Experiential Education: Making Care and Education More Effective Through Well-Being and Involvement

Ferre Laevers, PhD
Leuven University / Centre for Experiential Education, Belgium
February 2011

Introduction

The educational model Experiential Education (EXE) evolved during the 1970s and 1980s, from a series of observations of young children in early education settings in Flanders, Belgium. Since that time, EXE has grown to become one of the most influential models in the area of early childhood education in Flanders and has been disseminated across a range of world regions and countries, including Australia, Croatia, Ecuador, Finland, France, Germany, Ireland, Japan, the Netherlands, Portugal, South-Africa and the U.K. The approach has been further developed for child care, special education, secondary education, higher education and in service training.

Research on quality at the level of the learner

EXE theory suggests that the most economical way to assess the quality of any educational setting (from preschool to adult education) – in particular, from the perspective of the learner – is to focus on two process dimensions: the “emotional well-being” and the “level of involvement” of the learner. “Well-being” indicates that the basic needs of the child are satisfied and refers to the degree to which children feel at ease, act spontaneously, show vitality and self-confidence. “Involvement” is evident when children are concentrated and focused, interested and fascinated and when they are operating at the very limits of their capabilities.

Measuring well-being and involvement

For both well-being and involvement, a five-point scale – the Leuven Involvement Scale – has been developed to facilitate measurement and ensure inter-rater reliability. The Leuven Scale includes a methodology and a
range of applications, for example a screening procedure through which practitioners assign scores for both well-being and involvement based on their observations over a period of a few weeks. This group screening is the starting point for a further analysis focusing on children with lower levels of well-being or involvement in order to understand why they do not feel good within the setting or do not engage in activities. This analysis forms the basis for interventions toward individual children and toward the general context and/or the teachers’ approaches.

Research on quality at the level of context

Capitalizing on a myriad of experiences by teachers, a body of observations and expertise has been gathered and systematized in Ten Action Points, an inventory of initiatives that favor the well-being and involvement of children in the classroom environment. The Ten Action Points are:

1. Rearrange the classroom in appealing corners or areas.
2. Check the content of the areas and make them more challenging.
3. Introduce new and unconventional materials and activities.
4. Identify children’s interests and offer activities that meet these.
5. Support activities by stimulating inputs.
6. Widen the possibilities for free initiative and support them with sound agreements.
7. Improve the quality of the relations amongst children and between children and teacher(s).
8. Introduce activities that help children to explore the world of behavior, feelings and values.
9. Identify children with emotional problems and work out sustaining interventions.
10. Identify children with developmental needs and work out interventions that engender involvement.

Next to the Action Points, the way adults interact with children is regarded as a key to quality. The Adult Style Observation Schedule (ASOS) captures this aspect and is built around three dimensions: stimulation, sensitivity and giving autonomy. Stimulating interventions are open impulses that engender involvement, such as: suggesting activities to children, inviting children to communicate, asking thought-provoking questions and giving rich information. Sensitivity is evidenced in responses that witness empathic understanding of the child. Giving autonomy means: respecting the children’s initiative, acknowledging their interests, giving them room for experimentation, letting them decide upon the way an activity is performed and letting them participate in the setting of rules. Practice-oriented research provides evidence of a strong correlation between the above “active ingredients” and the achievement of well-being and involvement.

Research on quality at the level of outcomes

High levels of well-being and involvement lead in the end to high levels of child development. There are four core outcomes sought in Experiential Education:

- Emotional health, a foundational feature that refers to social-emotional conditions captured by the Rogerian concept of the “fully functioning person” which connects with self-esteem, self-confidence and
In sum, Experiential Education sees well-being and involvement as a measure of deep learning and of the effectiveness of the learning environment. Because these indicators of quality learning can be easily accessed by practitioners, the process-oriented strategy has an empowering impact on them and can help them to develop the huge potential of children. With proper support, children can become well-rounded adults who are self-confident and mentally healthy, curious and exploratory, expressive and communicative, imaginative and creative, well-organized and entrepreneurial, with developed intuitions about the social and physical world and with a feeling of belonging and connectedness to the universe and all its creatures.

The Experiential Education approach complements the broader system design approach outlined in Bennett’s review on early childhood education and care systems in OECD countries. It focuses attention on the immediate context of education (the setting), the people involved and, not least, the children whose basic well-being and motivation must be a constant concern of teachers. Its nurturing of broad competences or life skills is entirely suitable to early childhood education and care, but is also relevant to later education where motivation, self-organization and social competence continue to remain essential goals.

References

5. Laevers F. Improving quality of care with well-being and involvement as the guides. A large scale study in Flemish Setting Final report. Leuven, Belgium: Kind & Gezin. CEGO Leuven University; 2009.


**Note:**

* One research study, based on more than 12,000 scored episodes showed that the level of well-being of young children in Flanders can be considered more or less satisfactory (mean score: 3.63), while their involvement in care settings should be a matter for concern (mean score: 3.23).