Children’s play is under attack. Many preschools and elementary schools have reduced or even eliminated playtime. Play is being replaced by lessons targeting cognitive development and the content of standardized testing, especially in the area of literacy. This change resulted partially from findings showing that American children often lag behind children from other nations in academic performance. The change also reflects an attempt to eliminate the gap in achievement between poor and minority children and those from higher income, non-minority backgrounds. Current legislation, including The Elementary and Secondary Education Act (renamed The No Child Left Behind Act of 2001), focuses on cognitive development, literacy, and “numeracy” and includes the initiative that all children learn to read by 3rd grade. The reading mandate and accompanying testing resulted in further emphasis on literacy training, particularly phonics, in the early elementary grades.

The spotlight on cognitive development also extended to policies and proposals for preschool services, including Head Start. For example, a reporting system was instituted that requires standardized testing of Head Start preschoolers twice a year to assess their cognitive development. Recent legislation to reauthorize Head Start also includes assessments of whether children meet goals on pre-literacy and pre-math tests.

Many experts criticized these changes, arguing that the overemphasis on cognitive development and standardized testing was inappropriate. For example, child development researcher David Elkind stated that young children learn best through direct interaction with the environment. Before a certain age, they are not capable of the level of reasoning necessary for formal instruction in reading and math. In another report, C. Cybele Raver and Edward Zigler criticized the emphasis on cognitive development and standardized testing as being far too narrow and unsupported by scientific evidence on how children learn. More than 300 scholars signed a letter protesting standardized testing in Head Start, questioning whether the assessments were valid. Related data have shown that many children are failing to meet the inappropriate demands placed on them. For example, the number of children held back in kindergarten in Chicago quadrupled from 1992 to 2001.

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An Historical Perspective
Similar attacks on play and overemphasis on cognitive skills have occurred since the late 1950s. There has been a swinging pendulum, typical in American education, where political winds allow one extreme view to quickly rise to popularity, only to be replaced by another view. Clearly, what is needed is a balanced approach that is based on the best child development research and sound educational practice.

The Whole Child Approach
Adherents of the whole child approach do not devalue the importance of cognitive skills, including literacy. The current initiative to ensure that every American child will be a proficient reader is admirable. However, reading is only one aspect of cognitive development, and cognitive development is only one aspect of human development. Cognitive skills are very important, but they are so closely intertwined with physical, social, and emotional development that it is narrow-minded, if not pointless, to dwell on the intellect and exclude its partners.

Consider what goes into literacy. It involves mastery of the alphabet, phonemes, and other basic word skills, for certain. But, the child who is frequently absent from school because of illness or who has vision or hearing problems will have difficulty learning to read. So will children who suffer emotional problems such as depression. A child who does not understand how to listen, share, take turns, and get along with teachers and peers will have difficulty learning. To succeed in reading and school, a child must receive appropriate education, but he or she must also be physically and mentally healthy, have reasonable social skills, and have curiosity, confidence, and motivation to succeed.

Play and Development: Research
Research has demonstrated the beneficial effects of play for cognitive development, including language skills/vocabulary, problem solving, perspective taking, representational skills, memory, and creativity. Further, play fosters the development of non-cognitive factors that are essential for learning, including emotional self-regulation. Children must be able to focus their attention on the task at hand and control their emotions when in the classroom. They must be able to organize their behavior and listen to the teacher. Emotional self-regulation can be developed through play when children take turns, regulate one another’s behavior, and learn to cooperate.

Play has also been shown to contribute to the development of social skills, such as turn taking, following rules, empathy, self-confidence, and motivation. Studies have also found the positive effects of play on children’s physical development, including muscle development, coordination, and obesity prevention.

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Play and Development: Theory

The current attack on play contradicts sound developmental theory. The two preeminent theorists of cognitive development of the 20th century, Jean Piaget and Lev Vygotsky, both stressed the essential role of play in cognitive development.

Jean Piaget was a Swiss psychologist who wrote on cognitive development for more than 50 years, beginning in the 1920s. He argued that all knowledge comes from action and that children actively acquire knowledge through interacting with the physical environment. Play provides the child with many opportunities to interact with materials in the environment and construct his or her own knowledge about the world.

Lev Vygotsky was a Russian psychologist and a contemporary of Piaget. Vygotsky claimed that play serves as the primary context for cognitive development. In play, the child interacts with others (more skilled peers, teachers, parents) and can learn from them. Further, when children use objects to represent other objects in play (e.g., using a block as a telephone), they set the stage for abstract thought. Once the child has developed representational abilities through play, he or she is able to use these abilities to develop reading and writing.

Play and Development: Practice

Recognizing the vital importance of play for children’s development, experts have designed curricula using play to enhance cognitive development, including literacy. For example, Bodrova and Leong’s “Tools of the Mind” preschool and kindergarten classrooms, based on Vygotsky’s theory, use sociodramatic play to encourage literacy. These classrooms contain dramatic play areas where children spend a substantial amount of time daily, and dramatic play permeates many classroom activities. Teachers support children’s play by helping them create imaginary situations, providing props and expanding possible play roles. Children, with the teacher’s assistance, develop written play plans, including the theme, the roles, and the rules that will govern the play. Preliminary evaluations of the “Tools of the Mind” curriculum show that play, rather than detracting from academic learning, actually supported it.

Conclusion

Research offers clear evidence for the critical importance of play for children’s development. Play has been found to contribute to several areas of development, including social, emotional, and cognitive development, including literacy. Thus, the current attack on play defies the evidence and appears to be misguided.

In response to the overemphasis on cognitive skills, many organizations have advocated for the vital importance of play for children’s development. For example, the National Association for the Education of Young Children’s (NAEYC) position statement on developmentally appropriate practice includes the item: “Play is an important vehicle for children’s social, emotional, and cognitive development, as well as a reflection of their development.” Several other organizations have been founded to advocate for the importance of play, including Playing for Keeps (www.playingforkeeps.org); Alliance for Childhood (www.allianceforchildhood.net); American Association for the Child’s Right to Play (www.ipausa.org); and Play Matters (www.playmatters.net).

There should be no need to defend either play or cognitive training, as research and educational practice

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clearly demonstrate the two-way relationship between the two. To foster learning, educators, parents, and policymakers must focus on the whole child. All systems of development are inter-related and therefore the proper focus of education and child rearing. □


References for this article are available by contacting the Yale Bush Center at: Yale21C@yale.edu or calling the office at 203-432-9944.

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HOLD THE DATE
July 11-13, 2004

The Schools of the 21st Century conference will be hosted by the Independence School district and will be held in Kansas City, MO this summer from July 11-13, 2004. More details to follow.

To submit a proposal for a presentation, please check out our web site for the application:


Deadline for proposal submission is April 2, 2004.
What do you do when you are given funds by the legislature for early childhood initiatives and you want to be sure the funded applicants provide high quality programs? In 1992, the Arkansas Division of Child Care and Early Childhood Education [in the Department of Human Services] found itself in this situation, as they began to distribute funds for an early childhood initiative called Arkansas Better Chance (ABC). The staff quickly realized that they needed a monitoring system to identify programs that were high quality. Within a short time, the Arkansas legislators approved the Arkansas Child Care Approval Program, which uses a standardized system to award a quality rating to early childhood and out-of-school programs. This system is used now to ascertain the quality of these programs throughout the state, regardless of their involvement in the ABC program.

The Arkansas Child Care Approval System includes an assessment process that verified that a facility offers the following to its children:

- A program that views parents as an important part of the early education of their children
- A physical environment that is supportive of the physical and mental development of each child in child care
- An educational program that prepares children for success in school
- Trained professional staff who know how to work effectively with children and who continue to pursue educational and training opportunities

The procedure to acquire Arkansas Quality Approval is fairly straightforward. First a program obtains a license to operate a facility for children ranging from birth to school age, in either center or family day care settings. When the program is ready to begin the assessment process, they may participate in two optional technical assistance (TA) choices. They may request an on-site visit from a consultant assigned by the Division [at no cost to the facility]. The consultant identifies areas for improvements prior to the actual Approval observation visit. A second TA option is the Quality Initiative Program, where a mentor is assigned from an existing Quality Approved center with similar characteristics. The mentor helps the program understand and work towards meeting the requirements of Approval.

When a program is ready for Approval, the staff complete an application and an assessor is assigned. The assessor visits the program, conducts a pre-assessment visit, and provides recommendations for modifications to meet the accreditation standards. A post assessment is conducted several months later.

The site assessor uses standardized Environmental Rating Scales appropriate for the facility. These include: Infant/Toddler Environment Rating Scale (ITERS) for birth to 2½ years, Early Childhood Environment Rating Scale (ECERS) for 2½ years to 5 years, School-Age Care Environment Rating Scale (SACERS) for kindergarten and older, and Family Day Care Environment Rating Scale for birth to school age.
During the site visit, the assessor provides ratings in a number of categories that are summarized for an overall score. The maximum rating is 7.0; to receive Arkansas Approval, a program must score a minimum of 4.5 in each category and have an overall average of at least 5.5. Assessors must hold at least a Masters level degree in Early Childhood Education or Child Growth and Development with experience in the field.

Martha Ragar, principal at King Elementary School in Van Buren, a 21C site where there are two preschool classrooms, says that the site visit and evaluation were a positive experience. “We had studied the requirements and the scoring guide and felt that we had a good idea of the expectations. Our assessor gave us clear feedback and positive reinforcement. As a first-time applicant, we were delighted with the results.”

In addition to achieving the Environmental Rating criteria, each qualifying program must meet the following program standards:

- Directors/managers of child care centers must have appropriate education, training and/or experience
- Newly hired staff must receive an employee orientation course within six months of starting employment
- All staff working directly with children must obtain at least fifteen hours of continuing training each year, in a topic area relating directly to early childhood education
- Programs must implement and maintain individual child portfolios

The Division of Childcare and Early Childhood Education offers additional assistance for those working towards Approval status -- enhancement grants to assist with equipment and materials, and scholarships to help pay for the costs of staff obtaining their Child Development Associate (CDA) certification.

Once a program’s Approval has been granted, it is valid for a year, after which the program must reapply for their quality status. Although this program is rigorous, it benefits the child care program in the following ways:

- Each program is identified in the community as a quality program
- Parents have access through the state office and web site to the list of approved centers and can make choices for their children based on quality
- The status of each program as a professional organization/business is enhanced
Attending families qualify for a 20% refundable state income tax credit on their tax return.

Each program is eligible to apply for an annual Quality Approval Grant from the state. This grant ranges from $1,000 to $2,000, depending on the size of the program.

Initially only 10% of the licensed and registered child care centers in Arkansas met the state accreditation standards. This has grown to 16% over the past few years.

Now that some of the programs have obtained their quality rating for several years, the Division of Childcare and Early Childhood Education is piloting an assessment of the quality of early language and literacy environments and instruction in preschool classrooms, through the use of ELLCO (see side box). These data can then be used to enhance young children’s preschool language and literacy experiences.

The results of the pilot use of ELLCO are promising. Janie Huddleston, Director of the Division, says that they are considering using ELLCO with their Arkansas Better Chance school evaluations on alternating years, with the Environmental Rating continuing in the other year.

It is clear that the Arkansas Child Care Approval System has defined and standardized quality of early childhood education and child care throughout the state. It is an exciting opportunity for child care professionals to demonstrate the quality of the programming they are providing for the children of Arkansas and the contribution that they make to demonstrate that children are ready to enter the public schools with the basic skills they need.

The national childhood obesity crisis is having a detrimental impact on our kids and families. Only 2% of school-aged children meet the Food Guide Pyramid serving recommendations for all five major food groups. Approximately only one in five kids gets “Five a Day” of fruits and vegetables and fewer than one in four children get 20 minutes of vigorous physical activity per week.

Take a Step, Make a Difference
The headlines remind us every day of the seriousness and size of the obesity problem, but, how about the solutions? Today’s children are tomorrow’s future for America. It’s time to “Take a Step, Make a Difference!”

What is the first step?...Let’s identify where kids spend a great deal of their time...SCHOOLS! What can YOU do to connect with schools and offer the support and help that is needed to create a consistently healthy environment? Schools are a learning lab for students. Designing that experience such that healthy eating and physical activity is a part of the entire education of the child is key to offering each child the greatest possible opportunity to achieve his or her highest potential.
Following are 10 steps you can take with schools to make a difference. Begin the discussion and build support. Your small steps will soon become giant steps for the health of kids.

Ten Steps YOU Can Take to Make a Healthy Difference for Kids

1. Talk with children, and listen to what they have to say. Where are they spending their time? What is fun and entertaining to them? What do they like to eat? What are their favorite activities, games, and sports? Why? Would they eat other foods or participate in other activities if available? Do kids have a voice in food and activity choices in your school setting?

2. Connect with other people who also interact with children. These people play a significant role in helping kids make healthy choices about eating and activity. Creating healthy changes is not easy but done together in unison, it becomes a lighter load and more fun!

3. Form a team of people to work together, share resources, staff, time, and money to offer children more healthy options in their environments. Include key players such as school administrators, school board members, school nurses, school food service staff, teachers, coaches, families, community partners (media, local businesses, youth organizations), and kids themselves.

4. Encourage a consistent healthy message in student environments. This includes school meal promotion, as well as inclusion of healthy options for snacks in the classroom, school stores, fundraisers, and school functions. According to the Centers for Disease Control, 43% of elementary, 74% of middle/junior high, and 98% of senior high schools have either a vending machine or a school store, canteen, or snack bar where students can purchase food or beverages. Your team (see #3) can work together to identify healthier food options, and creative fundraising ideas beyond the traditional high sugar, high fat food choices.

5. Reward achievement of academic goals and good behavior with rewards other than food. Consider extra minutes of physical activity at recess or in the classroom as an alternative reward. Nearly 200 studies on the effect of exercise on cognitive functioning suggest that physical activity supports learning. The evidence is now clearer than ever before that kids achieve best when well nourished and physically fit.

6. Consider restructuring the school day. What about recess before lunch to allow for more physical activity and less plate waste? How about a quick, simple breakfast in the classroom to increase the number of students receiving a healthy breakfast? Begin with something like creating a Breakfast Champions program to encourage participation in the school breakfast program. Invite family members, local celebrities, and community “heroes” to come eat with the kids. Participation in school breakfast has been shown to increase composite math and reading scores, improve student behavior, reduce morning trips to the nurse, and increase attendance and test scores.

7. Start a “Leave the Lights On” program, allowing school facilities to be used by the public after traditional school hours to add more opportunities for families to be active. Consider adding fun and motion activities to events that bring families to school, such as back to school celebrations, holiday parties, and Spring Flings!

8. Provide a similar healthy message to families through newsletters, PTA meetings, open house, and parent-teacher conference opportunities. Quick interactive displays can provide fun learning.

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for children and adults alike. Try setting up a portion distortion display that shows recommended serving size of various snacks and what we often consume as our serving size. Use some of the easily available activities [see side box] for fun ways to share these messages.

9. Remember that change doesn’t happen overnight. Repetition of the message, in a fun, simple manner will make a difference.

10. What do kids think a healthy person looks like? How about adults? Find out! Our misconceptions and ideas often keep us from making lasting healthy changes. Ask kids to draw “a healthy me” bookmark and discuss what physical activities and food choices are part of being “a healthy me”. Encourage small, simple, doable step-by-step changes.

CHALLENGE—Take a step: find one action step you can do this month to start making a difference for kids in your school.

Vickie L. James, RD, LD, is the Director of Healthy Kids Challenge, a nationally recognized nonprofit program that offers simple solutions for children’s health. Check out their web site: www.healthykidschallenge.com

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Several resources are available to help make changes related to nutrition and activity for your program. These include:

From Dole:
The Dole “5 A Day” Nutrition Education Program for elementary schools has a number of components, all designed to get kids excited about eating more fruits and vegetables. Dole offers nutrition education materials free-of-charge to public and private elementary schools as well as home schools in the U.S. Teachers can use the Online Ordering System on the Dole 5 A Day web site to request free education materials. School food service professionals can request materials from their Dole sales representative.

Dole’s nutrition education materials encourage young children and their families to eat 5 to 9 servings of fruits and vegetables every day to promote better health. All materials and programs reinforce behaviors that support eating fruits and vegetables and meeting this goal.

The web site contains fun activities, recipes, and information for children, parents, teachers, and school food service providers. Find out more by checking out their web site at: www.dole5aday.com

From Healthy Kids Challenge:
Healthy Kids Challenge has created two new learning concepts, Food Museum® and A la Cart®. Food Museum offers learning activities for trips to the grocery store, or for creating learning in the classroom with menu planning, grocery shopping, and healthy eating. A la Cart activities are hands-on, interactive learning using a mobile unit in the classroom for tasty, nutrition education integrated with core subject outcomes. Both connect the message from the classroom home to the family with tips and fun ideas for the entire family to enjoy learning together. These are available for a small charge; to order or learn more, check out their web site: www.healthykidschallenge.com

From the National Association for Sport and Physical Education (NASPE):
The National Association for Sport and Physical Education (NASPE) has developed a new parents brochure called Kids in Action with the Kellogg Company and the President’s Council on Physical Fitness and Sports. The booklet presents parents and caregivers with simple ideas for physical activities that they can do with children from birth to age five to adopt an active lifestyle early and positively impact their physical, intellectual and emotional development. It is available on-line at: http://www.aahperd.org/naspe/pdf_files/brochure.pdf
An important issue facing our nation’s schools today is that of its students’ mental health. Schools are charged with educating numerous children suffering from depression, anxiety, post traumatic stress disorder, attention deficit/hyperactivity disorder, and other social, emotional, and behavioral problems. Although childhood is typically thought to be a time of carefree fun, there is substantial evidence that children are under an unprecedented amount of stress, which, in addition to other factors, may ultimately lead to mental health problems.

According to the National Institute of Mental Health, almost 21 percent of U.S. children aged 9 to 17 have a clinically relevant mental illness. However, current estimates indicate that only one in five of these children is receiving treatment. This leaves schools bearing the burden of educating children with serious untreated emotional problems.

According to the National Institute of Mental Health, almost 21 percent of U.S. children aged 9 to 17 have a clinically relevant mental illness. However, current estimates indicate that only one in five of these children is receiving treatment. This leaves schools bearing the burden of educating children with serious untreated emotional problems.

Unfortunately, schools are finding that these children have pervasive, long-term issues in many areas of their life. Not surprisingly, children with severe mental health problems have significant learning limitations, are more likely to drop out of high school, and have continued challenges through adulthood. Tragically, some of these children do not even survive until adulthood, as suicide is the third leading cause of death among children and adolescents 10 to 24 years old.

Mental health problems in schools are so widespread that there have been recent governmental reports by the Surgeon General and a Presidential Commission addressing the issue.

Although currently there are some mental health programs in school, typically they target children already diagnosed with a disorder, since these children are often disruptive within the classroom. One school administrator captured the essence of this problem when she stated, “We need to be more proactive in identifying children with potential mental health problems and [supportive of] our teachers and administrators in having the proper resources to assist these children.”

In order to more fully understand schools' role in addressing children's mental health needs, 21C administered an online web survey. It was released on September 8, 2003 and, as of December 1, 2003, 219 respondents had completed the survey. The majority of respondents were affiliated with 21C (61%), but a sizable proportion (39%) were not, although they logged onto our website. Most of the respondents (67%) were in administrative positions, while some were parents (16%) and teachers (14%). Parent educators (3%) also were among the respondents.

Survey participants indicated that schools are overwhelmed with children with social, emotional, and behavioral problems. All educators stated that they work with children with some form of social, emotional, or behavioral problems. One teacher commented, “Regarding [the] type of problem, I see all three kinds every year.” Often, children’s behaviors are the result of emotional or social problems. Based on the survey results, it is evident that the school plays a significant role related to its students’ mental health issues: 84% of those who responded to the survey reported that they work with these children on a daily basis and that they need help. As one school administrator commented, “The school has been asked...
to take on all of the problems in society. We need help from the community and caregivers of our children."

Although teachers indicated that they feel 'somewhat prepared' (79%) or 'very prepared' (8%) for working with children with mental health problems, thirteen percent feel that they are not at all prepared for these children. School administrators and teachers reported that their current methods of dealing with children with mental health problems include talking to the parents, trying to handle the problems within the classroom, or using behavior modification plans. Less frequently, a school psychologist is consulted or a referral is given to a mental health agency.

How well are these tactics working? Although it is not possible to say with certainty, 42% of survey respondents indicated that they feel that the current interventions are working, whereas the majority – 58% – felt that that the current interventions are not working.

The survey also provided some insight about how parents feel about mental health in schools. Forty-two percent of parents felt that their child's teacher was not at all prepared to deal with children with mental health problems. Parents also reported an existing strain in their relationship with their school, with 47% indicating they did not feel at all comfortable asking their school for help with their child. However, there were differences between parents in 21C schools and those whose child is not in a 21C school; among parents in 21C schools, 75% felt very comfortable with their schools.

The survey has obvious limitations and will be followed up with more rigorous research, but it shows not only the scope of the mental health problem in schools, but also that educators have limited resources and programs and that that they are not reaching all the children who need help, especially early on before mental health problems become exacerbated. One parent concurs, "My child has severe emotional problems...and has been at several schools [which] wanted to be helpful, but didn’t know what to do and didn’t have the resources to devote as much time and attention as she needed."

From the results of the survey and the many discussions we have had with educators in 21C schools, we have concluded that: [1] mental health issues are prevalent in schools, [2] many of teachers and school professionals do not feel well equipped to deal with these issues, [3] parents, teachers, and school professionals may have difficulty working as a team to help children with mental health issues, and finally [4] current interventions need to be updated as the majority of respondents felt that children still need considerable help.

The School of the 21st Century is ready to begin planning an initiative to help the schools and communities with this struggle for children’s mental health. We plan to take a different approach to dealing with these difficult problems. We intend to develop a program that would be relatively easy for teachers to use, and comprehensive, so that it helps children both with and without current mental health problems. This program will have several components and will be research-based.

If you are interested in helping with the development of this new initiative, please email misty.hill@yale.edu. For the complete results of the survey or to learn more about the new mental health initiative, visit our website at http://www.yale.edu/21c/mentalhealth.

This article was written by Misty M. Hill, a graduate student in the developmental psychology department at Yale University. She is currently appointed as the Mental Health Consultant at the School of the 21st Century and is working with Dr. Matia Finn-Stevenson to create the program.