

Assessment of Wellbeing in Early Childhood Education and Care: Literature Review

Victorian Early Years Learning and Development Framework

September 2015

Louise Marbina, Angela Mashford-Scott,
Amelia Church and Collette Tayler



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The Victorian Early Years Learning and Development Framework sets the highest expectations for every child and guides early childhood professionals' practice in Victoria.

It identifies five Learning and Development Outcomes for all children from birth to eight years. The five Outcomes provide a common language to support collaborative approaches between early childhood professionals and families.

The five Early Years Learning and Development Outcomes for all children are:

- Children have a strong sense of identity.
- Children are connected with and contribute to their worlds.
- Children have a strong sense of wellbeing.
- Children are confident and involved learners.
- Children are effective communicators.

This literature review documents the research that underpins and defines wellbeing for children from birth to five years outlining children's trajectory of wellbeing and the learning environments and responsive interactions that support development of wellbeing.

The content of the Literature Review will be used to inform a Wellbeing Practice Guide to improve the quality of engagement with children. It will identify principles for assessing wellbeing in practice and profiles existing tools to support assessment of children's wellbeing. It will promote a deeper understanding of Outcome 3: Wellbeing and provide practical support for early childhood professionals.

Executive summary

The Victorian Early Years Learning and Development Framework (Department of Education and Early Childhood Development, 2009) and the Early Years Learning Framework for Australia (Department of Education, Employment and Workplace Relations, 2009) highlight the importance of children having a strong sense of wellbeing, as this is one of the five key learning outcomes in early childhood education and care (ECEC). This review identifies key components of children's wellbeing – particularly in relation to opportunities for learning – through a discussion of the research literature and a summary of each prominent assessment tool of children's wellbeing. Principles of assessing wellbeing are identified on the basis of this review and provide reflection points for practitioners including the following:

1. Effective assessment needs a clearly defined purpose.
2. Effective assessment of wellbeing is based on multiple sources of information.
3. Assessment of wellbeing includes individual, group and centre evidence.
4. Assessment of wellbeing includes children's own reports.
5. Assessment of wellbeing includes evidence from parents.
6. Assessment of wellbeing is an opportunity for multidisciplinary collaboration.

The wellbeing assessment tools reviewed in this paper identified similar traits and wellbeing dispositions. While the terminology and descriptors vary from tool to tool, most emphasise attachment and secure relationships as the crucial foundation upon which children's wellbeing develops, identifying infancy as the time of critical development, with the birth to three years period being optimum (DECS, 2008a; AGDHA, 2009; Laevers, 2005). From this platform of attached relationships, many tools then describe the importance of positive affect (happiness in particular) and the emerging ability of self-regulation (Mayr & Ulich, 2009; Laevers, 2005). This looks different at each developmental stage, with scaffolding and supported learning experiences required (Siraj, Kingston & Melhuish, 2015) to enable very young children to gradually manage their emotions productively. Resilience, persistence and the ability to keep trying when something is new or difficult are also prominent in the assessment tools. As these dispositions strengthen self-esteem, confidence grows as children develop in the early years; these dispositions and skills combine and interact with

one another, enabling children to make and maintain friendships and exhibit a range of positive prosocial skills, which are seen as pivotal to wellbeing.

The tools or instruments that assess children's wellbeing reviewed in this report are those most commonly used in (English-language speaking) early learning environments, including the following:

- The SA Government's Wellbeing Observation Scale from the REFLECT RESPECT RELATE resource
- Ferre Laevers' SICS (ZIKO) instrument – Well-being and Involvement in Care: A process-oriented Self-evaluation Instrument for Care Settings
- The Devereux Early Childhood Assessment for Infants (DECA-I), Toddlers (DECA-T), and Preschoolers (DECA-P2)
- Mayr and Ulich's PERIK instrument
- Berkeley Puppet Interview for 4–8-year-olds
- Strengths and Difficulties Questionnaire (SDQ)
- KidsMatter Early Childhood Initiative
- Michael Bernard's You Can Do It! program
- Parents' Evaluation of Developmental Status (PEDS)
- Assessing Quality in Early Childhood Education and Care: The Sustained Shared Thinking and Emotional Well being (SSTEW) Scale for 2–5-year-olds.

This report provides a platform for early childhood professionals to consider their assessment of wellbeing practice, providing a common lens, language and knowledge base with which to promote reflections about and planning for the assessment of children's wellbeing. For assessment to be meaningful and useful, it is important that the purpose and approach to assessment is clear – the *what*, *why* and *how*. By drawing on multiple methods and sources of information – including the individual child, whole group and centre level, *and* the inclusion of children and parents' reports and knowledge – a more authentic understanding of wellbeing can be gained. The concept of wellbeing is complex and multidimensional; children's wellbeing is emergent and develops cumulatively across time and contexts. Multidisciplinary collaboration, including a shared understanding and language for professionals to discuss children's wellbeing, maximises the potential for important information and insights to be shared and layered, enabling an informed and responsive assessment of children's wellbeing.

Introduction

Children's wellbeing currently occupies a central place in major international and Australian policy documents concerning children's lives. Significant efforts have been focused on conceptualising children's wellbeing, and developing internationally comparable indicators and frameworks for its measurement and monitoring (Australian Institute of Health and Welfare [AIHW], 2011a; AIHW, 2011b; Australian Research Alliance for Children and Youth [ARACY], 2010; ARACY, 2008; European Commission, 2008; Organisation for Economic Cooperation and Development [OECD], 2009a; United Nations Children's Fund [UNICEF], 2007). This work is taking place against the backdrop of a broad economic and political shift in focus from economic performance-oriented goals and measures, towards those that encompass social progress, quality of life and wellbeing (OECD, 2009b; Stiglitz, Sen & Fitoussi, 2009; Australian Government, 2004).

A strong sense of wellbeing enables children to engage positively and confidently with their environment and therefore to take full advantage of learning opportunities. Indeed, 'wellbeing is central to learning and learning contributes to wellbeing' (Department of Education and Children's Services, 2005, p. 5). Ratified by all Australian Education Ministers in 2008, *The Melbourne Declaration on Educational Goals for Young Australians*, outlines the educational goal that every young Australian becomes a confident and creative individual with 'a sense of self-worth, self-awareness, and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing' (Ministerial Council on Education, Employment, Training and Youth Affairs, 2008, p. 9).

Wellbeing is one of the five outcomes identified as central to children's learning and development in both the Australian Early Years Learning Framework (EYLF; DEEWR, 2009) and the Victorian Early Years Learning and Development Framework (VEYLDF; DEECD, 2009), with expectations that 'children become strong in their social,

emotional and spiritual wellbeing', and that 'children take increasing responsibility for their own health and physical wellbeing' (DEECD, 2009, p. 23). Essentially, wellbeing has become central to policies, frameworks, and programs concerned with enhancing the quality of children's lives and establishing positive life trajectories (OECD, 2009a, 2009b; Pollard & Davidson, 2001).

This literature review was commissioned by the Victorian Curriculum and Assessment Authority (VCAA) for the purpose of identifying contemporary practices in assessing wellbeing in children from birth to five years of age. The review critiques the most prominent assessment tools currently used in early childhood education and care (ECEC) and considers their relevance both in light of research evidence about young children's wellbeing and applicability to the Australian context.

There are two main sections in this report. The review begins with a discussion of what constitutes wellbeing in ECEC, as the construct of wellbeing is both complex and contested. It considers wellbeing assessment as a resource for sharing knowledge and for dialogue across multidisciplinary settings about the developmental trajectory from birth to the early years of school. A method for inclusion in this review is provided in Appendix A. In the second main part of the report, a range of contemporary assessment tools are summarised and considered in light of the strengths and limitations of each model in assessing young children's wellbeing. This section identifies essential elements for assessing wellbeing in practice. The second part of the report also provides a set of principles that early childhood professionals may use to consider the efficacy of each tool for their own practice. The report provides a platform to consider how assessment of wellbeing can enable early childhood professionals to be specific and explicit in discussions and reporting that will improve the long-term outcomes and processes for children's learning and development.

Defining wellbeing for children from birth to five years of age

1.1 How is wellbeing defined in early childhood education and care?

Defining and articulating the construct of wellbeing in the early years of life differs across domains of health, psychology, mental health and education (Barblett & Maloney, 2010). What constitutes wellbeing is largely informed by the particular professional and theoretical lens; for example, in child health research and practice, a deficit paradigm – identifying what a child isn't yet able to do – was historically prominent. In education, attention is largely given to demonstrable skills and behaviours that are integral to wellbeing (Mashford-Scott, Church & Tayler, 2012). The divergence in defining wellbeing is mirrored in approaches to assessment or measurement of wellbeing: what it looks like and how best to support it. There have been attempts, internationally, to develop consistent and comparable wellbeing indicators, however variability persists relative to the focus of assessment (OECD, 2009a; UNICEF, 2007).

In order to observe and support wellbeing development in children, ECEC practitioners require a well-defined concept of wellbeing together with reliable and accessible assessment tools (Pollard & Lee, 2003). While there are numerous ways to define wellbeing, there is some agreement and commonality on the traits, observable qualities and demonstrable dispositions that support the development of wellbeing in the early years (Mayr & Ulich, 2009; Barblett & Maloney, 2010), including: attachment; affect and regulation; resilience and persistence; adaptability; confidence; peer relations and prosocial skills (Laevers, 2005).

In the VEYLDF (DEECD, 2009) wellbeing encompasses good mental and physical health, feelings of happiness and satisfaction. Wellbeing is an outcome specified in the VEYLDF and is seen as integral to holistic development across the birth-to-eight-years life trajectory. Wellbeing is also described in terms of both internal and external behaviours including trust and confidence, humour, happiness and satisfaction. It describes a cumulative development of skills from birth to eight years with increasing capacities in self-regulation, positive affect and prosocial skills. Relationships are at the core of the development of wellbeing, with emphasis resting on the importance of secure, predictable and loving attachments from the very earliest days of life (DEECD, 2009).

Wellbeing and social emotional competence is dependent on a set of complex skills and dispositions that develop from birth. From the earliest days of life infants very

quickly begin to refine their responses to their environment and those around them in an attempt to make sense of the world (Lally & Mangione, 2006). At the very core of wellbeing is the development of strong foundations on which secure attachment and loving relationships can develop. Early secure attachment contributes to a long-term range of wellbeing competencies including a love of learning, a sense of oneself and an ability to regulate emotions (Commonwealth of Australia, 2009; National Scientific Council on the Developing Child, 2011).

When children develop strong and secure relationships with the key adults in their lives they develop the confidence to explore their environment, safe and supported (Mayr & Ulich, 2009). As babies grow they begin to exert a little more control over their actions and by 12 months are demonstrating the beginnings of self-regulation and positive affect in an attempt to engage with the adults in their lives. The quality of relationships lays the foundation for development (Australian Government Department of Health and Ageing, 2010), and high quality interactions characterised by positive regard prove fundamental to all aspects of learning (Siraj & Asani, 2015).

With increasing physical mobility comes increased opportunity to interact and explore the world around them. Toddlers continue to develop and build on relationships they have formed and this gives them the confidence to begin to extend their interactions beyond the familiarity of those they know (Laevers, 2005). Toddlers with strong and secure attachments are those who feel confident to begin to engage with their peers, alongside them to begin with and as their wellbeing capacity develops they begin to better manage their emotions and impulses, persist with activities when they don't go their way and begin to turn-take and take pleasure sharing their successes with those around them (National Scientific Council on the Developing Child, 2004).

As the capacities of attachment, positive affect, regulation and persistence strengthen, so does a child's confidence in themselves and their sense of belonging (Australian Government Department of Health and Ageing, 2010). Self-esteem and self-belief begin to emerge as children continue to develop a sense of achievement in their experiences, their friendships and their relationships. This wellbeing trajectory continues to develop into the preschool years. Children who have been supported to develop a strong socio-emotional wellbeing foundation demonstrate a greater capacity to manage their own and others' emotions, assert themselves when required,

articulate how they are feeling and rely increasingly on verbal reasoning versus emotionally led responses (Mayr & Ulich, 2009). As children enter formal schooling a wide range of social skills come into play. A developing flexibility that allows them to accommodate between different behaviours and interactions also serves as a basis for wellbeing (Bernard, 2012). The more practice children have in activities that strengthen emerging wellbeing dispositions, the more automatic positive neural pathways become and the set of cognitive and social capabilities that underpin the development of wellbeing build and strengthen (National Scientific Council on the Developing Child, 2004a; National Scientific Council on the Developing Child, 2004b).

Wellbeing indicators, dispositions and skills identified across a range of research studies are tied to children's learning trajectories. For example, Shonkoff and Phillips (2000) identify a range of social and emotional skills required for successful school entry including: self-confidence; the capacity to develop positive relationships with peers and adults; concentration and persistence; and the ability to solve social challenges and effective communication of emotions. Similarly, Bertram and Pascal (2002) outlined four key social and emotional wellbeing skills necessary as predictors for school success: independence; creativity; self-motivation; and resilience. Bernard (2007) talks about five social and emotional 'foundations': getting along; organisation; persistence; confidence; and resilience. In addition to the five social and emotional 'foundations' Bernard also describes 12 habits of mind, that is attitudes or ways of thinking that have a direct bearing on the way children think, behave and feel from learning situation to situation. These 'habits of mind' include the way children accept themselves, take risks, demonstrate independence, work hard, persist, set themselves goals, plan their time, are tolerant of others, think before acting, playing by the rules and being sociably responsible (Bernard, 2007). Those children who consistently demonstrate the greatest long-term academic success are those who have had the opportunity to develop a range of key wellbeing dispositions through rich and cumulative learning experiences across the early childhood experience (Nadeem, Maslak, Chacko & Hoagwood, 2010).

In addition to these objective, observable aspects or indicators of children's wellbeing, there is also a subjective element of holistic wellbeing that is experienced by the child, meaning that a child's wellbeing cannot be assessed entirely objectively (Pascal & Bertram 2009; Stewart-Brown 2000). Subjective wellbeing has been defined as 'satisfaction associated with fulfilling one's potential' (Pollard & Davidson, 2001, p. 10) or 'a high level of positive affect, a low level of negative affect, and a high degree of satisfaction with one's life' (Deci & Ryan, 2008, p. 1). Rosemary Roberts' (2010) definition of wellbeing, 'feeling alright in yourself and with other people, and

reasonably coping' (p. 191) taps into the subjective element of wellbeing, noting that a child's 'sense of wellbeing' involves an internal experience and assessment of 'feeling alright'.

1.2 What is children's trajectory of wellbeing in early childhood?

We know that wellbeing is necessary in order for children to flourish and thrive, and the children most likely to experience school success are those with strong social and emotional foundations (Rock & Pollack 2002; Shonkoff & Phillips, 2000). Alarming, some studies have suggested that as little as 40 per cent of children begin their first formal year of schooling with the necessary wellbeing skills that enable them to maximise their full learning potential (Bernard, 2007). With these figures in mind, the scope of this review is less about examining the array of definitions and conceptual parameters of wellbeing, but rather about identifying those features most commonly attributed to positive wellbeing trajectories, and the observational and assessment frameworks currently available to assess and support practitioners in the progressive development of these key skills across the birth-to-five-years life trajectory.

The foundations for social and emotional competence and wellbeing are laid well before a child begins formal schooling. Therefore, for children to progress on a positive lifelong learning trajectory, wellbeing and social and emotional competency must be a focus from the earliest days of a child's life (Roberts, 2010; Australian Government Department of Health and Ageing, 2010). Indeed social and emotional wellbeing is an emerging capacity; a developmental journey that changes over time (South Australia Department of Education and Children's Services, 2008; Laevers, 2005). We know from early brain science research that neuroplasticity is at a peak in the early years of life and it is during this crucial developmental phase that we have an excellent opportunity to positively influence development (National Scientific Council on the Developing Child, 2007; Blakemore & Frith, 2005). The premise is simple: repeated negative thoughts and experiences strengthen negative neural pathways. Chronic negativity (such as stress, anger, fear, sadness, helplessness) eventually hardwires automatic negative thought processes inside the brain (National Scientific Council on the Developing Child, 2007). In contrast, repeated positive thoughts and emotions strengthen the areas in the brain that stimulate positivity and optimism, and ultimately enhance a child's long-term resilience (Shonkoff & Philips, 2000).

The optimisation of this type of protective capacity and wellbeing in infancy is cumulative and requires broad, rich, supported and, most importantly, repeated learning opportunities (Roberts, 2010; Lally & Mangione, 2006; Laevers, 2005). Responsive caregivers, warm and loving environments, secure attachments and a sense

of security and belonging are the foundation on which infants begin to develop the dispositions identified as essential for positive long term wellbeing (CSEFEL, 2008; South Australia Department of Education and Children's Services, 2008; Laevers, 2005).

Another significant factor influencing children's development of wellbeing is executive brain function. From the very first days of life, infants encounter a constant stream of information and they are very quickly required to begin to refine their responses to both external and internal stimulæ (Lally & Mangione, 2006). At birth, many of our responses are innate and reflexive and are nature's way of protecting us and ensuring that we begin to connect socially and emotionally with what is going on around us (Riley, Carns, Ramming, Klinsker & Sisco, 2009). Initially these reactions and interactions are based on survival (for example, crying when hungry), but gradually, as our developing neural pathways are engaged, our responses and reactions become less instinctive and more regulated and controlled.

By 12 months, early signs of self control and the beginnings of mental flexibility are starting to emerge. By three years, these capacities become more refined but are still in the development phase. By age five to six years, there has been an enormous leap in social and emotional development and executive function with much more complex capacities emerging including: impulse control; the ability to get along with others; and the ability to follow rules and to keep trying when something doesn't go as expected (National Scientific Council on the Developing Child, 2011). While social and emotional wellbeing continues to develop into adolescence, the greatest window of opportunity exists between the age of birth and eight years (National Scientific Council on the Developing Child, 2011).

Many of the skills and capacities linked to the development of wellbeing are underpinned by executive brain function. Executive function allows us to filter distractions when we are trying to concentrate on something, and to regulate and control our impulses in response to what is going on around us. In turn, this helps us to stay on task, better manage our time effectively and ultimately make us more productive (Ashdown & Bernard, 2012; Roberts, 2010; Laevers, 2005; Shonkoff & Phillips, 2000). Children who have had multiple, cumulative and repeated opportunities to develop and refine their executive functioning across the early learning trajectory, will have the most well-developed wellbeing capacities, and therefore also the greatest chance of succeeding both academically and socially, even if they have been identified as being at developmental risk (Davis, et al., 2010a; Ashdown & Bernard, 2012). The architecture of our brains is such that the development of wellbeing is shaped by our experiences and can, in fact, be explicitly taught (Bernard, 2004; Ashdown & Bernard, 2012; Joseph & Strain, 2003). The more practice children have in

activities that strengthen emerging wellbeing dispositions, the stronger the neural pathways become and the set of cognitive and social capabilities that underpin the development of wellbeing develops (National Scientific Council on the Developing Child, 2004a; National Scientific Council on the Developing Child, 2004b).

1.3 Why are learning environments and interactions so important for wellbeing development?

Establishing a climate of wellbeing that promotes not only caring and nurturing environments for children but that also values and supports practitioners is essential (Gandini, 1993; Sylva, Siraj-Blachford & Taggart, 2003; McCallum & Price, 2010). Research indicates that children's wellbeing affects learning styles, attitudes, behaviour and level of engagement, so the environment supports both the cognitive and social and emotional needs of children (National Scientific Council on the Developing Child, 2004b; Fraser & Gestwicki, 2002; Roberts, 2010).

The EYLF explicitly highlights a number of key wellbeing dispositions as essential learning outcomes: curiosity; cooperation; confidence; creativity; commitment; enthusiasm; persistence; imagination; and reflexivity. Indeed the overarching principles of the EYLF are in themselves essential requirements in the promotion of wellbeing across ECEC services (DEEWR, 2009). The interrelatedness of the principles, practices and outcomes mirrors much of the literature in terms of what ECEC professionals need to do to ensure wellbeing underpins their pedagogical practice. Similarly, the focus of the VEYLDF (DEECD, 2009) defines wellbeing as a core requirement as the basis for positive and holistic development. It describes trust and confidence; persistence; cooperation; emotional availability; risk taking; reflection; self-regulation; independence; happiness; humour; and the celebration of achievements, as central to wellbeing in the early years across a staged developmental trajectory.

Just as ECEC practitioners might provide increasingly demanding and complex physical experiences to develop and extend an infant's physical skills from sitting to crawling to walking, the same scaffolded rationale can be applied in the assessment and planning of targeted wellbeing experiences. Research tells us that in infancy the most important wellbeing focus should centre on the development of secure attachments through warm, loving and nurturing relationships and developing a sense of safety and belonging (DEECD, 2007; Roberts, 2010). Early secure attachment contributes to a long-term range of wellbeing competencies including a love of learning; a sense of oneself; and an ability to regulate emotions (Commonwealth of Australia, 2009; National Scientific Council on the Developing Child, 2011). As this foundation

strengthens, and physical ability increases, the infant's capacity to explore the world beyond the predictability and safety of their known care-givers extends and they start to focus on the world of social relationships (DEEWR, 2009; DEECD, 2009, Roberts, 2010).

As toddlers begin to develop their capacity to play alongside their peers, it is through modelling and cumulative learning experiences that social and emotional wellbeing dispositions are promoted and developed. Young children need to be taught how to develop cooperative peer relations, modelled through activities that demonstrate how to share, keep trying when things are hard, manage impulses and wait their turn (Laevers, 2005; Lally & Mangione, 2006). Strong, loving and nurturing relationships continue to be a high priority as children begin to develop a sense of competency, self-efficacy and positive self-regard.

Emotional complexity continues to develop into the preschool years with an increasing emphasis on the ability to understand, demonstrate and articulate concepts such as tolerance, social responsibility and self-confidence through role play, observation of others and explicit teaching and modelling (Mayr & Ulich, 2009; Laevers, 2005; Ashdown & Bernard, 2012). In a study that looked at predictors for school achievement, more than 20,000 four- and five-year-olds were studied and those experiencing the greatest school success were the children who demonstrated an eagerness to learn, persistence, good organisational skills, and an ability to follow instructions, and were able to self-regulate in order to attend to and make sense of what was going on around them (Rock & Pollack, 2002).

As children interact with and are influenced by their environment and the people in it, the early relationships children develop with the significant adults in their lives directly influence wellbeing. The development of self-confidence, concentration, effective communication of emotions, skills in problem-solving social challenges, and the ability to follow instructions, all extends from how these skills have been progressively modelled, supported and scaffolded by both families and ECEC practitioners (Shonkoff & Phillips, 2000). Importantly, the role of family is central to children's wellbeing, and in relationship to assessment, parents are experts in the strengths, abilities, dispositions and competencies of their own children (Appl, 2000; Bagnato, 2009; Neisworth & Bagnato, 2004).

Principles for assessing wellbeing in practice

Complexity surrounds the assessment of social and emotional wellbeing, even more so when the assessment focus is on the competencies of young children (Barblett & Maloney, 2010). Developmental trajectories in the early years often do not progress in an even and easily measurable way with children making great leaps one week and what looks outwardly to be very little gain the next (Roberts, 2010). This raises the issue of 'observable' behaviour and the reliance of many assessment tools on a physical manifestation of a trait exhibited by a child in order to make an evaluation of their progression (Bartlett & Maloney, 2010). The most prevalent assessment tools currently used in ECEC, where English is the primary language, have been selected for review of components, focus and efficacy of implementation.

While the individual domains and indicators of wellbeing may vary from instrument to instrument, resilience, confidence/self-esteem, and social and emotional competencies or dispositions (for example, self-regulation, prosocial skills) feature consistently across the instruments reviewed, and can therefore be considered as defining features of wellbeing in the early years (Barblett & Maloney, 2010). Attachment and secure early relationships are emphasised across all tools as forming the crucial foundation on which children's wellbeing develops. Connectedness, community and belonging are also viewed as playing a role in building foundations for wellbeing in the early years (AGDHA, 2009; Pollard & Lee, 2003). The majority of instruments approach the assessment of wellbeing from a positive perspective, examining children's strengths and abilities and building on what they can do versus what they cannot (Bernard, 2004; Laevers, 2005; Mayr & Ulich, 2009; South Australia Department of Education and Children's Services, 2008). The summary of the tools reviewed here (provided in Table 1) draws on aspects identified across the research literature, and evident in the outcomes articulated in both the VEYLD and EYLF: attachment; affect; regulation; resilience; flexibility; confidence; peer relations; and prosocial skills.

Many of the tools have been developed with a particular socio-cultural focus in mind, and are later adapted for use with high risk and CALD communities (Priest, MacKean, Davis, Briggs & Waters, 2012). Definitions of typical development and observable behaviour can be subjective and attribute a particular stance; what constitutes risk for one culture may in fact be seen as a prosocial behaviour in another (Bultosky-Shearer, Fernandez & Rainelli, 2013; Williamson, et al., 2014).

Many of the tools identify a checklist of behaviours or an 'optimal' wellbeing developmental inventory; while this type of standardisation is helpful in regards to assessment consistency, ongoing training is required for reliability and validity of scores. Early childhood professionals leading assessments need to have a clear understanding of *what* they are assessing, *where* the assessment takes place, *who* is being assessed, *by whom*, and most importantly, *why* the assessment is being undertaken in the first place (Barblett & Maloney, 2010; Snow & Van Hemel, 2008).

The importance of taking a holistic approach to assessing wellbeing is another recurrent theme across the tools reviewed. We know that a child learns in a variety of ways and may behave differently from situation to situation and context to context. In addition to identifying areas of strength and areas for improvement, it is important that evaluation, review and a planning element are part of any ongoing assessment process (Barblett & Maloney, 2010). Common to almost all the instruments reviewed was the absence of opportunities for children to self-report on their wellbeing. Recognising that there is a subjective, internal element of wellbeing, and that there is research indicating that children as young as three years of age can reliably contribute to discussions about their strengths and challenges (Measelle, Ablow, Cowan & Cowan, 1998), children's voices in the assessment of their wellbeing is noticeably absent from most tools (Mashford-Scott, Church & Tayler, 2012).

In considering the efficacy of each tool in assessing the wellbeing of a particular child or groups of children, early childhood professionals could keep the following principles in mind.

1. Effective assessment needs a clearly defined purpose

In order to provide an informed understanding of children's abilities and experiences of wellbeing, ECEC professionals need to know what they are assessing for what purpose. Having a clear understanding of the indicators of wellbeing progression and each child's developmental trajectory supports early childhood professionals to be specific and explicit in assessment of wellbeing.

2. Effective assessment of wellbeing is based on multiple sources of information

Assessment measures adopting a mixed methods approach, across multiple contexts, administered at different times and by different people, give the most balanced account of a child's wellbeing capacity (Ashdown & Bernard, 2012; Barblett & Maloney, 2010). Wellbeing, as with all aspects of a child's development, is progressive and develops across time and contexts (Australian Government Department of Health and Ageing, 2010; National Scientific Council on the Developing Child, Harvard University, 2011; Mayr & Ulich, 2009). Where existing measures only provide a checklist of observed behaviours, additional descriptive information noted by practitioners proves valuable.

3. Assessment of wellbeing records individual, group and centre evidence

A holistic approach to the assessment and development of wellbeing in ECEC must take account of the learning environment and the wider wellbeing philosophy adopted and promoted at a 'whole of centre' level (Pollard & Lee, 2003; Australian Government Department of Health and Ageing, 2010). Evidence indicates that the best long-term outcomes for children are achieved where wellbeing is high on the agenda for ECEC settings at a whole-of-centre level, and when reflective practice forms part of regular professional development to incorporate wellbeing as part of an ongoing Quality Improvement process (Roberts, 2010; Barblett & Maloney, 2010; Australian Government Department of Health and Ageing, 2010).

4. Assessment of wellbeing includes children's own reports

Children are reliable experts on their own experiences of wellbeing (McAuley, Morgan & Rose, 2010; Measelle, Ablow, Cowan & Cowan, 1998). Strategies that are currently used in early childhood to include children in discussions about their experiences, including what they have learned and what else they would like to know include: drawing; photography; role play; puppets; topic-focused discussions or brainstorming during group or circle time; discussions about feelings, what they feel like (for example, in our bodies), how to describe them and ways to manage them; book reading about a particular topic or issue as a prompt for a discussion; and making time for one-to-one conversations, including asking a child what they *think* about an observation that has been made of their behaviour, feelings, strengths or needs (that is by a practitioner or parent).

5. Assessment of wellbeing includes evidence from parents

Children do not attend services in isolation, rather their experiences across a range of contexts including home, day care or school, and so on, shape their overall wellbeing development. Valuing parental input is not only important in terms of continuity of experiences for children (Knopf & Swick, 2007), but recognises that parents have additional expertise in relation to their children's learning (Alasuutari, 2010; Venninen & Purola, 2013). Parental involvement in assessment ensures that the dispositions and skills of each child accurately reflect competencies and challenges (Williamson et al, 2014).

6. Assessment of wellbeing is an opportunity for multidisciplinary collaboration

In the early years, children and families utilise a range of services including Maternal and Child Health, community play groups, cultural groups, family day care, long day care, general and paediatric health services, preschool, kindergartens, out of school hours care, and early intervention support (VEYLDF, 2009). Developing a shared understanding of what wellbeing looks like in the early years and a common language for how it is described and supported, not only enhances the professional conversations between ECEC professionals but it supports consistency of practice for families and a reassurance that everyone is working together, particularly where there may be areas of concern (EYLF, 2009; Australian Government Department of Health and Ageing, 2010).

Different tools offer different knowledge of children's wellbeing depending on the context or aspect of wellbeing that is under focus. While some tools focus on wellbeing at an *environment or whole room level* (for example, DECS, 2008; Laevers, 2005; Siraj, Kingston & Melhuish, 2015), where the focus is on measuring the overall climate of wellbeing within a given environment, with an aim to improve the environment to promote children's wellbeing; other tools focus on the *individual child level* (for example, Mayr and Ulich, 2009; Devereux Foundation, 1999), whereby individual children are observed and assessed against particular indicators, with an aim to promote the individual child's wellbeing by identifying areas of strength and/or challenge. Similarly, some of the tools reviewed could be categorised as *initiatives* aimed at building ECEC service and community capacity (for example, AGDHA, 2009), and others as explicit education *programs* that are integrated into the curriculum and aimed at building children's skills and capacities for wellbeing (for example, Bernard, 2004).

Table 1: Wellbeing Assessment Tools Summary

Tool	Age Range (years)			Administration			Focus			Attachment	Affect	Regulation	Resilience	Persistence	Flexibility	Confidence	Peer relations	Prosocial skills
	0-3	4-6	6+	Professional	Parent	Child	Individual	Room	Centre									
Reflect, Respect, Relate, DECS (2008)	●	●	●	●				●	●	●	●	●	●	●	●	●	●	●
SICS (ZIKO) Laevers (2005)	●	●	●	●	●		●	●		●	●	●	●	●	●	●	●	●
DECA (1999) Devereux Foundation	●	●	●	●	●		●			●		●	●			●	●	●
PERIK Mayr & Ulich (2009)		●		●			●	●	●	●	●	●	●	●	●	●	●	●
Berkeley Puppet Measelle et al (1998)		●		●	●	●	●			●	●	●	●	●	●	●	●	●
Strengths & Difficulties Goodman (1997)	●	●		●			●				●	●	●			●	●	●
Kids Matter AGDHA (2009)	●	●	●	●	●			●	●	●		●	●				●	●
YCDI Bernard (2004)		●	●	●	●		●	●			●	●	●			●	●	●
PEDs (Centre for Child and Community Health 2001)	●	●	●	●	●		●			●	●	●	●	●	●	●	●	●
SSTEW Siraj, Kingston & Melhuish, 2014	●	●		●				●		●	●	●	●	●		●	●	●

Existing tools for assessment of children's wellbeing

The South Australian Government's Wellbeing Observation Scale from the Reflect Respect Relate resource

Overview

Developed by the Department of Education and Children's Services, South Australia, *The Assessing for Learning and Development in the Early Years Observation Scales, Reflect, Respect, Relate* booklet is intended to be a transformative resource that strengthens ECEC practitioner practice through inquiry and reflection (DECS, 2008a). It is aimed at those working with children birth to eight years across a variety of ECEC settings. It is underpinned by the theoretical frameworks of Winter, (2003), Laevers (1999 & 2000), Vygotsky (1978) Rogers (1983) and Mayr & Ulich (2009).

Instrument description

Four key themes are highlighted throughout the document as critical in shaping high-quality ECEC practice; children's relationships, a supportive learning environment, the level of children's active involvement with the program and the level of wellbeing displayed. Each has a transactional effect on the other and all four themes are inextricably linked (DECS 2008a).

In the Wellbeing Observation Scale, the following three headings and subheadings are highlighted – in the resource these are referred to as *domains* and *signals*, (DECS, 2008a, p.71).

1. Happiness and satisfaction (confidence, self-esteem, vitality, sense of humour, enjoyment, ability to rest and relax)
2. Social Functioning (social initiative, assertiveness, coping, flexibility, positive attitude towards warmth and closeness)
3. Dispositions (openness and receptivity/ pleasure in exploring, pleasure in sensory experiences, persistence/robustness)

The resource pack contains a wide range of supporting documents and a comprehensive set of professional development tools designed to promote the inquiry process and deep reflective practice. It includes the following; introduction CD, Laevers' keynote address; educator interviews; one-hour filmed curriculum quality presentation (Dr Pam Winter); scaling and scoring examples and detailed explanatory notes; further reading; research signposting; learning theories overview;

cross referencing with UNCRC; ECA Code of Ethics; DECS Quality Compass; SASCA Framework and the NCAC QIAS.

Discussion

The Wellbeing Observation Scale (Reflect, Respect, Relate) is comprehensive and requires a 'whole of setting' commitment to truly enact all aspects. There is no requirement to start at the beginning and work through; rather, the guidance suggests that early childhood professionals can use the resource to begin focusing on any of the four areas, and in any order. The supporting material is extensive and cross-referenced with a range of other contemporary ECEC frameworks and documents. The resource has at its core, reflective practice, respect for families, communities, children and educators and the importance of the development of supportive relationship (both children and educators alike). The language describing how these themes can be enacted is familiar and consistent with current international research and best practice (Bernard, 2012; Australian Government Department of Health and Ageing, 2010; Carr & Claxton, 2009; DEECD, 2009; DEEWR, 2009). The observation scales are detailed and designed to assess the overall quality and levels of involvement and wellbeing of children in ECEC settings, rather than as an assessment of individual children or the capacity of the educator. The resource provides a wide range of tools in support of educators' inquiry-based journey, however significant and ongoing commitment would be required from settings to ensure continuous quality improvement is achieved on an ongoing basis.

Ferre Laevers' SICS (ZIKO) instrument: Well-being and Involvement in Care: A Process-oriented Self-evaluation Instrument for Care Settings

Overview

Commissioned by the Belgium Child and Family Agency and developed in 2005 by Ferre Laevers and his team at the Research Centre for Experiential Education at Leuven University, this instrument was developed to assist early childhood educators improve the quality of care provision from birth to 12 years (Laevers, 2005). Two indicators are central to the theme of this instrument: *wellbeing* (how the child feels about their early childhood experience) and *involvement* (how deeply the child engages in the activities that are offered).

Instrument description

There are six wellbeing descriptors: *enjoyment; relaxation and inner piece; vitality; openness; self-confidence and how in-touch a child is with themselves* (emotional regulation). The instrument describes children who have a high levels of wellbeing as the children who ‘feel great and enjoy life to the full’ (Laevers, 2005, p. 8).

There are five involvement descriptors: motivation; intensity of mental activity; satisfaction; exploratory drive; at the limits of capability. High levels of involvement are described as being observed when children are engrossed in what they are doing. Perseverance is described as key.

The assessment comprises a three-step process:

1. Direct assessment of children’s levels of wellbeing and involvement.
2. Analysis of the observations
3. Reflective discussion and action-planning for improvements

Discussion

An independent observer, generally the setting leader rather than the person who has regular contact with the children undertakes the assessments. This is thought to reduce observer bias and generate an open dialogue about what is working and what might need improvement, particularly in relation to the environment set-up, how rich the learning activities offered are, and the degree to which the children feel a sense of being at home in the surroundings. It also situates the need for improvement not just as an intra-child observation, but rather it considers the child in a transactional context; that is, specifically identifying the environment, the child’s social/family background and any circumstances that they may be experiencing at that time as key considerations in how high an individual child’s wellbeing and involvement scores are/will be. The observation and assessment guidance strongly places the role of augmenting a child’s wellbeing and involvement firmly with the educator, including the ability to take the child’s perspective when analysing their own practice. It places responsibility with the educator to view any challenges the child may be experiencing, not as a deficit within that child, but rather as a situational response to what learning opportunities are being offered.

The instrument talks about the importance of children having a strong sense of belonging and a sense of security and connectedness, themes central to both the EYLF, (DEEWR, 2009) and the VEYLDF (DEECD, 2009). Additionally, the instrument is underpinned by the notion that when the learning environment is well structured, adults engage and relate responsively with the children in their care, and children take an active role in this process, such that deep levels of learning occur; a concept central to all aspects of successful learning and

development (OECD, 2009; National Scientific Council on the Developing Child, 2007; DEECD, 2009).

The Devereux Early Childhood Assessment for Infants (DECA-I), Toddlers (DECA-T), and Preschoolers (DECA-P2)

Overview

The Devereux Foundation first developed this strengths-based screening and prevention tool in 1999. Resilience and attachment are positioned as the central constructs that promote social/emotional wellbeing. It is based on promoting the protective factors and positive behaviours associated with wellbeing. The tool is widely used in the early childhood community, particularly across the USA (Bultosky-Shearer, Fernandez & Rainelli, 2013). The original tool focused on the preschool age range, with tools for toddlers and infants later adapted (Devereux Foundation, 2007). The Devereux philosophy is underpinned by six principles:

1. Children who are happy and have social and emotional wellbeing are more likely to be academically successful.
2. Young children’s wellbeing is strongly influenced by the wellbeing of the adults who care for them.
3. Building on a child’s strengths rather than applying a deficit-based model often reduces developmental and behaviour concerns.
4. Families and professionals working together results in more positive outcomes for children.
5. Collaboration across the fields of early childhood optimises positive wellbeing outcomes.
6. Reliable data drives decision making in promoting social and emotional development.

Instrument Description

The tool focuses on range of discreet observable behaviours associated with positive wellbeing (for example, infant’s ability to use independent thought and action to meet his or her needs). The infant resource has four scoring profiles (one to three months; three to six months; six to nine months; nine to 18 months). The toddler resource has one scoring profile: 18 to 36 months. There are 33 items in the infant checklist with ‘initiative’ and ‘attachment/relationship’ statements making up the core elements, and 36 items contained in the toddler checklist with self-regulation statements appearing as the additional items. The preschool tool is slightly different, and includes 37 items that are designed to assess 27 positive behaviours (constitutes the protective factors subscale with descriptors such as, ‘does things for himself’, ‘shows affection to adults’) and 10 ‘problematic’ behaviours (i.e. the behavioural concerns subscale such as, ‘easily upset’, ‘difficulty concentrating’).

Discussion

The DECA instruments are widely used across the early childhood field, by a range of professionals. The survey takes between 10 and 15 minutes to administer and requires minimal training to implement. The survey is usually completed by an adult who knows the child best (for example, parent, carer, or teacher). To establish the most accurate picture, the scores are based on the preceding four weeks of behaviour. The results are then plotted on a normative scale to give an indication of where a given child might fall within a behavioural range for that typical age/developmental range. The instruments are accompanied by a range of online resources and professional development tools available to both parents and early childhood professionals, outlining activities, strategies and ideas that can help to enhance social and emotional wellbeing in children. Although the tool is widely applied – and provides a useful common language for engaging in difficult conversations about developmental concerns – caution needs to be exercised around the validity of using the normative based tools such as the DECA for high-risk or culturally and linguistically diverse groups (Bultosky-Shearer, Fernandez & Rainelli, 2013).

Mayr and Ulich's PERIK instrument

Overview

In response to a perceived lack of empirically sound research in the area of children's wellbeing, Toni Mayr and Michaela Ulrich developed an empirically informed tool to observe and assess the wellbeing of children in early childhood settings: Positive Entwicklung und Resilienz im Kindergartenalltag (PERIK; Positive development and resilience in kindergarten).

Instrument Description

Six dimensions of social-emotional wellbeing are identified by Mayr and Ulich:

1. Making contact/social performance
2. Self-control/thoughtfulness
3. Self-assertiveness
4. Emotional stability/coping with stress
5. Task orientation
6. Pleasure in exploration

Each scale has a further six item-descriptions under each heading giving observable examples of each of the dimensions. The dimensions cover emotions, social process and interactions and can be used both quantitatively (using the summary scores to measuring individual children's capacity systematically with other children of similar age/gender), or qualitatively (to develop learning environments that support the development of

social-emotional wellbeing based on the dimensions outlined).

In addition to the dimensions identified there is a booklet containing practical suggestions and examples of how early childhood educators can support and reinforce the dimensions, ranging from individual activities to more comprehensive structuring of learning environments.

Discussion

The PERIK scale provides an easy-to-use positive approach to the assessment of wellbeing in young children. The language and terminology is familiar and consistent with contemporary definitions of the characteristics of what wellbeing looks like (Laevers, 2005; Bernard, 2004), and the dimensions and items are practical and readily observed in everyday ECEC settings. It is quick to administer and requires minimal professional development to apply. The validity of the tool is measured against a wide range of other empirical examples and seeks to provide a commonality across health, education and psychological domains (Mayr & Ulich, 2009). The cross-referencing with other empirical evidence in regards to successful indicators required for school readiness, or the role resilience plays and the importance of relationships in prosocial development, ensures this tool is grounded in theory and builds on other significant bodies of work already undertaken in children's wellbeing (Laevers, 2005; Pianta, 2001; Shonkoff & Philips, 2000).

Berkeley Puppet Interview for 4–8-year-olds

Overview

A semi-structured interview measure with young children (four to eight years) focusing on their perceptions of: family environment; school context; relationships with their teacher; social skills and their overall behaviour. It was developed based on evidence that children's self-perceptions can play an important role in shaping behaviour, and the distinct lack of other appropriate measures to elicit young children's self-perceptions (Measelle, Ablow, Cowan & Cowan, 1998).

Instrument Description

The interview is conducted with two dog-puppets, Ziggy and Iggy. Each item has two opposing statements; one said by Iggy, the other by Ziggy, such as 'I tease other children' or 'I don't tease other children'. Children are then asked to indicate which of the two statements is most like them. There are six scales with a range of statements in each:

1. Academic competence (6 statements)
2. Achievement/motivation (7 statements)
3. Social competence (5 statements)

4. Acceptance by peers (8 statement)
5. Depression/anxiety (10 statements)
6. Aggression/hostility (5 statements)

Discussion

In the original study the children involved demonstrated a high level of correlation between their own perception of self across the subject areas and those of their teachers and parents (Measelle, Ablow, Cowan & Cowan, 1998) indicating that children's self-reporting of their own capacity can be reliably elicited. Furthermore, children identified as experiencing difficulties by their parents and teachers were the children who identified themselves as having challenges in the Berkley puppet interview. Similarly, children who identified themselves with the more positive statements tended to be the children rated positively by parents and teachers. Essentially, children have a reliable self-perception of their strengths and areas for improvement. Training requirements for the Berkley Puppet Interview reportedly takes between two and five days, and requires detailed instruction and video feedback to ensure the integrity of the process is upheld and scoring validity is maintained. The interview itself is comprehensive and takes place in a clinical setting or in the child's home over a number of weeks, systematically going through each of the stages at the child's pace. The sessions generally have a warm-up activity and a fun activity after the interview so a minimum of 60 minutes is usually required. Children do not have to respond verbally, choosing to point at the appropriate puppet if they choose, making it a useful tool to elicit views from children from a range of cultural, linguistic and developmental backgrounds.

Strengths and Difficulties Questionnaire (SDQ)

Overview

The Strengths and Difficulties Questionnaire (SDQ) was developed in 1997 by Robert Goodman as a behavioural screening tool for emotional and behavioural problems in children aged four to 16 years. In recent years an Early Years Strengths and Difficulties Questionnaire has been developed for use with two- to four-year-olds. The Strengths and Difficulties Questionnaire comprises a brief list of questions with several versions available depending on the clinical/educational/research need.

Instrument Description

All versions have 25 attributes divided across five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. The tool looks at 'externalising' and 'internalising' behaviours and generates the responses

into parent impact scores (difficulties upset or distress child; interfere with home life; interfere with friendships; interfere with learning; interfere with leisure activities) and teacher impact scores (difficulties upset or distress child; interfere with peer relations; interfere with learning). There are follow-up surveys that review behaviour after a one-month time span (initial version takes a six-month review).

Discussion

The SDQ is described as cost effective, easy to administer and has strong validity and evidence base (Curvis, McNulty & Qualter, 2014). It is widely used in most Australian states, particularly for children accessing mental health services (National Mental Health Plan, 2003). The tool is primarily used for clinical assessment and screening of children at risk of developing behaviours requiring additional intervention. As there are both parent and teacher questionnaires, the SDQ provides the opportunity to begin an open dialogue about what might be difficult and sensitive reports of atypical development. Traditionally the self-reporting element was designed for children 11 years and older, however a number of studies have looked at the reliability of self-reporting using the SDQ with children as young as six, with promising results (Curvis, McNulty & Qualter, 2014). A number of studies have looked at the validity of the SDQ for culturally and linguistically diverse populations and have found the correlation to be sound (Syed, Hussein, Azam & Khan, 2009). However, in a recent study by Williamson et al (2014), there was dissonance between items in the peer relationship subscale and what was perceived as acceptable by Aboriginal parents and teachers in urban NSW. Things such as 'playing by oneself' or 'getting along better with adults than children' were not considered risk factors in Aboriginal communities but were deemed so in the SDQ (Williamson, et al., 2014). The tool indicates where a child's strengths and areas for improvement are, but does not identify next step or strategies for supporting children's development.

KidsMatter Early Childhood Initiative

Overview

The KidsMatter Initiative was developed as a National Health Promotion program to support mental health and wellbeing across ECEC and school settings. It is a partnership between the Department of Health and Ageing, Beyond Blue, the Australian Psychological Society and Early Childhood Australia, and is based on the philosophy of positive psychology. There is an explicit birth to five years focus (The Early Childhood Initiative, 2012) as well as a wider relevance for school age children (KidsMatter Primary, 2012). It is a comprehensive tool to strengthen ECEC practitioners' skills in supporting positive mental health and wellbeing across the early years.

Instrument Description

Using a risk and protective factor framework, the KidsMatter Program has four overarching components:

1. Creating a sense of community within ECEC services (belonging, inclusion, relationships).
2. Developing children's social and emotional skills (peer and adult relations).
3. Working with parents and carers (collaborative partnerships).
4. Helping children who are experiencing mental health difficulties.

There are extensive resources available both online and as hard copies for ECEC services committed to implementing the initiative including: PDF workbooks linking the initiative directly to the EYLF outcomes; flowcharts and self-assessment tools that link directly to the National Quality Standards; an interactive website; downloadable posters; an interactive app; online professional learning tools; access to state and territory KidsMatter ECEC facilitators; resources for families; suggested activities for promoting mental health and wellbeing in ECEC settings; practice principles and literature reviews; professional learning guides on supporting children and families with mental health issues; professional guides to identify children experience mental health issues and ways to build resilience in support; signposting and guides to link ECEC services into early intervention and tertiary support services where appropriate.

Discussion

There are extensive online resources in support of the initiative as well as access to KidsMatter state and territory facilitators to assist in the implementation of the program. The focus is less on the wellbeing of the individual child and more about building ECEC service and community capacity in response to mental health and wellbeing. The focus is on supporting practitioners to develop their skills in supporting the development of social and emotional wellbeing across ECEC. There is specific focus on connectedness, resilience, emotional literacy and community capacity. The Initiative is underwritten by the COAG National Action Plan on Mental Health (COAG, 2006). It details the protective and risk factors involved in promoting positive mental health, and the important role ECEC settings play in supporting children's mental health and wellbeing (Australian Government Department of Health and Ageing, 2010).

Michael Bernard's You Can Do It! Program

Overview

The central theme of this program is that social and emotional dispositions can be taught through explicit curriculum-based activities.

Instrument Description

Bernard identifies five social and emotional foundations that underpin social and emotional competence:

1. Getting along
2. Organisation
3. Persistence
4. Confidence
5. Resilience

The program is also informed by 12 'habits of mind' (attitudes or ways of thinking that directly influence the way young people respond to a situation):

1. Social responsibility
2. Playing by the rules
3. Thinking first
4. Being tolerant of others
5. Planning my time
6. Setting goals
7. Working tough
8. Giving effort
9. I can do it
10. Being independent
11. Taking risks
12. Accepting myself

There are four discreet elements of the YCDI program: curriculum of activities; classroom practices; parent education session; and a rubric for surveying competencies. Five puppets represent the five social and emotional foundations, and a poster set is provided to illustrate the typical thinking and behaviour that accompanies each (for example, positive self-talk). The posters have a teacher script and reinforcement statements for children to repeat and verbalise. There are also six YCDI songs that children learn. There are explicit lesson plans that guide teachers through each objective.

Discussion

Bernard's notion of the key learning dispositions required for successful social and emotional development is mirrored across a number of other publications and frameworks (Bertram and Pascal, 2002; DEECD, 2009; DEEWR, 2009). The YCDI program has been rolled out across more than 2500 early childhood settings since 2004, in a range of different countries including Australia, Vietnam and Singapore (Bernard, 2012). Another central feature of the program is that social and emotional learning dispositions need both formal and informal instruction in the early years. This teaching and learning needs to be led by educators who have a broad understanding of what the dispositions for learning

are and how to teach them, reinforce them and model them in their own interactions with children and those around them (Ashdown & Bernard, 2012; Barblett & Maloney, 2010; Mayr & Ulich, 2009). The professional development support in implementing the YCDI program is comprehensive and directive with a wide range of practical and activity-based learning examples.

Parents' Evaluation of Developmental Status (PEDS)

Overview

The Parents' Evaluation of Developmental Status (PEDS) was originally developed by Frances Glascoe in the USA as a tool for providing development and behavioural screening. It is designed to help early detection of developmental delays and thereby to promote early intervention. The PEDS is one of the primary parental engagement tools used by Community Mental Health Nurses to elicit and respond to parental concerns about their child's development.

Instrument Description

The PEDs response form comprises 10-item questionnaire, a score form and an interpretation form. The questions cover developmental, cognitive and behavioural statements and require parents to respond with either 'no', 'yes' or 'a little'. The same questions are asked of parents at regular intervals throughout their child's development trajectory to build up a sense of how the child is progressing, to document and parental reports of where the child is progressing well and where the child might need some assistance.

Discussion

In addition to its use across Community Maternal Health nursing, the PEDS tool is often used across childcare, preschool, kindergartens, schools, and by pediatricians and (medical) general practitioners. PEDS aims to consider the child's development within a socio-cultural context. Systematic and regular input from families is thought to provide an open and ongoing dialogue about a child's development as reported by parents. Training in the PEDS tool is widely available, reasonably priced and the questionnaire is straightforward in its administration. The tool does not allow for specificity in relation to wellbeing, with only a general question relating to how the child gets along with others. It is used across a variety of disciplines including health and education, and provides a common language through which to initiate communication and build rapport (Armstrong & Goldfeld, 2008).

Assessing Quality in Early Childhood Education and Care: The Sustained Shared Thinking and Emotional Wellbeing (SSTEWS) Scale for 2–5-year-olds

Overview

The Sustained Shared Thinking and Emotional Wellbeing Scale (SSTEWS) evaluates pedagogical practice that supports children aged from two to five years develop skills in sustained shared thinking and emotional wellbeing. It has its roots in the Vygotskian concept of the zone of proximal development and scaffolding children's learning and development in a progressive and consistent way (Siraj-Blatchford, 2009). The emphasis is on the need to balance the care and emotional development of young children with the extension and support of cognitive and linguistic skills. It has been developed as a tool for educational research, practitioner self-evaluation and service improvement, auditing and/or regulatory purposes. The tool originates from findings from a longitudinal study (Sylva, Siraj-Blatchford & Taggart, 2010) that shows the highest performing early childhood settings with the best outcomes for children were those settings that supported and enhanced children's developmental outcomes through high-quality interactions and sustained shared thinking,

Instrument Description

The scale is designed to examine the learning environment and the quality of practitioner engagement, and assessment is of practices in the room (i.e. staff do x) rather than of children themselves. The scale is designed to be used for settings and practitioners supporting children between the age of two and five years and focuses on sustained shared thinking, strong relationships, effective communication and the development of self-regulation.

There are two developmental domains in the SSTEWS scale:

1. Social and emotional development
2. Cognitive development (language and communication development)

These are then divided into a further set of subscales as follows.

Social and Emotional Development

- Building trust, confidence and independence
- Social and emotional wellbeing
- Cognitive development
- Supporting and extending language and communication
- Supporting learning and critical thinking
- Assessing learning and language

The scale ranges from 1 to 7 with 1 as inadequate and 7 as excellent.

There are detailed examples of observable behaviour for each of the subscale categories in addition to practice examples and supplementary questions if certain key behaviours have not been observed during the allotted time. For example, if no conflict is observed then there are guiding questions the assessor can ask the ECEC practitioner such as ‘what is your usual approach when children get into an argument’ for further information.

Discussion

The SSTEW emphasises the link between social emotional wellbeing and cognitive capacity, and stresses the importance of supporting the development of both simultaneously. There is a specific subscale, which outlines the observable practice required to support social and emotional wellbeing. The relationship between practitioner and child, and between one child and another, is stressed, as is practitioner skill in empathic interactions, positive engagement, the ability to model positive behaviour and conflict resolution to children, and consistency of approach. Emotional availability is also described as a key attribute observed in skilled practitioner engagement. The tool also stresses the need for explicit teaching in regard to scaffolding young children’s emerging capacity. The approach is strengths-based and positive in orientation with the emphasis on assisting children to develop strategies to manage conflict and discomfort.

The tool provides a subscale summary as an appendix to the document as well as additional reading on contemporary child development theory. There are examples of specific conflict resolution models for practitioners to refer to and a table outlining the key developmental trajectory in regard to emotional expression/capacity adapted from the work of Keenan and Evans (2009). There are also six more tables provided for reference, outlining the trajectory of development across key learning areas including: developmental progression of attention (Cooper, Moodley & Reynell, 1978); a language development trajectory (Weitzman & Greenberg, 2002) and a further three tables describing the progression of socio-dramatic, play skill progression and categories of play (Wood & Attfield, 2005; Parten, 1932). The tool requires specific training in order to use it effectively and stresses the importance of the need for practitioners to develop a highly developed knowledge and understanding of child development across the birth-to-five-year range in order to be able to accurately assess behaviour, and how to build on skills and extend children’s emerging capacities.

Summary

This review of the research literature and accompanying critique of the prominent wellbeing assessment tools used in early childhood education and care (ECEC), has identified key components of children’s wellbeing: attachment; positive affect; regulation; resilience; flexibility; confidence; peer relations; and prosocial skills. This report has also identified key principles for early childhood professionals to keep in mind when documenting the development of children’s wellbeing, including the following:

1. Effective assessment needs a clearly defined purpose.
2. Effective assessment of wellbeing is based on multiple sources of information.
3. Assessment of wellbeing includes individual, group and centre evidence.
4. Assessment of wellbeing includes children’s own reports.
5. Assessment of wellbeing includes evidence from parents.
6. Assessment of wellbeing is an opportunity for multidisciplinary collaboration.

This report provides a platform for early childhood professionals to consider their assessment of wellbeing practice, providing a common lens, language and knowledge base with which to promote reflections about and planning for the assessment of children’s wellbeing. For assessment to be meaningful and useful, it is important that the purpose and approach to assessment is clear – the *what*, *why* and *how*. By drawing on multiple methods and sources of information – including the individual child, whole group and centre level, *and* the inclusion of children and parents’ reports and knowledge, a more authentic understanding of wellbeing can be gained. The concept of wellbeing is complex and multidimensional; children’s wellbeing is emergent and develops cumulatively across time and contexts. Multidisciplinary collaboration, including a shared understanding and language for professionals to discuss children’s wellbeing, maximises the potential for important information and insights to be shared and layered, enabling an informed and responsive assessment of children’s wellbeing.

References

- Alasuutari, M (2010) 'Striving at partnership: parent-practitioner relationships in Finnish early educators' talk, *European Early Childhood Education Research*, 18 (2), 149–161.
- Appl, DJ (2000) 'Clarifying the preschool assessment process: Traditional practices and alternative approaches', *Early Childhood Education Journal*, 27(4), 219–225.
- Armstrong, MF & Goldfeld, S (2008), 'Systems of early detection in Australian communities: The use of a developmental concern questionnaire to link services', *The Australian Journal of Advanced Nursing*, Vol. 25 No. 3, pp. 36–42.
- Ashdown, DM & Bernard, ME (2012) 'Can Explicit Instruction in Social and Emotional Learning Skills Benefit the Social-Emotional Development, Well-being, and Academic Achievement of Young Children?' *Early Childhood Education Journal*, 39, 397–405.
- Australian Government Treasury (2004) *Australia's Demographic Challenges*. Canberra.
- Australian Government Department of Health and Ageing (2010) *Kids Matter: Australian Early Childhood Mental Health Initiative*, Canberra: Commonwealth of Australia.
- Bagnato, SJ (2007) *Authentic assessment for early childhood intervention: Best practices*. New York, NY: Guilford.
- Barblett, L & Maloney, C (2010) 'Complexities of assessing social and emotional competence and wellbeing in young children', *Australasian Journal of Early Childhood*, 35(2), 13–18.
- Bayless, S (2007) 'Executive Functions in school-age children born very prematurely', *Early Human Development*, 83, 247–254.
- Bernard, M E (2004) *The You Can Do It! early childhood education program: Developing social-emotional-motivational competencies (4-6 year olds)*, Oakleigh, Victoria, Australia: Australian Scholarships Group.
- Bernard, ME (2012) *A You Can Do It! Education Report; The Importance of Social and Emotional Learning Dispositions to the Achievement and Well-Being of Young Children*. Melbourne, Australia: The University of Melbourne.
- Bernard, M, Magnum, N & Urbach, D (2009) *Wellbeing Survey (Teacher Form – Early Years) (2nd Edition)*. Melbourne, Australia: Australian Council for Educational Research.
- Bjorkland, DF (1995) *Children's thinking: Developmental function and individual differences 2nd edn*, Pacific Grove, CA: Brookes/Cole.
- Blakemore, S-J & Frith, U (2005) *The learning brain; lessons for education*, Carlton: Blackwell Publishing.
- Broadhead, P, Howard, J and Wood, E (Eds.) (2010) *Play and Learning in the Early Years*, London: Sage
- Bultosky-Shearer, RJ, Fernandez, VA & Rainelli, S (2013) 'The validity of the Devereux Early Childhood Assessment for culturally and linguistically diverse Head Start children', *Early Childhood Research Quarterly*, 28, 794–807.
- Cadwell, LB & Fyfe, B (1997) 'Conversations with children', in J Hendrick, *First steps towards teaching the Reggio Way*. Upper Saddle River, NJ: Prentice Hall.
- Carr, M (2001) *Assessment in early childhood settings: Learning stories, effective early learning*, London: Paul Chapman Publishing.
- Carr, M & Claxton, G (2009) 'A framework for teaching learning: The dynamics of disposition', *Assessment in Education*, 9, 9–37.
- Commonwealth of Australia (2009) *Belonging, Being and Becoming: An Early years learning framework for Australia*. Commonwealth of Australia.
- Curvis, W, McNulty, S & Qualter, P (2014) 'The validation of the self-report Strengths and Difficulties Questionnaire for use by 6 to 10-year-old children in the UK', *The British Psychological Society*, 53, 131–137.
- Davis, E, Priest, N, Davies, B, Sims, M, Harrison, M & Herman, H (2010a) 'Promoting children's social and emotional wellbeing in childcare centres within low socioeconomic areas: strategies, facilitators and challenges', *Australasian Journal of Early Childhood*, 35, 77–86.
- Deci, EL & Ryan, RM (2008) 'Hedonia, eudaimonia, and well-being: an introduction', *Journal of Happiness Studies*, 9, 1–11.
- Edwards, C, Gandini, L & Forman, G (2001) 'The Hundred Languages of Children – The Reggio Emilia Approach to Early Childhood Education.', in L Abbot & C Nutbrown, *Experiencing Reggio Emilia; implications for pre-school provision* (pp. 1–7). Buckingham: Open University Press.
- Enz, BJ & Morrow, LM (2009) *Assessing pre-school literacy development; Informal and Formal Measures to Guide Instruction*, NJ, International Reading Association.
- Gandini, L (1993) 'Educational and caring spaces', in C Edwards, L Gandini & G Foreman, *The Hundred Languages of Children—The Reggio Emilia Approach to Early Childhood Education*. Norwood: Ablex.
- Gresham, FM & Elliott, SN (1990) *The Social Skills Rating Scale, Preschool*, Circle Pines, MN: American Guidance Services Inc.
- Hamre, BK, Pianta, RC, Mashburn, RJ & Downer, JT (2009) *Building a science of classrooms; Application of the CLASS framework in over 4000 U.S. Early Childhood and Elementary*, Virginia: University of Virginia.
- Harms, T, Clifford, RM & Cryer, D (2005) *Early Childhood Environment Rating Scale-Revised Edition (ECERS-R)*, New York: Teachers College Press.
- Harms, T, Clifford, RM & Cryer, D (2003) *Infant/Toddler Environment Rating Scale (ITERS-R)*, New York: Teachers College Press.
- Hart, R (1992) *Children's participation from tokenism to citizenship*, Florence: UNICEF Innocenti Research Centre. Retrieved April 10, 2009, from the free child project: <http://www.freechild.org/ladder.htm>.
- Howes, C, Burchinal, M, Pianta, R, Bryant, D, Early, D, Clifford, R et al. (2008). Ready to learn? Children's pre-academic achievement in pre-Kindergarten programs. *Early Childhood Research Quarterly*, 23, 27–50.
- Joseph, GG & Strain, PS (2003) 'Comprehensive, evidence-based social-emotional curricula for young children: An analysis of efficacious adoption potential', *Topics in Early Childhood Special Education*, 23, 65–76.
- Keenan, T and Evans, S (2009) *An Introduction to Child Development (2nd Edn)*, London: Sage.
- Kingston and Siraj (forthcoming) *Developing sustained shared thinking and emotional wellbeing (SSTEW) in early childhood education and care*, London: Trentham Books and Institute of Education Press, University of London.
- Knopf, HT & Swick, KJ (2007) 'How parents feel about their child's Teacher/School: Implications for early childhood professionals' *Early Childhood Education Journal*, 34(4), 291–296.
- Laevers, F (2005) *SICs; Well-Being and Involvement in Care A Process-Oriented Self-Evaluation Instrument for Care Settings*. Retrieved from <http://www.kindengezin.be/img/sics-ziko-manual.pdf>.
- Lillemyr, OF, Søbstad, F, Marder, K & Flowerday, T (2010) 'Indigenous and non-Indigenous primary school students' attitudes on play, humour, learning and self-concepts a comparative study', *European Early Childhood Education Research Journal*, 18, 243–267.

- MacNaughton, G, Hughes, P & Smith, K (2008) *Young children as active citizens: Principles, policies and pedagogues*, Newcastle: Cambridge Scholars Publishing.
- Malaguzzi, L (1993) 'History, ideas and basic philosophy' in C Edwards, L Gandini & G Formans(eds), *The Hundred Languages of Children: the Reggio Emilia Approach to Early Childhood Education* (pp. 19–37). Norwood, N.J.: Ablex.
- Margetts, K (2003) 'Children bring more to school than their backpacks: Starting school downunder', *Journal of European Early Childhood Education Research Monograph*, 1, 124–147.
- Mashford-Scott, A, Church, A & Tayler, C (2012) 'Seeking children's perspectives on their wellbeing in early childhood settings', *International Journal of Early Childhood*, 44, 231–247.
- Mayr, T & Ulich, M (2009) 'Social-emotional well being and resilience of children in early childhood settings', *Early Years*, 45–57.
- McCallum, F & Price, D (2010), 'Well Teachers, well students', *Journal of Student Wellbeing*, 4,19–34.
- McCauley, C, Morgan, R & Rose, W (2010) 'Children's views on child wellbeing', in C McAuley & W Rose (eds.) *Child wellbeing: Understanding children's lives*, London: Jessica Kingsley Publishers.
- Measelle, JR, Ablow, JC, Cowan, PA & Cowan, CP (1998) 'Assessing Young Children's Views of Their Academic, Social, and Emotional Lives: An Evaluation of the Self-Perception Scales of the Berkeley Puppet Interview', *Child Development*, 69, 1556–1576.
- Melbourne, RC (2005) Australian Early Developmental Index. retrieved 12th September 2009 from http://www.rch.org.au/australianedi/index/cfm?doc_1d=6210.
- Mindes, G (2003) 'A comprehensive assessment system for birth through age 8', in *Assessing Young Children* (Chapter 1), Columbus, Ohio: Merrill.
- Nadeem, E, Maslak, K, Chacko, A & Hoagwood, KE (2010) 'Aligning Research and Policy on Social-Emotional and Academic Competence for Young Children', *Early Education & Development*, 21, 765–779.
- National Scientific Council on the Developing Child (2007) *A science-based framework for Early Childhood policy*, Retrieved February 16, 2009, from Centre on the Developing Child, Harvard University: <http://www.developingchild.net>.
- Neisworth, J. T. & Bagnato, S. J. (2004) 'The mis-measure of young children: The authentic assessment alternative', *Infants & Young Children*, 17, 198–212.
- Nelson, G, Westhues, A & MacLeod, J (2003) 'A meta-analysis of longitudinal research on preschool prevention programs for children', *Prevention & Treatment*, 6, 1–35.
- OECD (2007) *Understanding the Brain; the Birth of a learning Science*. OECD.
- Parten, M (1932) 'Social Participation among pre-school children', *Journal of Abnormal and Social Psychology*, 27, 243–269.
- Pianta, RC & Hamre, BK (2005) 'Can instructional and emotional support in the first-grade classroom make a difference for children at risk of school failure', *Child Development*, 76, 949–967.
- Pollard, E & Davidson, L (2001) 'Foundations of child well-being', *Action Research in Family and Early Childhood Monograph Series*. Paris: UNESCO.
- Pollard, EL & Lee, PD (2003) 'Child Well-Being: A systematic review of the literature', *Social Indicators Research*, 61, 59–78.
- Priest, N, MacKean, T, Davis, E, Briggs, L & Waters, E (2012) 'Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework', *Health Sociology Review*, 21, 180–195.
- Raban, B, Nolan, A, Waniganayake, M, Ure, C, Brown, R & Deans, J (2007) *Building Capacity Strategic professional development for early childhood practitioners*, Melbourne: Thomson Social Science Press.
- Riley, D, Carns, M, Ramminger, A, Klinsker, J & Sisco, C (2009) *Intellectual Development Connecting science and practice in early childhood settings*, USA: Redleaf Press.
- Rinaldi, C (1999) Observation & Documentation, in L Abbott & C Nutbrown, *Experiencing Reggio Emilia; implications for pre-school provision* (pp. 25–29), Buckingham: Open University Press.
- Siraj-Blatchford, I (2009) 'Conceptualising progression in the pedagogy of play and sustained shared thinking in early childhood education: a Vygotskian perspective', *Educational and Child Psychology* 26, 77–89.
- Siraj, I & Asani, R (2015) 'The role of sustained shared thinking, play and metacognition in young children's learning', in S Robson & S Quayinn (eds.) *The Routledge international handbook of young children's thinking and understanding*, London: Routledge.
- Siraj-Blatchford, I, Sylva, K, Muttock, S, Gilden, R and Bell, D (2002), *Researching Effective Pedagogy in the Early Years (REPEY)*: DfES Research Report 356. London: DfES, HMSO.
- Siraj-Blatchford, I, Sammonds, P, Taggart, B, Sylva, K, Melushi, E, Manni, L & Barreau, S (2004) *Effective Provision of Pre-School Education*, London: DfES.
- Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I & Taggart, B (2004) *Effective pre-school provision* (London, DfES Publications).
- Snow, CE and Van Hemel, S (2008) *Early childhood assessment: Why, what, how*. National Research Council: Washington, DC.
- South Australia Department of Education and Children's Services (2008) *Assessing for Learning and Development in the Early Years using Observation Scales: Reflect Respect Relate*, South Australia : DECS Publishing, Education Development Centre.
- Sylva, K, Siraj-Blatchford, I & Taggart, B (2003) *Assessing quality in the Early Years, Early Childhood environment rating scale Extension*, London: Trentham Books Limited.
- Tayler, C, Ure, C, Brown, R, Deans, J & Cronin, B (2008) *Victorian Early Years Learning and Development framework and the Victorian Essential Learning Standards. Draft discussion paper*, Melbourne: The University of Melbourne.
- UNCRC (1989) *Convention on the Rights of the child*, retrieved February 6, 2009, from <http://www.unhcr.ch/html/menu3/b/k2crc.htm>.
- UNCRC (2006) *Implementing Child Rights in Early Childhood, General comment No 7*, retrieved February 6, 2009 from <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf>.
- Ursache, A, Blair, C & Cybele Raver, C (2011) 'The promotion of self-regulation as a means of enhancing school readiness and early achievement in children at risk for school failure', *Child Development Perspectives*, 5, 1–7.
- Venninen T & Purola K (2013) 'Educators' views on parents' participation on three different identified levels', *Journal of Early Childhood Education Research*. 2(1):48–62.
- Victorian Curriculum and Assessment Authority. (2000) *Victorian Essential Learning Standards*. Victoria: Victorian Curriculum and Assessment Authority.
- Walsh, D (2005) 'Developmental theory and early childhood education: necessary but not sufficient' in Yelland, N (Ed) *Critical Issues in Early Childhood Education*, Maidenhead: The Open University Press.
- Weitzman, E & Greenberg, J.(2002) *Learning language and loving it*, Toronto: Hanen Centre
- Williamson, A, McElduff, P, Dadds, M, D'Este, C, Redman, S, Raphael, B & Eades, S (2014) 'The construct validity of the strengths and difficulties questionnaire for Aboriginal children living in urban New South Wales, Australia', *Australian Psychologist*, 49, 163–170.
- Wood, E & Attfield, J (2005) *Play, learning and the early childhood curriculum* (2nd edn.) London: Sage.

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