes target all children equally, experience shows that preschool children are the most difficult to have access to. Being too old to benefit from mother-and-child-care programmes and too young to be reached through schools, children from three to five are rarely specifically targeted.

The experience of Terre des hommes Italia and the Palestinian Medical Relief Society in Gaza presented an exceptional opportunity to work with preschool children within an Early Childhood Development approach. In an effort to share the lessons learned, as well as the working tools and methodologies, this e-Toolkit was designed to provide an overall framework and examples of strategies and tools that were found useful in addressing some of the recurring issues when dealing with preschoolers.

We hope that the e-Toolkit will prove valuable to all professionals who would like to explore how principles of Early Child Development can be translated into projects and activities that may enhance the effectiveness of programmes targeting children in complex emergencies.

Piera Redaelli
Terre des hommes Italia

Dr. Aed Yaghi
Palestinian Medical Relief Society

Acknowledgments

This e-Toolkit would not have seen the light of day without the determination of Francesca Ballarin, Terre des hommes Italia PSS Consultant, and Davide Amurri, Terre des hommes Italia Project Manager in Gaza. Both of them grasped the significance for the various actors working with children in Gaza – the Palestinian organisations and institutions as well as the international ones – of documenting the experience of two years of work with preschoolers in the Southern Governorates of Gaza.

Terre des hommes Italia very much values the perseverance and dedication of all the members of the Tdh-It/PRMS project team. Reema al Haj, the Project Coordinator, deserves a special mention for her daily indefatigable field leadership in implementing the project activities.

Finally, Terre des hommes Italia is deeply grateful to its Palestinian partner, the Palestinian Medical Relief Society in Gaza, which made the project possible, and particularly to its director, Dr. Aed Yaghi, for his continuous support and assistance.

Thanks are due also to all those who supplied the pictures for the e-toolkit, and in particular to photographer Alessio Romenzi, who documented the activities of the project.

Piera Redaelli
Terre des hommes Italia
Desk Officer for the Middle East
Senior Programmes Manager

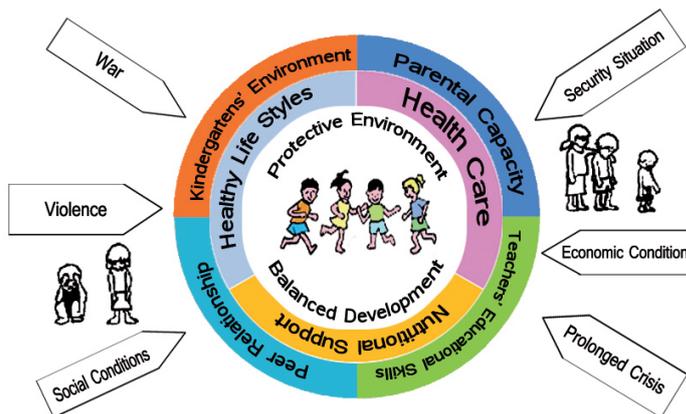
Introduction

In June 2010, together with Francesca Ballarin I was preparing the final presentation to the stakeholders of the results of the project " Psychosocial and nutritional support to preschool-age

children and their siblings in Gaza Strip.”¹

The intervention had aimed at supporting the healthy growth and development of children by empowering caregivers to address children’s physical, emotional, cognitive, linguistic and social needs, promoting healthy life styles within their families and addressing anaemia and malnutrition - all based on a holistic vision of Early Childhood Development (ECD).

We wanted to provide the audience with a pictorial and immediate representation of the whole project’s approach and strategy, and we worked out this one:



In order to achieve the right protective environment contributing to the balanced development of the child, the key point is to work with the parents, teachers and KG directors in improving their knowledge of the ECD principles, and their attitude and practice, within the context of the Gaza Strip, which is undergoing a prolonged and complex humanitarian crisis.

The same strategy has characterised both phases of the intervention:² Terre des hommes Italia and Palestinian Medical Relief have pursued this strategy through a programme of training and follow up, utilising awareness materials and tools to monitor the effective impact on and progress within the target community and its children aged up to six years. By the middle of the second phase we realised that the material our team had gathered so far was worth more than a simple project training and Monitoring and Evaluation (M&E) tool and could instead provide a strong base to build upon, develop and share an ECD toolkit potentially suitable for the whole Gaza context, and, beyond that, a methodology potentially replicable and adaptable in crisis/post-crisis contexts working with similar communities.

We therefore decided to systematise and revise the work, taking advantage of the networking and participation utilised in the construction of an M&E system for the mental health and psychosocial interventions in the Occupied Palestinian Territories, coordinated by the Cluster (humanitarian coordination system) and the line ministries (currently ongoing), and further motivated by the fact that one of the main gaps identified in these interventions (the lack of M&E tools suitable for children of up to six years of age) is addressed by the work we began in 2009.

All the material in this e-Toolkit is based on these experiences, and incorporates the international standards for Early Childhood Development, the collaboration between the two organisations (Tdh-It and PMRS) and the other major stakeholders³ and the work of the project team – a mix of national educators, psychologists, counsellors and social workers – that has built, tested and revised this material coordinated by our psychosocial experts.

We have chosen to present our material as an eTool rather than as a set of manuals - as it constitutes a work in progress and a living document whose framework may be adapted to contexts other than the Gaza Strip.

Davide Amurri

Terre des hommes Italia

Project Manager

¹ The project is Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip (ECHO/-ME/BUD/2009/01045) funded by the European Commission for Humanitarian Aid and Civil Protection. The project is the first of a two-phase intervention that ended in June 2010; the second being the Psychosocial and nutritional support to preschool-age children and their siblings in Gaza Strip (ECHO/-ME/BUD/2010/01041) that ended in June 2011.

² See footnote 1.

³ Within the framework of the Cluster approach in Gaza and with the support of the European Commission for Humanitarian Aid and Civil Protection.

Monitoring Development in Preschool Children

1. Introduction

A precondition to monitoring children's development is that parents, extended family, teachers, professionals and any other concerned caregiver have a clear and shared understanding of the set of features, abilities, skills, behaviour and reactions that children are expected to show at a certain age.

Experience in working with preschool children in the Gaza Strip demonstrates that, when caregivers fail in understanding children's developmental needs, they are not able to provide the adequate stimulation and care crucial for optimal development. In addition, erroneous expectations from caregivers negatively influence the relationship with the child, often generating a vicious circle of frustration that may divert the child's developmental pathway.

To encourage this understanding this booklet provides a thorough description of the basic changes in the five developmental domains (physical-motor, cognitive, linguistic, emotional and social) shown by children aged three to five. It also outlines the developmental milestones that preschoolers should reach and introduces the Child Follow-Up File, a tool developed within the experience of Terre des hommes Italia (Tdh-It) and the Palestinian Medical Relief Society (PMRS) in the Gaza Strip in order to monitor the child's progress in the kindergarten.

Although some of the key developmental concepts are recalled in this booklet, we refer to the introductory booklet of the series (Booklet 0, "Working with Early Childhood") for a more detailed overview of the reference framework (approach, core principles and basic concepts) for Early Child Development used by Tdh-It-PMRS in planning, implementing, monitoring and evaluating its intervention.

2. Describing Developmental Changes in Preschool Children (aged three to five)¹

The substantial changes occurring in children from three to five years of age could be illustrated by the progressive accomplishments in physical, cognitive, linguistic, emotional and social development. Such gains are strongly connected both to the child's maturation and to the stimulation provided by the rearing environment.



¹ Adapted from Landers C. "A Basic Course in Early Child Development - Developmental Paediatrics", UNICEF Ed.D, MPH, 2002

While caregivers should provide the child with developmental opportunities in the five domains, they should also be aware of the level of maturation reached by the child. For example, three-year-old children have the drive and basic ability to copy and draw. Such ability could be stimulated by parents and teachers providing children with paper, colours and ad hoc exercises. Drawing and copying ability will increase with practice. However, the child's small muscles are not yet mature enough to allow them to be as precise as five-year-old children. Consequently there is no point in pushing the child into a premature performance.

Particularly important in understanding properly the progression in the five developmental domains are the notions of Developmental Milestones, Age-Level Expectations and Sequence of Development and Regression. We refer to the definition of such developmental concepts in the Booklet 0, "Working with Early Childhood".

2.1 Motor development

Motor development is strongly connected to the physical growth of the child, which we do not discuss in this publication. However, those interested to know more could refer to C. Landers, "A Basic Course in Early Child Development – Developmental Paediatrics", UNICEF Ed.D, MPH, 2002.

2.1.1 Large muscle movements: gross motor skills

Children in the three-to-five age span use the body to explore, to learn through the senses and to convey thoughts and emotions they cannot describe through language. They are therefore in motion much of the time.

Movements become increasingly agile: three-year-old children can easily go forward, backward, or up and down, but may need to make a conscious effort while standing on tiptoe or on one foot, or while getting up from a squatting position or catching a ball. Four-year-olds can walk and run with long, swinging, confident strides, stand on tiptoe, whirl themselves around in a circle and pump themselves on a swing. They can turn somersaults and hop on one foot. They are more and more interested in structured games and able to create sequences of movements to have fun.

As the child's self-control, judgment and coordination are still developing, adult supervision remains essential to prevent accidents and injuries. However, a few bumps and bruises are inevitable and even necessary to help the child discover their limits in physical activity.

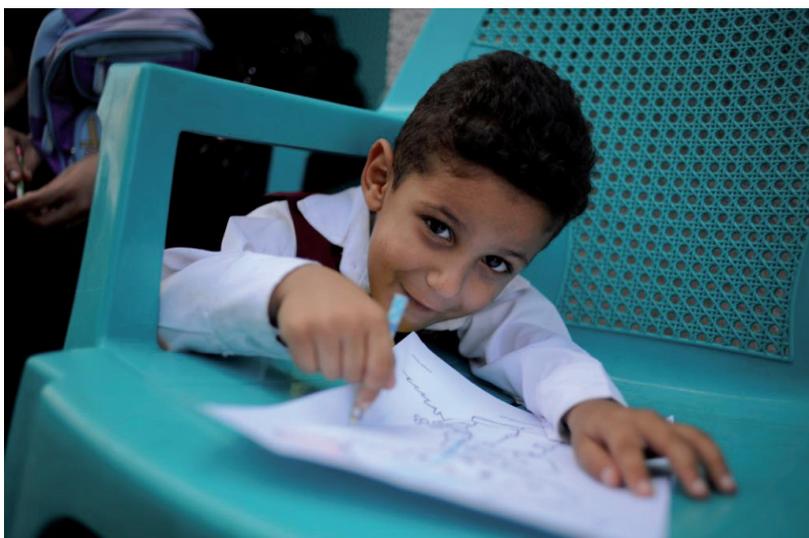
2.1.2 Small muscles: fine motor skills or eye-hand coordination

Small or fine muscle skills refer to the use of hands and fingers in the manipulation of objects. Also known as eye-hand coordination, fine motor control is the ability to coordinate or regulate the use of the eyes and the hands together in efficient, precise and adaptive movements. This coordination enables the development of a wide variety of skills including writing, drawing and the manipulation of small objects and instruments.

At about three years of age, children develop both the muscular control and the concentration needed to master many precise finger and hand movements. They are usually able to trace a square, position toys with great care during play and control the way of holding utensils and tools to perform specific tasks.

The maturation of small muscles gradually allows them to build a tower of nine or more cubes, feed themselves without spilling very much, unbutton clothes and possibly put large buttons into button holes.

At about four years of age, children's small muscles are almost completely mature and their



coordination and ability to use their hands almost fully developed. As a result, children are able to brush their teeth and get dressed with little assistance, use their hands with great care and attention when drawing, and create objects.

The culture and values of the society in which the child lives strongly influence the eye-hand coordination. For example, the appropriate use of eating utensils ultimately depends on the rearing environment: in countries where chopsticks are used children are able to feed themselves with

chopsticks at two-and-a-half, while in countries where knives and forks are used children will not handle both proficiently until five. This is the result of the maturation of the fine motor system (using one hand only to eat is easier than using both hands) and of the opportunities for practice given to the child by the rearing environment.

The same applies to drawing and writing, which occupy an important position in literate societies.

2.1.3 Developmental milestones in motor development

3 to 4 YEARS OLD	4 to 5 YEARS OLD	5 to 6 YEARS OLD
<p>Gross Motor Skills</p> <ul style="list-style-type: none"> ➤ Walks in an agile, almost adult manner ➤ Runs around obstacles ➤ Catches large balls and throws them overhead ➤ Climbs ladders and uses slides independently ➤ Rides a tricycle ➤ Alternates feet when climbing stairs ➤ Stands on one foot for up to five seconds <p>Fine Motor Skills</p> <ul style="list-style-type: none"> ➤ Assembles simple puzzles ➤ Manipulates clay ➤ Fingerpaints ➤ Copies simple shapes, such as a cross or circle ➤ Stacks blocks up to nine high ➤ Draws person with two or four body parts 	<p>Gross Motor Skills</p> <ul style="list-style-type: none"> ➤ Running is more controlled: can start, stop, and turn ➤ Turns somersaults, hops on one foot and gallops ➤ Can easily catch, throw and bounce a ball ➤ Can brush teeth, comb hair, wash and dress with little assistance <p>Fine Motor Skills</p> <ul style="list-style-type: none"> ➤ Copies squares and triangles ➤ Prints some letters ➤ Uses one table utensil skilfully (only fork or spoon or chopsticks) ➤ Cuts on a line ➤ Draws person with body 	<p>Gross Motor Skills</p> <ul style="list-style-type: none"> ➤ Runs in an adult manner ➤ Walks on tiptoe ➤ Can make broad jumps ➤ Walks on a balance beam ➤ Jumps over a rope <p>Fine Motor Skills</p> <ul style="list-style-type: none"> ➤ Hand preference is established ➤ Laces (but cannot tie) shoes ➤ Grasps pencil like an adult ➤ Colours within lines ➤ Prints letters ➤ Cuts and pastes simple shapes ➤ Uses table utensils skilfully (knife and fork)

2.2 Cognitive development

In the years from three to five children are in the so-called “preoperational stage” (Jean Piaget²). In this stage children do not yet understand concrete logic, cannot mentally manipulate information and are unable to see the points of view of other people.³

In these years stimulation from the rearing environment is crucial in order to give the child the possibility of expanding their mental abilities through exploring and understanding the world around them (refer also to Booklet 2, “Empowering Caregivers: Professionals with Direct Responsibility for Groups of Preschool Children”, Chapter 2: “How Children Learn: Learning as Developmental Change”, and Booklet 3, “Empowering Caregivers: Raising Awareness in Mothers and Fathers”, Chapter 2: “Suggested Appropriate Developmental Practices”).

During the preoperational stage, children’s intelligence is characterised by the ability to organise and associate new information with previously developed information. They also become progressively more able to use symbols, as evidenced by the increase in playing and pretending.

Cognitive development is intimately related to linguistic development that allows the child to ask questions and understand answers, especially those related to the causal effect.

Some of the core features of cognitive development in the preoperational stage are described below.

- **Logic**

Children three years old start to understand the cause–effect logic. They therefore ask endless “why” questions and are extremely curious about the origin of everything they see around them. Children up to five become gradually more and more precise in their representation of reality. However, up to six they are relatively unable to consider multiple causes for the same effect.

- **Attention**

The attention span in these years gradually increases as a result of the brain’s maturation. A three-year-old child is able to concentrate on a self-selected activity for an average of five minutes, while a five-year-old child becomes able to concentrate for up to twenty minutes or more.

- **Quantities and numbers**

Three-year-old children are aware of the basic concepts of quantities such as “big”, “small”, “short”, “tall”, “one”, “few” and “many”. However, as demonstrated by J. Piaget, children up to five years old still do not understand the conservation principle.⁴

Counting abilities start developing at about three years old and reach complete efficiency at about six. In these years children progressively become aware of three key principles:

1. The one-to-one correspondence: in counting, each object corresponds to a number.
2. The cardinality rule: when counting, the last number spoken represents the quantity of the objects counted.
3. The order-irrelevance principle: the order in which you count objects does not influence their quantity. For example, ten pebbles, whether arranged in a circle or a straight line, are still ten pebbles. This principle comes later in development than the other two principles.

² Ginsburg, H. and Opper, S. *Piaget’s Theory of Intellectual Development*, Prentice Hall, 1988

³ This has been termed “egocentrism”.

⁴ In one conservation experiment, equal amounts of liquid are poured into two identical containers. The liquid in one container is then poured into a differently shaped cup, such as a tall thin cup, or a short wide cup. Children are then asked which cup holds the most liquid. Despite seeing that the amounts of liquid are equal, children almost always choose the tall thin cup that appears fuller. Piaget conducted a number of similar experiments on the conservation of number, length, mass, weight, volume and quantity. Piaget found that few children showed any understanding of conservation prior to the age of five.

- **Time**

Preschool children have a very limited understanding of time. A three-year-old child usually understands “before” and “after” but they mostly remain caught up in present reality with only a vague concept of past, present and future.

By four years of age children are familiar with their daily routine and able to foresee what will happen next. They understand present and past, yesterday, today, tomorrow and also special events (such as birthdays, holidays, and so on). By five years children start to understand the duration of time (hours).

- **Creativity and imagination**

Creativity is the ability to have new ideas, to be original and imaginative and to make new adaptations to old ideas. Creative growth in children will surface if allowed and encouraged by the rearing environment.

Creativity is more likely to be expressed if the child is relaxed and not anxious about being judged by others, whilst in environments where copying models and conformity are highly praised spontaneous creativity is stifled.

The use of imagination – a key component in the creative process – becomes evident by three years when the child begins to play pretend / make-believe games and to invent stories. Such experiences allow the child to combine their knowledge of the real world with their internal images. This, in conjunction with increasing fine motor skills, will lead by four years to the ability to create small objects (e.g. using blocks) and by five years to paint, draw and create toys from available materials.

2.2.1 Developmental milestones in cognitive development

3 to 4 YEARS OLD	4 to 5 YEARS OLD	5 to 6 YEARS OLD
<ul style="list-style-type: none"> ➤ Matches pictures to objects and names some colours ➤ Understands concepts of “now”, “soon” and “later” ➤ Understands concepts of “one”, “few”, “many” but cannot count ➤ Understands the concept of same and different ➤ Begins to recognise cause-and-effect relationships (asks why) ➤ Can retell a four- or five-step directive or the sequence in a story ➤ Follows three-part commands ➤ Does not fully understand the difference between fantasy and reality and engages in fantasy play ➤ Repeats simple patterns of rhythm and music 	<ul style="list-style-type: none"> ➤ Understands number and space concepts - more, less, bigger, in, under, behind; counts objects up to ten ➤ Attention span is less than twenty minutes ➤ Starting to develop logical thinking ➤ Begins to grasp that pictures and symbols can represent real objects ➤ Starts to recognise patterns among objects - round things, soft things, animals - and can name at least four colours ➤ Grasps the concepts of past, present and future but does not understand the duration of time ➤ Enjoys repeating stories, poems, songs and expressions from others 	<ul style="list-style-type: none"> ➤ Actively seeks knowledge ➤ Understands and names opposites ➤ Mostly understands the difference between fantasy and reality ➤ Thinks logically but cannot understand multiple causes for the same effect ➤ Attention span is extended to twenty minutes or more

2.3 Linguistic development

Linguistic development is intimately connected to cognitive development. The more complex the mental ability, the more the child needs words and complex sentences to express it.

Linguistic abilities are also intrinsically related to the environment the child lives in. A language-enriching environment where the child has the possibility to acquire new words, ask questions and take an active role in conversations with adults greatly helps children to reach a high level of proficiency in their native tongue by the time they are five.

Parents and caregivers can help sustain natural language development by providing environments full of language development opportunities (refer to Booklet 3, “Empowering Caregivers: Raising Awareness in Mothers and Fathers”, Chapter 2: “Suggested Appropriate Developmental Practices”).

2.3.1 Vocabulary

By the age of three children should have an active vocabulary and be able to mention objects, basic concepts and verbs that are used every day.

At about four years children’s language skills blossom: the vocabulary expands from about 1,500 words to 2,500⁵ by the fifth year.

An important challenge for preschool children is that one object can be named in several different ways (e.g. a doll can be called a “doll” or a “toy”). By the end of the preschool period most children understand that words can belong to subordinate and superordinate categories and that the same object can be given different names (e.g. a rose can also be called a “flower”, and a flower is also a wider category that includes roses and other types of flowers).

2.3.2 Pronunciation

Children may mispronounce many speech sounds and it is particularly important to give them the opportunity to practice those which are more difficult to learn. By four years old the child should be able to pronounce all the speech sounds in their native tongue, although they might still make mistakes in pronunciation.

It is quite common for children to repeat sounds occasionally or to hesitate between words. Some children have trouble learning the normal timing and rhythm of speech. At other times a child’s thought turns ahead of their speech and they lose track in mid-sentence of what they are saying. Repeating a sound or word allows the child to catch up. Supporting caregivers should allow enough time for them to do so.

2.3.3 Use of the language

Learning a language does not just consist of learning a lot of words. Children must also learn how to combine these words into phrases and sentences using the correct grammar.

In the years from three to five children rapidly progress from the use of *telegraphic speech*⁶ to complex sentences, employing verb forms, possessives and plurals. In this process children create their mental representation of the linguistic rules by paying attention to word endings, the order of words and word segments. However, as they put their attention and effort into understanding the rules of grammar, children apply these rules to words that in fact exceed the rule (over-regularisation of the language). For example, an English-speaking child might say, “I *goed* out and *throwed* my ball.”

⁵ Source: Landers C. “A Basic Course in Early Child Development - Developmental Paediatrics”, UNICEF Ed.D, MPH, 2002. Typical number of words may vary from language to language.

⁶ Telegraphic speech refers to the child’s tendency to use only the two or three most important words to express meaning. For example, a child may say: “*Mommy, rice*” rather than “*Mommy, I would like to have some rice.*”

The over-regularisation of the language usually disappears by six years of age.

Children speaking the same language seem to acquire linguistic rules in a similar order. Rules that are simple and used often are acquired first, followed by an understanding of and an ability to combine more complex rules. However, this ability is influenced by the complexity of the language heard by the child in their rearing environment. In addition, as the complexity of a given grammatical form differs in different languages, the age at which children master the rule for a particular form depends partly on the complexity of the language.

2.3.4 Developmental milestones in linguistic development

3 to 4 YEARS OLD	4 to 5 YEARS OLD	5 to 6 YEARS OLD
<ul style="list-style-type: none"> ➤ Employs a vocabulary of about 1,000-1,500 words* ➤ Understands most of what is said and 75% of speech is understandable ➤ Speaks in complete sentences of three to five words 	<ul style="list-style-type: none"> ➤ Expands the vocabulary from 1,500 to 2,500 words* ➤ Speaks in relatively complex sentences. ➤ Takes turns in conversation; interrupts others less frequently; listens to another speaker; understands words that relate one idea to another - if, why, when ➤ Uses nonverbal gestures, such as certain facial expressions 	<ul style="list-style-type: none"> ➤ Speaks fluently; correctly uses plurals, pronouns, tenses ➤ Very interested in words and language, curious about the meaning of unknown words
* Typical number of words may vary from language to language		

2.4 Emotional development

Emotional states in the preschool years are still very situation-specific and can change as rapidly as children switch from one activity to another. Thanks to the advances in cognitive and linguistic development, children from three to five become increasingly able to regulate their emotions and to understand the emotions of others.

Three-year-old children are not able yet to separate emotions from actions: feelings are straight away turned into actions. Children also tend to express emotions through temper tantrums or physical display. Separation from parents often generates fears and emotional distress.

Four-year-old children begin to realise that expressing extreme emotion may have consequences for others. In this period, children's understanding of cause and effect becomes more accurate and complex and they are often quite skilled at predicting certain behaviour based on emotion. For example, they are aware that an angry child might hit someone. They also develop a sense of humour, understand jokes and enjoy making others laugh.

They are also increasingly able to distinguish between dreams, imagination and reality.

In parallel, the development of self-concept produces an increase in self-conscious emotions including shame, embarrassment, guilt, envy and pride, and renders children more sensitive to praise and criticism. This leads five-year-old children to be able to regulate their emotions and express their feelings in more socially acceptable ways. They are also increasingly able to describe their feelings and the reasons for them, to wait for what they want or desire, and to control tears.

2.4.1 Self-Concept

The preschooler's self-concept is very concrete. It consists of observable characteristics such as name, physical appearance, possessions, and daily behaviour. By the middle of the fourth year, descriptions of basic emotions and attitudes are added. However, young children's self-concept is still quite limited. They are unable to combine their separate traits into an integrated self-portrait. Furthermore, they are not aware that an individual can simultaneously possess conflicting traits. For example, to young children an individual cannot be both nice and mean or good and bad. This ability is dependent on cognitive skills that do not appear until middle childhood.

In fact, the young child's self-concept is so tied to specific actions and possessions that they spend a lot of time claiming their rights to certain objects. With this perspective, early struggles over objects are positive signs of an evolving self and attempts to separate the boundaries between the self and others. A strong sense of self helps children to cooperate more fully in resolving disputes and solving simple problems.

2.4.2 Self-esteem

Self-esteem - judgments we make about our own work and the feelings associated with those judgments - is another aspect of self-concept that emerges in early childhood. It is perhaps the most important aspect of self-development, since the evaluation of our own competencies affects emotional experiences, future behaviour and long-term psychological adjustment.

Self-esteem in the preschooler is not as well defined as it is in older children. Young children can differentiate social acceptance from competence. Before age seven, they have trouble assessing their competence at different activities – they usually rate their own ability much higher and often underestimate a task's level of difficulty.

This high sense of self-esteem is adaptive as children strive to master an inordinate amount of new skills. Self-esteem supports self-initiative and persistence. However, it is vulnerable to other's perceptions and external factors. By age four children often give up easily on tasks they cannot complete and are readily discouraged. Thus, this innate tendency to hold oneself in high self-esteem must be continuously supported and enhanced by the adults around them. Caregivers can foster self-esteem in young children through warm, rational approaches to child rearing including, for example: building positive relationships, nurturing success by adjusting expectations, encouraging freedom to choose and make decisions, respecting and acknowledging the child's emotions.

2.4.3 Self-conscious emotion

Self-conscious emotions such as embarrassment, guilt, envy and pride play an important role in children's achievement-related and moral behaviour. Since preschoolers are still developing standards of excellence and conduct, they are dependent on caregivers' instruction, feedback and example in order to feel pride, guilt or shame. As children internalise these guidelines for good behaviour, parental feedback becomes less crucial.

2.4.4 Coping with stress

As in all areas of development, the social environment powerfully affects children's capacity to cope with frustration, negative feelings and stress. Children observe adult's responses to these situations and imitate both positive and negative strategies.

Preschoolers have vivid imaginations, and difficulty distinguishing reality from fears is common in early childhood. Parents can prepare children for difficult experiences by offering coping strategies that children can understand – for example, describing what to expect and ways to handle anxiety.

2.4.5 Empathy

The development of empathy depends on cognitive and language development as well as temperament and social experiences. Warm, supportive and empathetic parents who teach children about the importance of kindness nurture preschoolers who are more likely to be aware of and concerned about others' distress. In contrast, a harsh punitive parenting style is likely to disrupt the development of empathy at an early age.

During this period, the language skills needed to describe emotions grow rapidly. Young children understand the causes and consequences of basic emotions. Strategies for controlling emotions, along with adult modelling and encouragement, help children develop the capacity for emotional self-regulation. With an increased self-awareness, children are more sensitive to praise and criticism. Cognition, language, improvements in emotional self-regulation and warm, sensitive parenting support the development of empathy in early childhood.

2.4.6 Developmental milestones in emotional development

3 to 4 YEARS OLD	4 to 5 YEARS OLD	5 to 6 YEARS OLD
<ul style="list-style-type: none"> ➤ Cannot control emotional reactions ➤ Begins to notice other people's moods and feelings 	<ul style="list-style-type: none"> ➤ Is able to understand and name basic feelings and emotions ➤ Expresses anger verbally rather than physically ➤ Can feel jealousy 	<ul style="list-style-type: none"> ➤ Distinguishes right from wrong, honest from dishonest, but does not recognise intent ➤ Can control emotional reactions to a certain extent ➤ Understands sense of humour

2.5 Social development

Social development is a two-sided process in which children become increasingly integrated into the larger social community and differentiated as distinct individuals. The process of acquiring the standards, values and knowledge of communities and of society is known as socialisation. The way in which individual children develop a characteristic sense of themselves and a unique way of thinking and feeling is known as personality formation. Individual personality development and socialisation are two sides of a single developmental coin.

Socialisation is especially important during early childhood as the first understanding of the child's community is constructed. Along the early years children understand the social categories, roles, rules and expectations of their families and communities in order to function in a social world. This mutually influences the emergence of personality, that is, the way people conceive of themselves, and their characteristic style of interacting with others.

Social development as a process thus requires the active participation of both adults and children. Caregivers set expectations for children's proper behaviour as well as the rewards or punishments for their conduct. Caregivers also select and create the social contexts within which children experience their environment and learn the rules of behaviour. Children are active participants in this process. What they learn depends in part on their interpretation of their environment and on what they select as important from the information available to them.

Social development during the preschool years is closely linked to achievements in cognitive and linguistic skills that allow a progressively more complete interaction with the environment.

The years from three to six are crucial for children to learn the roles they are expected to play and

how to behave in accordance with them, how to control anger and aggressive feelings, and how to respect the rights of others, how to express their feelings in culturally appropriate ways, and to become aware of gender roles and morality.

2.5.1 Friendships and play

The ability to use language and communicate, along with emerging cognitive achievements, enable preschoolers to participate in longer-lasting and more complex forms of social interaction, including interaction with peers.

The companionship of other children is critical, especially as interaction with peers provides the opportunity to play, which is a crucial way of learning and developing at this age.



Playing is often classified according to the level of interaction with other children as follows:

1. Solitary play: the child plays alone and no interaction with peers is involved. This kind of play is a frequent activity of infants and toddlers and does not involve any interaction with other children. As children mature, they become more able and eager to participate in the social forms of play but solitary play never disappears.
2. Onlooker: the child simply watches other children play, perhaps asking a question or making a comment occasionally. This is often the first stage of a young preschooler's interaction with other children (three years old).
3. Parallel play: children playing side by side in the same activity without taking much notice of each other. This is typical of the early preschool period.
4. Associative play: two or more children take part in the same activity, all doing basically the same thing, but there is still no attempt to organize the activity or to take turns. Slightly older preschool children (about 4 years old) often engage in associative play where play is somewhat more interactive.
5. Cooperative play: individual children cooperate to achieve some sort of group goal, for instance by taking different roles in an imaginative game (from five years old onwards).
6. Increasing complexity and extended lengths of play should be evident from three to five years.

Particularly important is the emergence of fantasy and pretend/ make-believe play, where children have the opportunity to explore their and others' emotions, develop the symbolic function and acquire new styles of interaction.

By five years, through cooperative play, children learn about give and take, negotiation skills, assertiveness and demands for communication beyond the circle of family interpretations.

2.5.2 Discipline

DISCIPLINE	PUNISHMENT
Emphasises what the child should do (positive motivation)	Emphasises what the child should not do (negative motivation)
Is an ongoing process	Is a one-time occurrence
Sets an example to follow	Insists on obedience
Leads to self-control	Undermines independence
Helps children change	Is an adult release
Is positive	Is negative
Accepts child's self assertion	Makes children behave
Fosters child's ability to think	Thinks for the child
Enhances self-esteem	Defeats self-esteem
Shapes behaviour	Condemns misbehaviour

The term discipline – often misinterpreted as punishment – refers to the methods caregivers (parents and teachers) use to regulate the interaction with and among children within the social rules. Discipline means guiding and directing children toward acceptable behaviour.

Adults help children learn appropriate behaviour first of all by setting consistent good examples. This includes everything a caregiver does in an attempt to influence the child. Discipline is therefore an interaction between the caregiver and the child aiming at supporting the child in gaining control over their own behaviour (refer also to Booklet 3, “Empowering Caregivers: Raising Awareness in Mothers and Fathers”, paragraph 2.6: “Helpful disciplinary practices”).

To accomplish this, parents need to maintain that delicate balance between children's attempts to be independent and their need for outer controls. Caregivers who are sensitive to this will decrease the amount of control they exercise by gradually handing over to children the opportunity to govern their own actions, thus communicating trust. With growing responsibility and trust comes an added dimension of self-respect and self-confidence.

2.5.3 Gender typing⁷

Gender typing is the process of developing gender roles, or gender-linked preferences and behaviour valued by society.

By three years old the basic gender categories are established (male and female) and children start to classify activities and behaviour accordingly (e.g. children associate many articles of clothing, tools, household items, games, occupations and behaviour with one sex or the other).

In parallel, children develop their gender identity (the self-awareness of being either a girl or a boy) and extend the gender-stereotyped belief to themselves.

A large body of evidence indicates that family, teachers, peers and important role models in

⁷ Several theories have been put forward to explain gender role development. This section considers the early development of gender typing and the genetic and environmental factors that contribute to it.

the community and wider social environment play a critical role in the development of gender typing during the early childhood years. From the earliest moments, parents have different perceptions and expectations of female and male infants. Parents are likely to describe rearing values such as achievement, competition and control of emotion as important for sons, while warmth and ladylike characteristics and closely supervised activities are important for daughters.



These beliefs and expectations influence parent action and practices. Parents purchase toys and promote behaviour that reinforce different play styles. Through their responses, they actively reinforce much gender-stereotyped behaviour.

In addition to family members, teachers and sex peers also encourage children to conform to gender roles. As an example, by three years of age same-sex peers positively reinforce one another for gender-typed play by praising, imitating or joining an activity with same-age mates. Similarly, preschoolers are often criticised by their peers when they select games or activities usually reserved for the opposite sex. Children also develop different styles of social interaction in sex-segregated peer groups.

Culture and society also contain many examples of traditional gender-role behaviour that exerts powerful influences on the process of gender development (e.g. through media).

2.5.4 Developmental milestones in social development

3 to 4 YEARS OLD	4 to 5 YEARS OLD	5 to 6 YEARS OLD
<ul style="list-style-type: none"> ➤ Follows simple directions; enjoys helping with household tasks ➤ Begins to recognise own limits — asks for help ➤ Likes to play alone, but near other children ➤ Does not cooperate or share well 	<ul style="list-style-type: none"> ➤ Takes turns, shares, and cooperates ➤ May sometimes lie to protect themselves, but understands the concept of lying ➤ Enjoys pretending and has a vivid imagination ➤ Dependent on authority; wants to be told what to do, but also finds it difficult to see things from another's viewpoint 	<ul style="list-style-type: none"> ➤ Plays make-believe and dresses up ➤ Mimics adults and seeks praise ➤ Seeks to play with friends rather than be alone ➤ Plays with both boys and girls but prefers the same sex ➤ Wants to conform; may criticise those who do not ➤ Adjusts behaviour to different settings ➤ Mediates to solve conflicts

3. Child Follow-Up File: Tool for Monitoring and Supporting Child Development

Experience in working with preschool children in the two governorates of Rafah and Khan Younis in the Gaza Strip revealed that children's development is seriously affected by a rearing environment that shows a poor understanding of their developmental needs. Particularly, caregivers both in the family and in the kindergartens have an adult-like vision of the young children, who are consequently expected to show largely overestimated abilities compared to their age.

The caregivers' erroneous expectations negatively influence the relationship with the child: the standard level of abilities and normal failures in performance generate a wide sense of frustration in parents and teachers who keep pushing the child beyond their developmental possibilities. The child on the other hand often reacts to the caregivers' inappropriate stimulation by showing signs of discomfort and difficult behaviour. This further contributes to adults' frustration and affects the relationship with the child. Punishments and other intimidating disciplinary measures often used in the attempt to regulate difficult behaviour may push the child into a spiral of disturbing reactions. This vicious circle of frustration risks seriously diverting the child's developmental pathway.

Based on the developmental notions described in the previous chapter and specifically on the developmental milestones, the Child Follow-Up File is a tool created to support kindergarten teachers in appreciating the developmental progress of their preschool children and sharing it with the families.

Especially in a context where kindergarten teachers are used to caring for an average of more than thirty children, the Child Follow-Up File is a relatively easy tool to help them in taking into consideration the specific developmental needs of each individual child as well as group of children.

The information provided by the Child Follow-Up File could be used by teachers in many ways:

To assess individual developmental progress and any specific pedagogical attention the child may need (e.g. some children are slower than others in performing tasks. The teacher may want to ensure that each child has sufficient time to complete the task successfully).

To identify those children in difficult situations and develop ad-hoc supporting strategies together with the family to help such children to cope and avoid developmental problems and delays.

To communicate with families on the developmental progress of the child in the kindergarten, discuss the child's strength and weaknesses, and refine pedagogical attention with feedback from parents.

To analyse the developmental progress of the children in the class and adjust teaching methodologies (e.g. if the group of children is in general unable to play together without fighting, the teacher may want to address this area of socialisation through specific activities).

The Child Follow-Up File should be filled in monthly for each child and is divided into three sections:

Section 1- Information on the child

Provides basic information on the child and their family, including contacts to use in case of need.

Section 2 – Child's progress follow-up

Provides monthly information on the child's developmental progress. This section has been developed selecting a series of indicators deriving from the developmental milestones and in line with the age-level expectations in the Gaza cultural context.⁸ The indicators have been selected in order to be significant and simple to assess, and to cover the age span from three to five.⁹

⁸ Indicators to be included in the Child Follow-Up File have been first identified by Gaza psychosocial workers, then discussed and agreed with the teachers. Examples are the indicator for the linguistic development, "Recall the Holy Quran, Hadith, songs, alphabet, poems" and the indicator for the social development, "Know how to behave in social occasions (Eid, ceremonies ...)", clearly referring to the usual activities carried out in the kindergartens in Gaza and to the cultural and social context in which the children are raised.

⁹ Such operational choices are made with specific reference to the Gaza context, where teachers have a limited amount of time to complete the

Behaviour indicating the progressive acquisition of developmental abilities is assessed in the five developmental domains, on a scale ranking how often the ability/behaviour shows up. Using a scale based on the frequency of the behaviour was deemed very important as it minimised the risk of judging the child's performance.

Developmental abilities are scored as follows:

Always – the child shows the ability/behaviour more than 90% of the time

Often - the child shows the ability/behaviour about 70% of the time

Sometimes - the child shows the ability/behaviour about 50% of the time

Rarely - the child shows the ability/behaviour about 30% of the time

Never - the child shows the ability/behaviour about 0% of the time

Section 3 – Child's difficulties follow-up:

Provides additional information on children in difficult situations and guides the teacher in identifying the causes of the child's difficulties, and in developing – together with the family – ad hoc supporting strategies to help the child overcome the problem.

Specifically in relation to this section the experience in Gaza showed that there was a great degree of confusion and misunderstanding around regressive behaviour - especially that due to a difficult situation - as such behaviour tends to be considered a symptom of mental health or psychological problems. This, combined with the poor awareness of the caregivers regarding the developmental milestones (what kind of behaviour can be expected from the children at a certain age) and on children's needs, makes it very difficult adequately to support children facing problems.

Once the caregivers (teachers through training and follow-up and parents through awareness sessions) understood that most early childhood difficult behaviour is merely reaction to the stimulations of the environment, it was easier to reform such behaviour with appropriate care and special attention.¹⁰

Experience also demonstrates that if difficulties are promptly addressed there is no repercussion on the child's overall development.

The Child Follow-Up File format follows below, together with an example on how to use Section 3.

Child Follow-Up File and where introducing two different checklists by age (one for children from three to four and one for children from four to five) would confuse rather than help teachers.

¹⁰ Within the Tdh-It-PMRS experience in the governorate of Rafah and Khan Younis in the Gaza Strip only 2.1% of the preschool children whose caregivers were involved in the programme showed persistent difficulties, and among them 1.7% was able to overcome those difficulties through ad hoc pedagogical strategies jointly developed between the teacher and the family. The remaining 0.4% who did not improve through the ad hoc strategies were referred to specialist institutions (mostly children who showed speech difficulties).

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INDIVIDUAL CHILD FOLLOW-UP FILE



SECTION 1: Information on the child

Kindergarten _____

Year _____

Teacher _____

Class _____

Tdh-It-PMRS Code _____

Surname	Name		
Date of birth	.....	Child's picture	
Address	.....	
Telephone number	.....	
Mobile number	.....	
Guardian's name	.....	Relation	.....
Academic qualification	Father:	Mother:.....	
Job	Father:	Mother:.....	
Number of siblings	.....	Order in the family	.....
Child living within	<input type="checkbox"/> Nuclear family (father, mother and siblings)		<input type="checkbox"/> Extended family
Special health conditions	.....	
Special social conditions	.....	

SECTION 2: Child's progress follow-up

Date _____

MOTOR DEVELOPMENT	Never	Rarely	Some-times	Often	Always
1. Can jump, climb, hop and run.					
2. Can walk following directions (back and forward, right and left).					
3. Controls body and coordinates movements (jump over a rope, avoiding the ball when about to be hit ...).					
4. Can throw a ball and hit a target.					
5. Can control fine motors (button, unbutton, zipping).					
6. Can hold the pen in the correct way.					
7. Can colour in defined frame.					
8. Has eye-hand coordination (puzzles, cubes).					
COGNITIVE DEVELOPMENT	Never	Rarely	Some-times	Often	Always
1. Identifies and names eight basic colours.					
2. Counts and recognises ten or more objects.					
3. Categorises objects into groups and describes what the objects have in common, or their differences.					
4. Understands the time (before, after, yesterday, tomorrow).					
5. Is able to be involved in a self-selected activity for an appropriate length of time (approximately 15 to 20 minutes).					
6. Identifies, names, and copies/draws letters and objects when shown an example.					
7. Spells, reads and write the letters.					
8. Asks appropriate questions and for explanations (including "why" to clarify the causal relation).					
9. Remembers sequence of facts in the stories					
Linguistic development	Never	Rarely	Some-times	Often	Always
1. Speaks using complete sentences.					
2. Recalls the Holy Quran, Hadith, songs, alphabet, poems.					
3. Can describe events in logical sequence (establishing causal relations).					
4. Can pronounce words correctly.					
5. How rich is the child's vocabulary?	Very poor	Poor	Sufficient	Rich	Very rich
EMOTIONAL DEVELOPMENT	Never	Rarely	Some-times	Often	Always
1. Can express and name feelings through play, drama, speech and stories.					
2. Can understand and respect others' feelings.					
3. Can control emotional reactions.					
SOCIAL DEVELOPMENT	Never	Rarely	Some-times	Often	Always
1. Cooperates, plays and listens to others while in large and small groups.					
2. Knows how to behave on social occasions (Eid, ceremonies ...).					
3. Recognises the teacher as referent for solving conflicts among peers.					
4. Can follow verbal directions and interact with teacher and activities.					
5. Is independent and has ability to care for self (using bathroom, being responsible for personal belongings).					
6. Interacts with other children of the same gender.					

SECTION 3: Difficulties follow-up

Date _____

Type of difficult situation faced by the child

- | | | |
|------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical condition | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Parental over-indulgence | <input type="checkbox"/> Critical accident |
| <input type="checkbox"/> Other (specify) | | |

Describe the problem in detail

Is the difficult behaviour associated with a difficult situation?

____ Yes ____ No

- | | | |
|----------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Persistent nail biting | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Self-centred behaviour |
| <input type="checkbox"/> Persistent teeth grinding | <input type="checkbox"/> Extreme introversion | <input type="checkbox"/> Obstinacy |
| <input type="checkbox"/> Persistent finger sucking | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Aggressiveness | <input type="checkbox"/> Other (specify) | |

Describe the behaviour in detail

COMMENTS

MONTHLY EDUCATIONAL SUPPORT PLAN

DATE _____

ACTIONS TO BE TAKEN AT KINDERGARTEN (by teacher)	Intervention plan for the first two weeks	Improvement in the first two weeks	Intervention plan for the following two weeks	Improvement in the second two weeks
ACTIONS TO BE TAKEN AT HOME (agreed with the family)	Intervention plan for the first two weeks	Improvement in the first two weeks	Intervention plan for the following two weeks	Improvement in the second two weeks

Status of the problem after one month:

Solved

Improved but in need of further support

In need of specialised assistance

EXAMPLE OF SECTION 3:**CHILD'S DIFFICULTIES FOLLOW-UP****Type of difficult situation faced by the child**

- | | | |
|---------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Neglect | <input type="checkbox"/> Physical condition | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Parental over-indulgence | <input type="checkbox"/> Critical accident |
| <input type="checkbox"/> Other (specify) | | |

Describe the problem in detail

Fadi comes from a very large family: he has seven brothers and sisters and he is the fourth child. Overburdened with household duties, the mother does not give Fadi positive attention. The child is often dirty and not properly dressed. His mother tends to hit him for trivial reasons and puts his finger in his mouth to minimise his bothering her. She mostly interacts with him when he does something wrong. The father is rarely at home.

Is the difficult behaviour associated with a difficult situation?

Yes No

- | | | |
|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Persistent nail biting | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Self-centred behaviour |
| <input type="checkbox"/> Persistent teeth grinding | <input type="checkbox"/> Extreme introversion | <input type="checkbox"/> Obstinacy |
| <input checked="" type="checkbox"/> Persistent finger sucking | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Hyperactivity |
| <input checked="" type="checkbox"/> Aggressiveness | <input type="checkbox"/> Other (specify) | |

Describe the behaviour in detail

Fadi is five years old and he is very aggressive towards his classmates, always creating problems during group activities, hitting other children for no reason, and he does not listen to the teacher. He is seen by classmates as "the troublemaker" and nobody wants to play with him anymore. When he is quiet he persistently sucks his finger.

As a teacher I erroneously tried to address the situation by keeping Fadi isolated from the rest of the class, or sending him to play outside alone with a trainee teacher. This improved the atmosphere in the class but did not solve Fadi's problem.

COMMENTS

After meeting Fadi's mother I decided to follow a twofold strategy: on the one hand encouraging Fadi to interact positively with other children by giving him special attention and a special role in the class or in the group work; on the other hand, establishing a closer relationship with the mother and trying to address the lack of care and attention with regard to Fadi's experiences at home.

MONTHLY EDUCATIONAL SUPPORT PLAN

ACTIONS TO BE TAKEN AT KINDERGARTEN (by teacher) <ul style="list-style-type: none"> • Give Fadi special attention and allow him to express his feelings. • Value his presence in the class • Avoid putting him in situations that make him aggressive. • Never allow him to sit on his own harbouring bad feelings. Always keep him involved in activities and games. 	Intervention plan for the first two weeks <ul style="list-style-type: none"> • At morning assembly pay special attention to Fadi; ask what he did the day before and encourage other children to listen and pay attention to what he says. • Reward good behaviour with stars. • Encourage and motivate him by giving him a special task like helping the teacher, helping other children, leading the group work. • During the day have two or three short talks with him, particularly allowing him to express his feelings. • Never forget to comment on how he performs his tasks (comments should be pointing at both strengths and weaknesses). 	Improvement in the first two weeks <ul style="list-style-type: none"> • The overall strategy seems to work with Fadi. • He was more positive in the interaction with other children in these two weeks. When given special responsibilities he reacted very well and when asked to lead games he also showed an inclination to support weaker children. • He was less aggressive than in the past (only 5 major episodes happened in two weeks). • However, he still sits on his own, sucking his finger, and refuses to take part in the activities. He also becomes very tense if the teacher insists on talking to him or persuading him to play. 	Intervention plan for the following two weeks <ul style="list-style-type: none"> • Keep the same actions implemented so far. • When Fadi sits on his own, give him individual toys so that he can play alone without interacting with others if he does not want to. 	Improvement in the second two weeks <ul style="list-style-type: none"> • Fadi showed great improvement in dealing with other children in the kindergarten. He now regularly plays with them and they like to play with him. He also has a preferred playmate. • His aggressiveness has almost disappeared and when he is aggressive he is quick to apologise and get back to common play. • He is still sometimes solitary, but he accepts playing alone with a toy for a while and then spontaneously returns to the group activities.
ACTIONS TO BE TAKEN AT HOME (agreed with the family) <ul style="list-style-type: none"> • Give him more physical care. • Avoid physical punishment. • Increase positive attention for his achievements and good behaviour. 	Intervention plan for the first two weeks <ul style="list-style-type: none"> • Take care of Fadi's hygiene and provide him with clean clothes. • Greet him when he arrives at the kindergarten and ask him how his day was when he returns • Have at least two small chats a day with him (10 minutes each) on a topic that he likes. • Each time that Fadi is chastised for something, his mother should find a reason to praise him as well. 	Improvement in the first two weeks <ul style="list-style-type: none"> • There is no improvement in Fadi's appearance or dress. • His mother, however, reported that she tries to talk to him sometimes and that she has stopped the physical punishment. She admitted, though, that she is too busy to find occasion to praise the child. • She reported that Fadi was a little bit quieter at home and that he seems to be happier to go to the kindergarten in the mornings. 	Intervention plan for the following two weeks <ul style="list-style-type: none"> • Same action as suggested in the first two weeks as the mother is obviously only partially engaged in implementing the support plan. 	Improvement in the second two weeks <p>There is still no improvement in Fadi's appearance or dress. The mother reported that the child is less of a troublemaker at home and seems more interested in chatting and happy to go to the kindergarten in the mornings. However, she said that she does not have much time to chat. There appears to be almost no need to punish Fadi, and he seems to obey more readily than before. He is also quieter than before. The mother said that he often sits alone quietly, sucking his finger or playing with small things he finds at home.</p>

Status of the problem after one month:

Solved

Improved but in need of further support

In need of specialised assistance

WORKING WITH PRESCHOOL CHILDREN

e-Toolkit on Early Childhood

Monitoring Development in Preschool Children

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