Well-being and Involvement in Care
A process-oriented Self-evaluation Instrument for Care Settings

Manual

Sics (Ziko)

Research Centre for Experiential Education
Leuven University

ISB: 978-90-77343-76-8
TITLE:

AUTHORS:
Ferre Laevers (Ed.)
in collaboration with: Mieke Daems, Griet De Bruyckere, Bart Declercq, Julia Moons,
Kristien Silkens, Gerlinde Snoeck, Monique Van Kessel

ORIGINAL DUTCH VERSION
Zelfevaluatie-Instrument voor Welbevinden en Betrokkenheid van Kinderen in de Opvang.

TRANSLATION:
Hannah Laevers

ILLUSTRATIONS:
Kathleen Amant

© 2005 Kind & Gezin and RESEARCH CENTRE FOR EXPERIENTIAL EDUCATION

FURTHER INFORMATION
For further information we refer to www.kindengezin.be and www.cego.be
(the website of the Research Centre for Experiential Education).

TRAINING & SUPPORT
In connection with SiCs a video-training pack titled ‘Observation of well-being and involvement in babies and toddlers’ containing 40 fragments has been developed (see website Cego).
The Research Centre also provides training sessions for advisers, heads of settings and practitioners to introduce SiCs. Interested organisations in the U.K. and elsewhere can contact: Ludo Heylen by e-mail for inquiries about this program (ludo.heylen@ped.kuleuven.be).
SiCS [ZiKo]

Well-being and Involvement in Care
A Process-oriented Self-evaluation Instrument for Care Settings

PROJECT LEADER:
PROF. DR. FERRE LAEVERS

RESEARCH TEAM:
MIEKE DAEMS, GRIET DE BRUYCKERE, BART DECLERCQ, JULIA MOONS, KRISTIEN SILKENS,
GERLINDE SNOECK, MONIQUE VAN KESSEL
ORIGIN
As part of its policy to improve the quality of care provisions, Kind & Gezin [Child & Family] - the Flemish agency that supervises the care sector - took the initiative to develop an instrument that had to meet three requirements: (i) it has to serve as a tool for self-assessment by care settings; (ii) it must take the child and its experience of the care environment as the main focus to look at quality and (iii) it must be appropriate for the wide range of care provision including care for the under three’s in day care centres and family care as well as the out of school care for children up to the age of twelve.

APPROACH
The instrument has been developed by a team based at the Research Centre for Experiential Education (Leuven University – Belgium) under the supervision of Dr. Ferre Laevers. SiCs is based on a conceptual framework that has been developed during the last decades in the context of innovative work in pre-school, primary, secondary and higher education. Two indicators of quality are central to this ‘experiential’ approach: ‘well-being’ and ‘involvement’. Well-being refers to feeling at ease, being spontaneous and free of emotional tensions and is crucial to secure ‘mental health’. Involvement refers to being intensely engaged in activities and is considered to be a necessary condition for deep level learning and development.

SELF-ASSESSMENT
SiCs is designed to help settings to get aware of their strengths and weaknesses when it comes to create the best possible conditions for children to develop. Although heads of settings or coordinators are collecting most of the data through observation, every supervisor in the settings is actively involved in the procedure of self-assessment. The process of reflection and action is seen as the responsibility of the whole team.

3 STEPS
The procedure for self-evaluation contains three steps:
STEP 1: assessment of the actual levels of well-being and involvement (scanning of the groups);
STEP 2: analysis of the observations (explanation of the levels observed);
STEP 3: selection and implementation of actions to improve quality.

A MANUAL AND FORMS
This manual will help to become familiar with the concepts behind SiCs (ZiKo). It comes with a number of forms and guidelines to complete them. The term supervisor in the manual refers to everyone who is engaged in the care of children including the child care family, the child care worker, the practitioners in after-school care, etc.

IMPACT
The use of this self-evaluation instrument not only leads to significant changes in the settings as such. It also contributes to the professional development of practitioners. Through the process they learn to take the perspective of the child in their approach and because of this to create optimal conditions for the social-emotional and cognitive development of children.
A VIEW ON QUALITY

One can look at quality from different angles. Here we describe three possible ways to get a view on the quality of care.

1. THE APPROACH

Here, you want to gain more insight into the practice as it is shaped by responsible staff and supervisors: you can focus on the available space, how it is arranged and which material is offered. You can also observe the activities on offer (which and how much) and how supervisors relate to children. The way things are organised, whether everything is safe, whether there is sufficient guidance, etc. are also relevant topics when it comes to assess the approach.

AN OBSERVATION IN SETTING A

The material on offer in this group of toddlers is very limited. In the morning there are blocks and cuddly toys. In the afternoon the children want to play in the sandbox, but they are not allowed. Only the slide and the play house are available at that moment. As a result, most of the children seem to be bored.

One can observe a lot of crying and there is little contact between the children and the supervisors. The latter are not really engaged: the children are rarely stimulated and are rather left to fend for themselves. The supervisors focus on a couple of children, while the others must wait their turn to be cared for.
2. THE OUTCOME

Another way to assess quality is observing the (long term) effect of care on children. Parents rightly have a lot of expectations. They want their children to develop in different areas, such as motor skills, self-reliance, social competence, language and qualities such as self-confidence, motivation to learn and resilience.

The assessment of the effect of care on the development of children however, is not an easy task – it demands sophisticated observational tools and a lot of experience.

AN OBSERVATING IN SETTING B

In this group of toddlers the supervisors regard the children’s play as very important. They take nearly every opportunity to get the children involved. During moments of physical care there is always someone involved with the children who are playing.

Short activities such as singing and dancing are introduced during waiting moments. The group climate is pleasant: there’s a lot of laughing and children only cry when they have hurt themselves. The children get a lot of freedom: they can determine when they want to end their activity in order to start another one.

The supervisors also put a lot of effort in the reception of the children and their parents. They pay attention to every child and address the children regularly.

They stimulate the interaction among the children by telling them what the other children are doing.

Music in the background during certain activities creates a relaxed atmosphere.
3. THE PROCESS WITHIN THE CHILD

Here, you focus on how the children experience their stay in the setting. You try to find out ‘how the children are doing’. In fact you ask yourself:
• how the children are feeling (= well-being);
• how engaged they are in their activities (= involvement).

The portraits of both settings (A and B) show what it means to focus on the process within the child and to ask oneself how children are doing. In group A the children are not feeling o.k.. Their level of well-being is low and from their boredom we can conclude that the level of involvement is also worrying. The pattern in group B is completely different. The children are relaxed and are constantly involved in an activity. This difference is not a coincidence, but it is the result of the way the supervisors organise their work and relate to the children.
WHAT IS WELL-BEING?

‘Like a fish in water’ - that is how you can describe children who feel alright. They express their positive feelings in various ways.

Enjoyment
The most obvious signal of well-being is enjoyment, having fun, taking pleasure in interacting with others and in activities. The children look happy, smile or laugh easily, engage spontaneously in chatting or even singing.

Relaxing and inner peace
Children who feel good give a relaxed impression. They do not feel threatened in any way. Their facial expression is open, there is no sign of tension or restlessness. Their muscles are relaxed.

Vitality
Another signal of well-being is energy, vitality. This can often be read from children’s faces: the look is lively and expressive. They radiate. Their posture also gives a lot away: not shrunk or with hanging shoulders but upright, not afraid to take the space they are entitled to.

Openness
When children feel o.k., they have an open attitude towards the world around. Whatever comes in, they are ready to experience it. They are also accessible, approachable to others. They are happy with the attention they receive: a hug, a compliment, a word of comfort, an encouragement or help.

Selfconfidence
There are more chances for well-being to occur when one feels strong. Self-assurance, self-confidence, a sense of self-value make one less anxious or stressed. This can be noticed in a posture expressing a certain pride, literally feeling ‘big’. That positive self-image is the foundation of resilience. Children then do not allow others to walk all over them, they are assertive.

Being in touch with oneself
When a child does not suppress feelings but remains in touch with its emotions, it is not only able to enjoy. It will also recover more easily from difficult experiences.
**Well-being**

Children with a high level of well-being feel great. They *enjoy* life to the full. They have fun, take joy in each other and in their surroundings. They radiate *vitality* as well as relaxation and *inner peace*. They adopt an *open and receptive* attitude towards their environment. They are *spontaneous* and can fully be themselves. Well-being is linked to *self-confidence*, a good degree of self-esteem and resilience. All this is based on *being in touch with themselves*, with their own feelings and experiences, fresh and pure.

**WHY WELL-BEING IS IMPORTANT**

Well-being indicates one is doing well emotionally, is feeling comfortable with oneself as a person. A low level of well-being signals that a child does not succeed in fulfilling his/her basic needs.

**The Basic Needs**

1. physical needs (*need to eat, drink, move, sleep, etc.*);
2. the need for affection, warmth and tenderness (*being hugged, physical contact and vicinity, receiving and giving love and warmth*);
3. the need for safety, clarity and continuity (*need for a more or less predictable environment, need to know where you stand, what is allowed and what is not allowed and being able to count on others*);
4. the need for recognition and affirmation (*feeling accepted and appreciated by others, meaning something to others, being part of a group and belong*);
5. the need to experience oneself as capable (*feeling that you can do something yourself, master something, experience how to push the limits of your capabilities, experience success*);
6. the need for meaning and (moral) values (*feeling a ‘good’ person and feeling connected with others and the world*).
Of course, not every form of discomfort is automatically a problem. Frustrations are inevitable. But a low level of well-being in the long-term often causes psychological problems. A child loses contact with him/herself and with his/her feelings. The child can behave extremely listless, anxious or aggressive or seems to take a step back in his/her development. Because the foundation of a personality is laid during the first stages of life one cannot pay enough attention to signals indicating a low level of well-being. Also in older children these signals tell us that their social-emotional development is threatened.

In short, well-being is about the ‘quality of life’. It refers to an optimal relation between the child and its environment.

**TAKING ACTION**

Improving the level of well-being is not equal to spoiling children and simply giving them everything they want. Children play an active role in getting to real satisfaction in life. Adults can help children by nurturing their self-confidence, by helping them to express what they feel, by learning them to deal with other children, by letting them experience success, by developing their talents and entrepreneurship, etc.

Well-being generates energy and ensures that the child remains in touch with him/herself and gains inner strength. That is why we should invest in well-being - for the present child and the future adult.
WHAT IS INVOLVEMENT?

A child who is involved is completely ‘absorbed’ by the activity: playing with blocks, creating something with clay or making a puzzle, listening to a story, interacting with others, etc. Involvement is a very special state of mind that can be observed both in babies and adults.

**Motivation**

If you are involved, you feel appealed by the activity, you are truly interested and driven to engage in it. You cannot achieve a high level of involvement if you do things only because others ask or force you to. The motivation must come from within.

**Intense mental activity**

Involvement means that you are completely open to experiences: the impressions you get are very strong. Bodily sensations and movements, colours and sounds, smells and tastes have a certain range and depth that is not there otherwise. You fully address your fantasy and mental capabilities. When involvement is low the sensations are not really lived through and remain superficial.

**Satisfaction**

Involvement is a wonderful state: it really takes you away. What you experience is energy running through your body. Children spontaneously take initiatives to get into this particular state. Play is the place par excellence where this satisfaction can be found. If involvement is lacking, you become bored and get a feeling of emptiness and frustration.

**Exploratory drive**

The source of involvement is the urge to discover or explore, the urge to experience the world, to use one’s senses, to get a grip on reality. Initially, this ‘getting a grip’ should be taken literally: touching and grabbing everything that comes within range. Gradually, ‘grasping’ means ‘understanding’ and gets less concrete.

**At the limits of your capabilities**

Involvement is only possible when an activity challenges you, when it is not too easy and not too difficult. Children with a high level of involvement operate at the very limits of their capabilities. They fully address their skills, they give the best of themselves – whether they are babies or adults, children who are slow in their development or highly gifted children.

**Involvement**

Children with a high level of involvement are highly concentrated and absorbed by their activity. They show interest, motivation and even fascination. That is why they tend to persevere. Their mimic and posture indicate intense mental activity. They fully experience sensations and meanings.

A strong sense of satisfaction results from the fulfilment of their exploratory drive. When there is involvement we know children are operating at the very limits of their capabilities.

Because of all these qualities involvement is the condition that brings about deep level learning.
WHY INVOLVEMENT IS IMPORTANT

Involvement is something very special. When you observe it in children you are amazed. You sense intuitively that you cannot disturb their play. When children are involved, we know that they address their capabilities and that they are ‘developing’: they learn at a deeper level, they become more competent. If involvement is lacking, there is reason for concern. Chances are that their development will stagnate. That is why we should do everything we can in order to create an environment in which children can engage in a wide variety of activities.
ASSESSMENT OF WELL-BEING AND INVOLVEMENT

The self-evaluation starts with assessing the levels of well-being and involvement using Form A. The procedure is simple and can be compared to ‘scanning’: in each of the groups you observe the children individually for about two minutes. You give every child a score for well-being and involvement using a five-point scale. You can also make use of the in-between-levels by using a + sign: 3+ means between 3 and 4 etc.

The observations for Step 1 are normally done by the person responsible for the setting, a coordinator or an external advisor while the supervisors are present and act as they normally do with the children. The scanning gives a random picture. That is why it is very important that the circumstances reflect the ‘normal’ proceedings as much as possible.

The number of children to be observed depend on the type of facility. The forms contain more information on this.
### THE SCALE FOR WELL-BEING

<table>
<thead>
<tr>
<th>Level</th>
<th>Well-being</th>
<th>SIGNALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extremely low</td>
<td>The child clearly shows signals of discomfort:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• whines, sobs, cries, screams;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• looks dejected, sad or frightened, is in panic;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is angry or furious;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• shows signs feet, wriggles, throws objects, hurts others;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• sucks its tomb, rubs its eyes;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• doesn’t respond to the environment, avoids contact, withdraws;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• hurts him/herself: bangs its head, throws him/herself on the floor.</td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td>The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signals indicating sadness or pleasure, comfort or discomfort.</td>
</tr>
<tr>
<td>4</td>
<td>High</td>
<td>The child shows obvious signs of satisfaction (as listed under level 5). However, these signals are not constantly present with the same intensity.</td>
</tr>
<tr>
<td>5</td>
<td>Extremely high</td>
<td>During the observation episode, the child enjoys, in fact it feels great:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• it looks happy and cheerful, smiles, beams, cries out of fun;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is spontaneous, expressive and is really him/herself;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• talks to itself, plays with sounds, hums sings;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is relaxed, does not show any signs of stress or tension;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is open and accessible to the environment;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• is lively, full of energy, radiates;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• expresses self-confidence and self-assurance.</td>
</tr>
</tbody>
</table>
## The Scale for Involvement

<table>
<thead>
<tr>
<th>Level</th>
<th>Involvement</th>
<th>Examples</th>
</tr>
</thead>
</table>
| 1     | Extremely low   | The child hardly shows any activity:  
• no concentration: staring, daydreaming;  
• an absent, passive attitude;  
• no goal-oriented activity, aimless actions, not producing anything;  
• no signs of exploration and interest;  
• not taking anything in, no mental activity. |
| 2     | Low             | The child shows some degree of activity but which is often interrupted:  
• limited concentration: looks away during the activity, fiddles, dreams;  
• is easily distracted;  
• action only leads to limited results. |
| 3     | Moderate        | The child is busy the whole time, but without real concentration:  
• routine actions, attention is superficial;  
• is not absorbed in the activity, activities are short lived;  
• limited motivation, no real dedication, does not feel challenged;  
• the child does not gain deep-level experiences;  
• does not use his/her capabilities to full extent;  
• the activity does not address the child’s imagination. |
| 4     | High            | There are clear signs of involvement, but these are not always present to their full extent:  
• the child is engaged in the activity without interruption;  
• most of the time there is real concentration, but during some brief moments the attention is more superficial;  
• the child feels challenged, there is a certain degree of motivation;  
• the child’s capabilities and its imagination to a certain extent are addressed in the activity. |
| 5     | Extremely high  | During the episode of observation the child is continuously engaged in the activity and completely absorbed in it:  
• is absolutely focussed, concentrated without interruption;  
• is highly motivated, feels strongly appealed by the activity, perseveres;  
• even strong stimuli cannot distract him/her;  
• is alert, has attention for details, shows precision;  
• its mental activity and experience are intense;  
• the child constantly addresses all its capabilities: imagination and mental capacity are in top gear;  
• obviously enjoys being engrossed in the activity. |
ANALYSIS OF THE OBSERVATIONS

In step 2 you reflect on the collected data. Form B helps you find explanations for the levels of well-being and involvement marked during the observation. It consists of two sections. On the left side are the factors which may offer an explanation for the higher levels (level 4 and level 5) of well-being and/or involvement. On the right side are the factors that may explain the lower levels (level 1 and level 2) of well-being and/or involvement.

Contrary to the observation, this analysis can be a shared activity with the supervisors that were observed.

When looking for an explanation for the low and high scores you consider 3 kinds of influential forces:
- the approach;
- the child and its background;
- exceptional circumstances.

1. THE APPROACH

Explanations for the observed levels of well-being and involvement can first be found in the approach or the context as it is shaped by the supervisor’s decisions and actions. Here we can distinguish five important components.

1. THE OFFER

When looking for an explanation for the observed levels of well-being and involvement can first be found in the approach or the context as it is shaped by the supervisor’s decisions and actions. Here we can distinguish five important components.

How ‘rich’ is the environment in which the children find themselves?

Take a closer look at:
- the infrastructure: the arrangement and division of the different rooms or spaces;
- the available (play)material;
- the activities that are offered in the course of the day.

Children enjoy themselves and develop most in an appealing and varied environment. Offer them as much opportunities as possible to be intensely involved in activities. This is possible by means of a continuous offer of materials and activities.
2- THE GROUP CLIMATE

In what degree do children feel at home in the setting and in the group?

Take a closer look at:
• the arrangement, the interior of the room, the overall impression of the space;
• the efforts that are made to enhance positive relationships.

Whether a child likes to be in care and feels comfortable there often depends on the atmosphere. This can vary, but most of the time there is a basic climate that characterises the setting or the group. If it is all right, you notice this from positive interactions: touching and hugging each other, laughing, spontaneity, etc.

The arrangement of the space can contribute a great deal to a positive climate. How cozy has the room been decorated? How do the colours affect the overall impression of the space? How does the division of the room and the furniture come across? Are there attractive more or less separated areas or is it one vast empty space? Does it look rather chaotic or just a bit too organised?

Naturally, the atmosphere is also strongly affected by the relationships among the children themselves and between the supervisor(s) and the children. You can consciously enhance a sense of belonging by creating pleasant and enjoyable moments with the group and by helping the children develop a positive relationship with each other and with the adults around.

3- ROOM FOR INITIATIVE

How much freedom do the children have?

Take a closer look at:
• the organisational pattern: the opportunities you offer children to determine themselves with what they play, how long, how often and with whom;
• the degree in which the children have a say in the plan of the day, kind of activities that take place and the order in which they are offered;
• the degree in which they receive responsibility in the practical course of the day;
• the degree in which rules are explained and set in consultation with the children.

Doing what you love to do gives a lot of satisfaction and is a condition for involvement. Children look for activities that are geared towards their interests and capabilities. In order to do this they need sufficient space to take initiative and follow their own impulses. Is making a puzzle obligatory or are there other options? Do you keep the children firmly in line or can they choose the toys they feel appealed to? All this is of course only possible within boundaries and with clear rules and agreements. ‘Room for initiative’ also means that you actively involve children in the plan of the day and that you offer them responsibilities they can handle.
STAP 2

4- ORGANISATION

Is the day organised efficiently and taking into account the needs of all children?

Take a closer look at:
- the plan of the day or the time schedule: provide a clear organisation with the necessary flexibility;
- the division of tasks among the supervisors: ensure a maximal use of the available human resources;
- ways of grouping: provide continuity and make the children feel secure.

A whole day in care can seem long and chaotic for a child.
“Daddy?” asks Aaron. Supervisor: “Your daddy will be here when you have finished your biscuit.”

Eating, sleeping, going to the toilet, playing, etc. Why and when does all this happen? A clear structure and points of recognition offer children something to hold on to. The content, duration and order of the different components of the day must be geared towards the child’s age and individual needs.

If there are several supervisors, a good division of tasks results in a flexible course of the day so that transitions can take place fluently, ‘dead’ moments are limited and supervision is secured.

Also a more or less fixed composition of the groups provides clarity and enhances a sense of security.

5- THE TYPE OF GUIDANCE

How much empathy is there while interacting with the children?

- Do you intervene in a ‘stimulating’ way?
  Which means: you sense what a child is interested in and you give impulses that make children more involved in their activities.
- Do you relate to children in a sensitive way?
  Which means: you are very much aware of children’s feelings and you respond adequately to their basic needs (the need for attention and affection, for clarity and affirmation, for understanding of their emotions).
- Do you offer children autonomy?
  Which means: you give children the space to manifest themselves, to follow their own interests, to experiment, to determine when something is ‘finished’, to participate in the making of agreements and solving conflicts.

The effective supervisor notices what goes on in the child. S/he is on the same wavelength as the children, can enter into their feelings, knows what they love to do. That is why she can give warmth and affection, she can stimulate children and she can give children the space to act as an independent person. S/he can come up with appropriate interventions that match the children’s levels of development and take into account their interests.

2. OTHER EXPLANATIONS FOR THE ASSESSED LEVELS

Sometimes, the explanation for the high or low levels lies outside the approach. For example, a child can have a low level of involvement because it is its first day in care.

There are also exceptional circumstances that can explain certain scores. For example, the first workday of a new supervisor can affect the children’s level of well-being because they need some time to get acquainted with this new adult.

A separate space is provided in form B to register factors within the child and exceptional circumstances that influenced the children’s well-being.
**Step 3**

**IMPROVING WHAT YOU CAN**

The third step helps you gain more insight into what you can improve. Form C helps you with this and can serve as a tool for reflection in which all staff members can participate. It contains statements with regard to the five components of the approach that define the quality of care. When the form is completed you get an overview of:
- the strengths in your care and what should be preserved;
- the weaknesses or points that can be improved or that should get attention without delay.

This overview helps you make specific choices and set targets. Form D helps you determine work points, plan actions and evaluate these later on.

**AND WHAT NEXT?**

Once you have completed the three Steps of the self-evaluation procedure, the real work begins. SiCs touches the core of your work as a supervisor. You will notice that focusing on well-being and involvement and analysing your practice from that angle will empower you. Your capacity to take the perspective of the child and to empathize will increase. You will interact with the children in a different, more effective way. And you will question a number of habits more easily. You will be more inclined to try different approaches and feel inspired.

SiCs also affects your relation with the parents and the way you interact with them. You will appreciate more than ever how important they are as partners in enhancing their child’s well-being and involvement.

If children’s well-being and involvement increase, you know that you are on the right track. You know that you enhance their self-confidence and help them become stronger in life. You feed their curiosity and urge to explore. You help them develop their capabilities and talents. After all, this is the ‘mission’ every care facility receives from the community. SiCs is developed to help care settings to realize this mission successfully.