

Mahdia's story

On Monday afternoon the children were playing outside in the playground. Hadi arrived at the family centre and was happy to see his friends. He gave Shukrullah and Maryam a ride in the wagon.

Suddenly Mahdia came outside. She came over to them and showed them her arm. They began talking together in their common home language, Dari.

She showed them her plasters on her hand and inside her elbow. Their faces changed. They wanted to see closely and as she talked their faces became full of concern. I wondered what they were saying and assumed that Mahdia was telling her friends about her blood tests of this morning – about how the doctors and nurses could not find a vein and how she will have to return to hospital again tomorrow for another try.

The children were very concerned and even in the middle of playing they stopped and showed that they cared.

I was amazed and overwhelmed by their caring attitude.



Our children have knowledge of medical procedures, often ongoing ones such as in Mahdia's case. They have all experienced blood tests and know exactly what Mahdia is talking about and showing them. They are brave and understanding of one another.

Geranesh.
16 June

What's happening here?

Mahdia is a five-year-old. She discusses in Dari, the children's common home language, the blood tests she has had that morning.

What does this assessment tell us about the learning (using a Contribution/Mana Tangata lens)?

These children are part of a culture of care and concern – a culture in which all children are developing the disposition to take an interest in each other's well-being. The teacher recognises the body language. She comments that the children's faces were "full of concern".

How might this documented assessment support Contribution/Mana Tangata?

The teacher's documentation models the ethic of care that prevails at this centre and can be shared with other staff and children. The documentation provides a site for affirming this vision of care. Reflecting on it may lead the staff to consider how they can provide more opportunities to enhance empathy among the children at the centre.

What other strands of Te Whāriki are exemplified here?

The documentation acknowledges the non-verbal *communication* that occurs between the children – features of communication that other, non-Dari speakers are also able to recognise in the signs of empathy and concern that the children show. Empathy and concern indicate that the children *belong* in their early childhood community.