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# **MEETING THE MENTAL HEALTH NEEDS**

**OF YOUNG CHILDREN 0–5 YEARS**

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# **MEETING THE MENTAL HEALTH NEEDS OF YOUNG CHILDREN 0–5 YEARS**

**Jonathan Glazzard, Marie Potter and Samuel Stones**

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# + INTRODUCTION

The Early Years Foundation Stage provides a unique opportunity to support children's holistic development. The prime areas of learning underpin the specific areas and are therefore critical to children's learning. Children cannot thrive if they have poor well-being, low self-worth and are unable to regulate their behaviour and emotions. Effective practitioners know that all children are unique. They learn at different rates, have different strengths and interests and therefore require varying levels of support. Some children will have endured adverse childhood experiences, including abuse, neglect and parental conflict and separation. These experiences can have a long-lasting detrimental impact on their mental health and on their learning and development. Effective Early Years practitioners understand the importance of establishing positive, warm and trusting relationships with children. They recognise the need for children to experience a sense of belonging in the setting and they understand the importance of giving children agency. High-quality Early Years settings can reduce the effects of adverse childhood experiences but cannot necessarily eradicate the impact that these experiences have had on children's development.

This book provides an overview of the risk and protective factors that result in mental ill-health in the Early Years. The themes of attachment, resilience and self-regulation are explored from a theoretical perspective and in relation to the practical implications for Early Years practitioners. Case studies are used to exemplify some of the issues and to illuminate effective practice.

Children's experiences of transition can affect their mental health. Transitioning from the home environment to the pre-school setting can be traumatic for some children. Skilled practitioners will be aware that while some children are more resilient than others and are able to adapt to change more quickly, some children take longer to adapt and require more support during times of transition. Demonstrating kindness, empathy and treating children with respect are simple ways of supporting children through difficult transitions.

This book recognises the critical role of learning through play in the Early Years. It emphasises the value of adult intervention in children's play to extend learning and development and the role of play in supporting all

aspects of children's development. Providing children with rich, stimulating learning opportunities through play can support the development of self-regulation skills, which are vital for positive mental health. At the same time, the book acknowledges that the value of play-based pedagogy in the Reception year has been questioned by Ofsted. In Chapter 7, it is argued that a focus on 'schoolification' in the Early Years is a misinformed move, which could have significant and detrimental effects on young children's mental health.

Children in the Early Years can experience a range of forms of mental ill-health. This book addresses the main mental health needs and provides an overview of the signs and symptoms of mental ill-health. It is argued that the development of a social and emotional curriculum, which provides children with the skills that they need to develop positive social interactions, empathy, resilience and emotional regulation, is an essential aspect of the Early Years curriculum, which can support positive well-being in the Early Years.

We hope you enjoy reading this book.

*Jonathan Glazzard, Marie Potter and Samuel Stones*

# + CHAPTER 1

## FACTORS THAT PUT CHILDREN AT RISK



### PROFESSIONAL LINKS

**This chapter addresses the following:**

- ② Department for Education (2017) *Statutory Framework for the Early Years Foundation Stage: Setting the Standards for Learning, Development and Care for Children from Birth to Five*. London: DfE.

## **CHAPTER OBJECTIVES**

By the end of this chapter you will understand:

- + the risk factors that can result in children developing mental ill-health;
- + your role as a practitioner in mitigating these risk factors.

## **INTRODUCTION**

This chapter addresses the risk factors that increase the likelihood that children will develop mental ill-health. Some of these factors are related to adverse childhood experiences that children are exposed to in the home and the community. While you cannot always eradicate these from children's lives, there are things that you can do within the context of the Early Years setting to compensate for the effects of these adverse experiences. This chapter addresses the individual, family and community factors that increase the risk of childhood mental ill-health. It also addresses the role of practitioners within the setting in mitigating some of these risks.

## **INDIVIDUAL FACTORS**

### **GENETIC INFLUENCES**

As a practitioner, you must understand the ways in which genes influence children's learning. Developing this understanding allows the children you teach to thrive, become more fulfilled and thus experience positive mental health. Furthermore, children are individuals with their own traits, temperament, needs and preferences (Asbury and Plomin, 2013). Therefore, we need to acknowledge that more of the same is unlikely to be the most suitable approach for most children.

If a child is not learning in the same way as other children or is not making the progress they are expected to, you must adapt your approach and use your knowledge of children as individuals. This is likely to involve making decisions to allocate or target resources and support at specific children while withdrawing these from others. Through understanding the needs of all children, education can support all children and ensure that genetic influences are not a negative barrier to a child achieving successful outcomes (Asbury and Plomin, 2013).

Children may also seek learning opportunities on the basis of their preferences, which have been shaped by their genes (Asbury and Plomin, 2013), and as a practitioner you must look for and respond to these calls to maximise children's chances of fulfilling their potential across all area of learning and development in the Early Years Foundation Stage framework. Doing so personalises a child's learning, provides an inclusive environment for all and allows positive mental health to permeate the school culture.

While research studies have confirmed that genetic factors have a substantial influence on children's learning (Schumacher et al, 2007), the debate of nature and nurture remains critical. This debate continues to produce evidence that demonstrates the impact of environmental loci (Hart et al, 2013). These include the children themselves, as well as practitioners and parents who can work together and overcome many of the challenges of genetic influence (Hart et al, 2013).

## **LEARNING DISABILITIES**

Children with learning disabilities have a higher risk of developing mental ill-health compared to the general population (Hackett et al, 2011). It has been argued that they are six times more likely to develop mental health difficulties (Emerson and Hatton, 2007), and for those with learning disabilities who are placed in the care system the likelihood of developing mental ill-health may be even higher than this (Taggart et al, 2007).

Children with learning disabilities may experience multiple forms of disadvantage. They are more likely to experience social deprivation and adverse childhood experiences. They may also have multiple and complex disabilities, and this can affect their feelings of self-worth. The rates of anxiety disorders in children with Autistic Spectrum Conditions range from 11 per cent to 84 per cent (Brookman-Frazee et al, 2018) and research suggests that children with autism often access mental health services due to demonstrating challenging behaviour (Brookman-Frazee et al., 2012).

## **FOETAL ALCOHOL SPECTRUM DISORDER**

Foetal alcohol spectrum disorder (FASD) is a term used to describe the range of mental and physical birth defects caused by alcohol exposure during pregnancy. Alcohol disrupts foetal development and FASD refers

to the permanent brain damage that results from this pre-birth exposure (Catterick and Curran, 2014). The deficits caused by FASD are not fully understood, although exploring these is critical in supporting those affected (Rasmussen, 2005). Children with foetal alcohol spectrum disorder may exhibit physical anomalies including vision, hearing and motor problems (Stratton et al, 1996).

As a practitioner, there are many strategies that you can use to support children with FASD and in doing so ensure their inclusion and thus support their positive mental health. Using children's names to make sure that you have their attention before you speak to them can support those experiencing hearing difficulties. You should also use concisely chunked instructions and simple language to support children with cognitive and motor difficulties. Where possible, practitioners should also share with parents and carers any common language that can be used both at the child's home and during their interactions at school.

Practitioners must also acknowledge the strengths and interests of those with FASD when considering their own planning, as this supports the provision of an inclusive environment for children who may otherwise be overwhelmed by sensory stimulation. Likewise, multisensory experiences can be based around students' sensory strengths and these can promote positive mental health (Blackburn, 2010).

## RESILIENCE

Children who are resilient can 'bounce-back' from adversity. Their response to a negative experience is to acknowledge it, learn from it and then recover from it. Resilient children are not permanently negatively affected by adverse experiences. They can move forward from situations and experiences to lead positive and fulfilling lives. Children who are less resilient may be negatively affected by adverse experiences for longer. It may take longer for them to recover from adversity and they may be permanently negatively affected by it. A variety of terms are used synonymously to denote resilience. These include *perseverance*, *grit*, *determination*, *stickability*, *bounce-back* and *character*.

Resilience in children is affected by their sense of self-worth. Those with a high self-worth may be able to recover from negative experiences more quickly than those with low self-worth. Confidence is also important. Children who lack confidence may take longer to recover from adversity compared to those who demonstrate high confidence. Additionally, children who adapt well to changes in their lives may be

more resilient when they experience adversity compared to those who find change difficult.

## CRITICAL QUESTIONS

- + How can practitioners promote resilience in the Early Years?
  - + In what ways can practitioners support the development of physical and social and emotional resilience?
  - + How can practitioners promote resilience in relation to perseverance after defeat; for example, when completing tasks such as building towers with bricks or completing jigsaws?
- 
- In 2017, 6.8 per cent of boys aged 2–4 years had mental ill-health.
  - In 2017, 4.2 per cent of girls aged 2–4 years had mental ill-health.

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(Health and Social Care Information Centre, 2018)

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## CRITICAL QUESTIONS

- + Why do you think that mental ill-health is more common in boys than girls?
- + What are the implications of this for Early Years settings?

## FAMILY AND COMMUNITY FACTORS

Risk factors that detrimentally impact on young children's mental health include:

- + parental conflict;
- + family breakdown;
- + hostile or rejecting relationships;
- + abuse and neglect;

- + parental psychiatric distress;
- + parental criminality;
- + parental alcoholism;
- + death and loss;
- + children moving into care, being fostered or adopted;
- + poverty/socio-economic disadvantage.

As a practitioner you will need to be aware of which children are exposed to these risk factors. You will need to be aware of changes of mood and behaviour that may indicate that there are problems at home. Very young children may not be able to communicate their distress verbally. This is where key workers are important, as they will be attuned to the child's usual behaviour and in a position to know when that changes. Sometimes children may alert you to situations at home, although this is rare. If you suspect that a child is being abused or neglected, you should always follow the guidance in the setting's safeguarding policy. It is never acceptable to do nothing.

It is important that you provide a safe, nurturing environment for all children, but particularly for children who are experiencing adverse circumstances at home. The circumstances at home may result in the child developing low self-worth, high levels of anxiety or stress, depression, reduced confidence and social isolation. Adverse circumstances at home can also result in children developing social, emotional and behavioural difficulties.

Some children who experience adverse circumstances might be capable of working at or above age-related expectations across all areas of learning and development. It is important to have high expectations of all children in your care. If their progress suddenly stalls or declines, this might be an indication that the child is experiencing mental ill-health as a result of adverse experiences. You will need to observe the child in a range of contexts to ascertain whether there is sufficient evidence of mental ill-health or whether their mood and/or behaviour is triggered by something specific in the setting.

It is important that you do not stereotype families. Although adverse childhood circumstances take place in families that experience social deprivation, remember that abuse, neglect, domestic violence, family breakdown and parental criminality cut across all social backgrounds. Forms of neglect, for example, may vary across different social backgrounds but the impact on the child is still negative. Children may appear to be

well-fed, clean and looked after, but sometimes these factors can mask adverse experiences that detrimentally impact on children.

Community factors also increase the likelihood of children developing mental ill-health. Socio-economic disadvantage has been associated with exposure to adverse childhood experiences that can increase the risk of childhood mental illness. In addition, community-related factors such as homelessness, national or community conflict can also increase the risk of children developing mental ill-health.

According to the Mental Health Foundation:

*A growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. In other words, social inequalities in society are strongly linked to mental health inequalities.*

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(Mental Health Foundation, 2016, p 57)

Thus, socio-economic disadvantage acts as a psychosocial stressor and can have a detrimental impact on children's mental health and well-being. It is also associated with worse parental mental health, which is, in turn, a strong risk factor for poor child mental health and well-being (Education Policy Institute, 2018). Additionally, adverse childhood experiences, including experiences of abuse, neglect and parental conflict have a known and significant detrimental effect on children and young people's mental health. These include trauma, poor attachment, parental alcohol and drug abuse, domestic violence, neglect and abuse (House of Commons, 2018).

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## CASE STUDY

Luke was four years old and was attending the school nursery attached to the local community primary school and his father was an alcoholic. Consequently, Luke was, in the main, cared for by his mother. His parents argued on a daily basis and arguments frequently carried on into the night. Sometimes the arguments became physical. Often, Luke's sleep was broken, and he was tired in the mornings, frequently resulting in

him not wanting to attend the nursery. Luke was worried about his parents and he was reluctant to leave them during the day. He started to demonstrate uncooperative behaviour in the nursery and he became physically aggressive with practitioners and other children. Often, Luke would socially isolate himself away from other children and he pushed them away when his space was invaded. His progress across all areas of learning and development was below age-related expectations and his key worker, Emily, was concerned about his well-being.

Emily focused on establishing warm, positive and trusting relationships with Luke. She demonstrated unconditional positive regard towards him and she praised him when she noticed something positive. Sanctions were not applied, even when Luke demonstrated physical aggression. Emily decided to develop a social and emotional intervention programme for Luke and a small number of children in the nursery who were working below age-related expectations in personal, social and emotional development. The intervention focused on feelings. The children were taught, over several weeks, to name feelings and they were introduced to some strategies to regulate their own feelings. Emily also focused on developing their understanding of how other children's feelings can be affected by things that are done to them or said to them. Sessions were interactive; Emily used a range of stories that focused on feelings and puppets. There was a strong focus on empathy, including how to show kindness to others. Emily then designed a series of sessions to focus on developing social skills. These sessions included themes such as turn-taking, sharing and being a good communicator.

After a term, all the children who had participated in the intervention, including Luke, were working at age-related expectations in personal, social and emotional development.

## **FACTORS RELATED TO THE SETTING**

Establishing warm, positive and trusting relationships with all children is critical to develop children's self-worth and confidence. Negative or hostile relationships can increase the likelihood of children becoming stressed, anxious or depressed and social learning theory suggests that children can imitate the behaviours that they observe.

Children who feel included in the setting and who experience a sense of belonging are less likely to develop mental ill-health. Displays and resources that reflect the lives and identities of children will facilitate a sense of inclusion. Young children often arrive in settings without the

## + CONCLUSION

This book has provided an overview of some of the factors that may be associated with young children developing mental ill-health. It has outlined risk factors that may increase the likelihood of children developing mental ill-health and the protective factors that can mitigate against this. In addition, it has addressed common mental health needs that children may present with and explored themes such as attachment, resilience and self-regulation.

The importance of early positive attachments between children and their primary carer has been emphasised. Weak, unstable or non-existent attachments can lead to the development of social and emotional problems and the effects can extend into adult life. The importance of establishing warm, positive and trusting relationships with children has been emphasised throughout this book. In addition, the importance of treating children with respect, kindness and demonstrating empathy towards them has also been highlighted. The necessity to ensure that children feel included and experience a sense of belonging has also been discussed. Young children may experience stress and anxiety in relation to triggers that adults perceive as being relatively minor. However, this book has emphasised the importance of taking seriously children's concerns by responding with empathy.

The book has argued that the 'schoolification' of early childhood is inappropriate. Introducing children to structured, adult-directed formal learning experiences too early is counterproductive to children's development and could have a detrimental impact on their mental health and well-being. Early Years organisations, practitioners and academics are rightly concerned about the recommendations in the *Bold Beginnings* report, which appear not to have been informed by academic research on how children learn and develop in the Early Years. There is a danger that an overemphasis on academic attainment in reading, writing and mathematics in the Early Years will result in the underdevelopment of children's personal, social and emotional skills. If these skills are not prioritised in the Early Years, this is likely to have a detrimental impact on their subsequent academic attainment and if children's exposure to language and communication is restricted in the Early Years this is

likely to have a significant negative impact on their literacy development. Watering down the principles of the Early Years Foundation Stage, by introducing more structured learning is likely to result in increases to mental ill-health in early childhood and a decline in academic attainment in the long-term.

SAMPLE

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