Social and Emotional Skills in Educational Contexts

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Abstract: Recent strategy developments have emphasized the importance of social and emotional skills in educational contexts. Hence, educational psychologists are increasingly likely to be elaborate in the measurement of social and emotional skills. The aim of this paper is to offer an argument of key issues in the assessment of social and emotional skills in children and adolescents. One issue for further consideration is the extent to which children or schools/settings should be the focus of emotional competence assessment. The environment is key in supporting the development of these competencies in schools or settings, and therefore it is possible to argue that the school/setting is the appropriate focus. The paper completes with a appeal for more research and the further development of appropriate procedures.

Keywords: Social Skills, Emotional Skills, Educational Contexts

Introduction

The prevalence and stability of severe problem behavior has resulted in a national interest in providing early intervention to children in the toddler and preschool years and prior to school entry (U. S. Public Health Service, 2000; Shonkoff & Phillips, 2000; Simpson, Jivanjee, Koroloff, Doerfler, & Garcia, 2001). The primary settings in which this effort is likely to occur are community-based early childhood programs including public preschool programs, head start programs, and community child care. Tragically, many early childhood programs feel unequipped to meet the needs of children who are emotionally delayed or have problem behavior (Kaufmann & Wischmann, 1999). Teachers report that disruptive behavior is one of the single greatest challenges they face in providing a quality program and that there seem to be an increasing number of children who present with these problems (Arnold, McWilliams, & Arnold, 1998).

In this paper, authors describe a tiered model of prevention and promotion practices as a framework for the implementation of supports and interventions for young children within early childhood classrooms and programs (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). The model that we describe is used in a similar fashion to school-wide positive behavior support as a program-wide effort to create systems of support for all children including those with the most challenging behavior and contributes to recent efforts to adapt the school-wide PBS adoption process for early education programs (Benedict, Horner, & Squires, 2007; Frey, chapter 6 of current volume; Stormont, Lewis, & Beckner, 2005; Stormont, Smith, & Lewis, 2007).

Humans are a very social & expressive species. Social emotions play a critical part in our daily life, they even override our most basic needs; fear can forestall our appetite, anxiety can lead to a student's poor performance in an examination, anger can cause a person to hurt others, and joy can cause one to be more generous (Berk, 2005).

During the early childhood, social emotional development sets the stage for exploration and later readiness to learn and indeed, is the foundation for all development (Jerald, Cohen & Stark, 2000, Bagdi 2005).

Researches support that music is a wonderful art form that encompasses all areas of child development, namely emotional, intellectual, physical, moral, and aesthetics in a delightful and enjoyable way. In a study of the extra musical effects of music lessons on preschoolers, Devries (2004) concluded that six themes addressed the extra musical effect of music lessons: 1) involvement in music activities allowed children to release energy; 2) engagement in music-movement activities developed motor skills in children; 3) a variety of music activities promoted opportunities for student socialization; 4) music activities provided opportunities for children to express themselves; 5) music contributed to sociodramatic play; and 6) music listening activities focused children's listening skills.

Music provides an opportunity for children to participate on a social level through group activities. This helped the development of prosocial skills and improves self-esteem (Doise, Mugny, & Perret-Clermont, 1975; Johnson & Johnson, 1989; Light & Glachan, 1985; Roazzi & Bryant, 1998, Davidson, 2003). Involving in musical activities will increase children's social emotional sensitivity (Weinberger, 2001).

However children are born with each unique behavior style. Beginning in 1956, Thomas and Chess collected enormous amounts of data on childrearing practices and behaviors among 138 middle-class white children and 95 lower-socioeconomic-class Puerto Rican children, from infancy to 7 or 8 years of age. Analysis yielded nine categories of "behavioral style": (1) general activity level, (2) regularity and predictability of basic functions, like hunger, sleep, and elimination, (3) initial reaction to unfamiliarity, especially approach and withdrawal, (4) ease of adaptation to new situations (obviously correlated with the third category), (5) responsiveness to subtle stimulus events, (6) amount of energy associated with activity, (7) dominant mood, primary whether happy or irritably, (8) distractibility, and (9) attention span and persistence.

Several studies have shown that individual differences in temperament qualities, such as activity level or approach/withdrawal, may be related to children's social functioning and adjustment within the peer group, the responses they make to their peers and the quality of their relationships with other children (Farver & Branstetter, 1994; Keogh & Burstein, 1988; Mobley & Pullis, 1991; Stocker & Dunn, 1990). In general, children with easy temperaments, defined as approachful, adaptive and positive in mood (Thomas & Chess, 1977) have been found to respond prosocially to peer distress (Farver & Branstetter, 1994), and are rated as behaviorally adjusted to the preschool environment in terms of cooperation and persistence (Mobley & Pullis, 1991). In contrast, children with difficult temperaments appear to have relationships that are more problematic with their peers and are more likely to exhibit socialization and behavioral problems (Kym Irving, 2001).

Musical activities are of the utmost importance when present as a mediator, catalyst, moderator, and enhancer in a child's development holistically. However, there is no research on how musical activities affect children's social emotional development of different types of temperaments. This might be because musical activities were used by psychologist for behavior disorder or special children in a therapeutic effect or by early childhood music educators in upgrading children's musicality or lastly might be missed by author's searching.

Emotional competence is a relatively new concept and there is still some debate

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about what it entails. It has clear links, and some overlap, with the more established concept of social competence, and in carrying out this project it has proved very difficult to separate the two. Many of the instruments we identified cover both concepts. The literature illustrates an evolutionary process in the development of understanding of these concepts. Early instruments focused entirely on antisocial behaviour and these evolved into instruments which incorporated the more positive concepts of social competence. Later instruments recognise the emotional underpinning of behaviour, both anti- and pro-social. Now instruments are being developed which acknowledge and try to measure the skill which enables people to use and manage their emotions and be socially competent – the skill of emotional competence. Because much of this literature has been developed by those interested in educational performance, some of the instruments also cover academic competences.

Whilst we were undertaking searches for instruments we spoke to both practitioners and researchers about the issues involved in measurement. They provided us with lucid views about what assessment of this type can and cannot be expected to do. It is clear that there are still diverse views about emotional competence, and varied opinions on the practicality and appropriateness of trying to measure children's development in this regard. It is also clear that assessment and measurement is potentially useful in several different contexts, and that each of these demands something rather different of the instruments. The contexts we identified were: helping teachers/practitioners and others to identify children with poor emotional competence (screening); helping to identify individual children's emotional strengths and weaknesses in a range of

different settings (profiling); helping teachers and practitioners to identify ways to support such children's emotional development (improving practice); and helping to monitor emotional development, an important component of improving practice (monitoring progress). Most of those we talked to spoke about assessment with individual children in mind, but we also identified interest in whole school approaches. In the latter context assessment might aim to gauge the capacity of schools and settings to foster and develop emotional competence, identify those which are more or less successful in this regard, offer support to the less successful schools and settings and monitor their progress towards improvement.

Emotional Competence
It is clear that emotional competence, albeit under different guises and described using different terminology, is something which is beginning to be of interest to a range of different disciplines, and that people working in many of these disciplines are beginning to tackle the challenge presented by assessment and measurement. The new UK Foundation Stage Profile (QCA, 2002), which replaces baseline assessment with a single exit assessment proposes a number of items reflecting emotional and social development (e.g. forms good relationships with peers, displays a strong sense of self-identity, and is able to express a range of emotions fluently and appropriately) based on best practice, but the validity and reliability of this profile have yet to be measured. Teachers/practitioners are also looking for methods of assessing emotional and social competence beyond the Foundation Stage. There is therefore, a need to identify reliable and valid measures of emotional and social competence that might be suitable for use particularly in early years

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and primary school settings.

What is emotional competence?

The term 'emotional competence' is relatively new and there is still some discussion about its meaning, particularly the way it relates to concepts such as emotional literacy (Sharp & Faupel, 2001) and emotional intelligence (Salovey and Mayer, 1990). Emotional literacy is defined as 'the ability to recognise, understand, handle and appropriately express emotions' (Sharp & Faupel, 2001 p. 1). Emotional intelligence is a somewhat broader concept, which includes emotional literacy. It is defined as 'the ability to perceive accurately, appraise and express emotion; the ability to understand emotions and use emotional knowledge; the ability to access and or generate feelings which facilitate thought (creativity), and the ability to regulate emotions to promote emotional and intellectual growth (Salovey and Sluyter 1997, p10). Emotional regulation includes for example the ability to self soothe and to manage anger. The first two components of emotional intelligence are very similar to emotional literacy, the second two are broader. Elias (Elias et al., 1997) defines emotional competence as ' the ability to understand, manage and express the social and emotional aspects of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems, and adapting to the complex demands of growth and development'. This definition includes all the attributes of emotional literacy and most of the attributes of emotional intelligence, but places these in the context of relationships and problem solving. Emotional competence and emotional intelligence are therefore concepts with a common core. This common core is emotional literacy. The definition of emotional intelligence extends to cover the contribution which these aspects of human functioning make to creativity and intellectual growth. The definition of emotional competence extends to cover their contribution to relationships and to problem solving. Emotional competence, as defined here, therefore overlaps with social competence (see below).

There is consensus among those who have studied these concepts, that emotional literacy, competence and intelligence are important for lifelong achievement, and for the development of emotional and social wellbeing and positive mental health. The latter is a term which has been developed by those working in health promotion to circumvent the problems created by the euphemistic use of the term 'mental health' to refer to mental illness services. It covers self confidence and self esteem, resilience, agency and autonomy, the capacity to learn, grow and develop, creative thinking, and trusting, supportive, respectful, interpersonal relationships (Mental Health Foundation website). The areas of overlap with emotional intelligence include the capacity to grow and develop, and creative thinking. Emotional literacy is necessary for the development of supportive, respectful, trustworthy relationships and successful relationships are also part of the definition of emotional competence. Emotional competence is therefore also related to positive mental health. Agency (the belief that one can have an influence on the world), autonomy (the ability to think and act independently of others) and resilience are attributes of positive mental health which are not explicitly covered in definitions of emotional competence, emotional intelligence or emotional literacy, but are necessary for growth and development. Weare has argued cogently that autonomy is important for social competence (Weare, 2000) and Steiner has proposed that emotional literacy leads to

emotional wellbeing and positive mental health because it enables individuals to act autonomously (Steiner, 1997).

Social Competence

We have construed social competence as behaviour, attitudes and understanding that support the development of good relationships and enable children and adults to be successful in tasks involving others. This definition is concordant with the definition used by Weare (Weare, 2000) in which she describes the three key attributes of social competence as empathy, respect and genuineness. Emotional competence plays an important part in the development of social competence because it enables children and adults to identify and think about their feelings, handle them appropriately and to make a decision about how to behave in the light of both their feelings and their thoughts. For example, an angry child instead of displaying impulsive aggressive behaviour can make the decision to explain what it is that has made him/her angry and request whatever it is that he/she would prefer. This is likely to get a response from others that improves relationships. Aggression, or the other common emotionally incompetent alternative of withdrawal, are likely to result in a deterioration of relationships. Until recently, academics and practitioners have paid more attention to children's problem behaviour and lack of social competence than to the positive aspects of social competence and the emotional underpinnings of behaviour. Many have focused in particular on socially undesirable behaviour (that which others deem inappropriate in certain settings). Much of the work in this area has been conducted in the USA and has originated in the need to identify children with social and behavioural problems in order that they might be offered specialised help.

It is important to make the distinction here between socially competent, socially desirable and socially conformist behaviour. Social desirability often includes an element of social conformity – of not rocking the boat. It may also include behaviours that suit the assessor – children who withdraw rather than complain when they are distressed by something an adult has said or done. Emotional competence, however, does not necessarily lead to socially conformist behaviour. Indeed in some instances it might require non-conformist behaviour – taking an ethical, but unpopular stance for example. It also might encourage children to take issue in a mature way with adult behaviour, when the latter is distressing them. Topping, however, has argued that the concept of social competence includes 'processing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host culture and context' (Topping, 1998). If the host culture does not value dissenting voices, or assertive children, as in the examples given above, such behaviour would fall outside the Topping's definition of social competence. In the North American literature, particularly in early publications, the concept of social competence is clearly conflated with social conformity and compliance with social norms. These measures of social competence are therefore often concerned with behaviours that benefit adults rather than children (John, 2001; Weare, 2002). Although in certain circumstances – for example in resisting peer pressure to take drugs – parents, teachers, practitioners and society in general value autonomy in children, in others they appear to demand compliance. Conformity in children makes the job of parents, practitioners and teachers easier, but it may be counterproductive in terms of the development of desirable attributes such as positive mental health and good citizenship. We have taken the line that

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compliance and conformity are not an essential part of social and emotional competence. We have, however, had to work with a literature which has used the term social competence to mean something slightly differently from the way we have defined it here.

Background of Assessment

Some early papers on the subject of social competence from the 1970s and 1980s assumed that social behaviours, both desirable and undesirable, could be discrete, that is that they were not part of overall behaviour patterns, related to personality traits, nor context specific. Measurement might focus on an undesirable behaviour such as 'hitting', observing whether children did or did not hit out in reaction to artificial, socially challenging situations in a laboratory. It did not take into account the fact that hitting is one observable end point of complex emotional/social interactions dictated in part by a particular social situation, not a discrete behaviour to be elicited in isolation from the social context. Instruments attempting to assess behaviours in this way have been shown to lack social validity because they do not represent what happens in the real world of the child (Bierman and Welsh, 2000). Others working in this field have questioned whether antisocial behaviour and social competence are even part of the same continuum (Merrell et al., 2001). Merrell has suggested that it may not be possible to infer levels of antisocial behaviour from instruments measuring social competence.

Many early instruments were developed on the basis of observations of experts about what constituted socially desirable/undesirable behaviours. They devised the contents and went on to test their instruments on relevant populations. Many of these instruments proved to have strong psychometric properties (they had good reliability and validity), but their contents limit their usefulness. They were developed from the belief that the observations of experts could be entirely objective. There is now ample evidence that the researchers' own beliefs and attitudes, which are socially and culturally constructed, have an impact on the contents of such instruments and on how these instruments are used/recorded with individual children. There is also evidence that children's beliefs and goals impact on their relationships and behaviour but, as yet, these have not been integrated into measures of social competence, described as social functioning by Dweck and John (Dweck, 1991 cited by John, 2001). This evidence is leading researchers to develop instruments which incorporate the child's voice and recognise that their behaviour may be a reaction to the people who are observing them.

Researchers have been aware of the fact that individual characteristics and experiences, with peer groups in particular, are important in the process of adapting to the social environment, facilitating the development of a wide range of social skills (Braza et al., 1993). However, it is only recently that this thinking has begun to inform instrument development. One project currently in progress in Bristol is exploring with 11-12 year-olds how they would evidence doing well at school (Tew, personal communication, May 2002). Tew has discovered that the evidence children use is different from that which teachers/ practitioners would deem appropriate. Children's evidence was not based on academic achievement. The instrument Tew is developing is an example of one based on the child's view. The assessment tool developed for the Enable Project (Banks et al., 2001) also incorporates the child's perspective. This instrument has undergone several iterative stages over the past ten years evolving in response to the

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views of those using it. It enables the practitioners, researchers and children using the instrument to voice their opinions about which behaviours are relevant to them.

Prior to the 1990s, many instruments were developed with the aim of identifying children with specific conditions and pathologies and their content focused on the negative. In response to concerns about the need to recognise and build on strengths there has recently been a move to develop instruments which also assess positive generic attributes and strengths. The latter are more appropriate for work with 'normal' populations. This change has been accompanied by changes in terminology. In the early '90s, authors were interested in social behaviours and behavioural problems, i.e. observing behaviours and inferring social problems, whereas latterly authors are more likely to focus on competences (Mitchell-Copeland et al., 1997; Fantuzzo et al., 2001). This approach has enabled the development of instruments that aim to work in partnership with children to help them improve their emotional and social competences. Such instruments enable formative assessments – those whose primary purpose is to support development – as opposed to summative assessments whose primary purpose is judgement about whether a child is competent or incompetent. They are useful for profiling children and for supporting improvements in practice. In spite of these advances, many instruments in current use still require raters to score children on the basis of behaviours which are deemed by experts to be abnormal, with the primary goal of identifying problem children. These do not require the raters to reflect on the social context in which the behaviour is being observed nor the child's view. Such instruments tend to be more evident in the context of screening to identify problem children.

Approaches to Assessment

Instruments have therefore been used in different ways. They all share the aim of improving outcomes for children, but support rather different approaches to doing so. Broadly speaking they fall into three categories – early identification (screening), profiling (perspectives from different sources about the same child or school) and monitoring.

Screening instruments need to be able to separate children who are likely to need special support or intervention from those who do not. As they need to help practitioners make a judgement, they are summative. Because all children will be screened, these instruments also need to be appropriate for mainstream children and quick to administer. They also need to have high sensitivity (which means they will miss few children) and specificity (which means that they will not incorrectly judge mainstream children and those with special needs). They can be completed by a range of different observers including the children themselves. However the fact that they work well as a screening instrument with one type of observer (e.g. teacher) does not mean that they will work well with another (e.g. child). Independent evaluations need to be undertaken of their reliability with each reporter. Screening is only worthwhile if the problem sought is not obvious to a casual observer. It is also only worthwhile if an effective intervention is available to children identified as having problems. Although the latter are characteristics of screening programmes not screening instruments, they are important in deciding whether screening is likely to be worthwhile.

Instruments suitable for profiling need to be able to describe a child from many different perspectives in such a way that they enable both adults and children to identify what might be done to improve their emotional and social competence.

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Profiling is therefore formative and it requires different observers. It provides an all round picture of a child and suggests approaches and interventions that would support the development of the child's emotional and social competence. As it is usually used with children whose development is less than optimal, the instruments do not necessarily need to be appropriate for all children.

Instruments suitable for monitoring need to be able to assess change over time. They need, like profiling and screening instruments, to be valid and reliable, but they also need to be able to detect change accurately. So they need to help a practitioner decide whether what they are doing with a child is resulting in improvement.

All three types of instrument can be used for individual children or for groups of children in a school, classroom or early years setting. In the latter case the aim would be to identify schools or settings in need of special support (screening), or to identify the strengths and weaknesses of a class and suggest ways of supporting class development (profiling). Monitoring is often carried out at the group level and in this case precision is not so vital. Instruments which are not very accurate at individual level can sometimes perform as very reliable indicators of progress at group level.

Both practical and philosophical barriers were identified in response to this question. The practical barriers included time, which was an issue for many respondents, workload and covering the curriculum. 'Often children must be observed in a variety of situations before an accurate picture emerges of their needs. The time and cost implications are therefore considerable'. Some of these comments were qualified with statements such as 'but assessment is an integral part of good teaching so if used wisely there should be no barriers. There would be immense difficulties in my view if the assessment were used to label and to judge the abilities of individual children – one against another' (senior PSHE advisor).

One of the practitioners gave a 'real world' response. 'Assessing emotional competence would be valuable but needs enough time. Assessment is often seen/treated as a bolt-on and there isn't any funding for it. If you carry out baseline assessment properly, it's very time consuming if it is to give a fair and meaningful portrait of the child. But people cut corners because of number of children and so it doesn't get done accurately, with the result that teachers think it is a waste of time. There are considerable dangers with the climate of objective measurement whatever the area of assessment but more so with the "soft skills". The thought that we might give young people an EQ score as well as a SATS [Standard Assessment Tests (national tests)] score as they leave school makes me shudder' (head teacher, special needs school).

Other practical barriers that emerged included: 'a lack of responsibility within the school for inclusion so nothing happens while [the school] waits for outside agencies to take responsibility; a lack of liaison between the professionals involved; looking at assessment as an end [point] rather than using it to inform future planning; lack of experience on the part of teachers; a lack of training/expertise and support [for teachers/practitioners]; confidence to change [teacher/practitioner] attitudes and practices; and willingness to assess children for purposes other than the child's wellbeing' (senior PSHE advisor) [i.e. teachers will conduct assessments for the child's benefit but not necessarily for other reasons such as comparisons between schools or settings]. Other barriers reported included 'the lack of

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sufficient resources to undertake an assessment and lack of the administrative support necessary for involving children and parents' (national programme practitioner). Assessment might be seen as just 'more paperwork' for teachers/practitioners, which would be self-defeating.

The group of educational psychologists expressed their experiences and thoughts on barriers. 'For schools we believe it is a lack of understanding/acceptance of the importance of this area in relation to learning and achievement. We feel that it is good that emotional competency/literacy is a subject for discussion in education and hope that schools will take on the need to understand where the child is "at" in order to help them learn effectively'

One of the advisor/researchers described potential barriers outside the school. 'If the assessment takes the form of an objective, summative measurement, then there could be objections from various quarters, including parents. If the child is socially unskilled or emotionally uncontrolled, who are we assessing? Arguably in the case of a young child, we are assessing the parents! They might object!'

Another principal educational psychologist included a potential barrier for the child. 'For children themselves the main barrier is that they may be referred by staff for group work to overcome low self-esteem but actually perceive themselves "well" based on their reference groups.' Also as one of the researchers pointed out 'focusing on measurable outputs may be accompanied by a negative impact on self esteem'.

None of the respondents mentioned a lack of a suitable instrument as a primary barrier. Respondents who were developing instruments advocated theirs because they were 'easy to use and time efficient' (US researcher). These respondents also raised some provisos: 'the instrument is an adult's interpretation of a child and it is just a sample of behaviour.' For instruments involving child self-report, concern was raised about language: 'the child may get it wrong because s/he may not understand or s/he understands the concepts but can't demonstrate it' (head teacher, special school).

In looking for instruments which could assess or measure emotional competence, we found it difficult to separate these instruments from those that measured social competence because the two concepts are so closely related. However, most early instruments concentrated on social competence, and it is only recently that instruments covering emotional competence, as defined in this report, have started to appear. Some of the instruments which covered emotional as well as social issues focused on emotional well-being rather than emotional competence. We documented a considerable interest in assessing and measuring these competences in the published literature and among researchers working in the UK, Europe and the US. We also made contact with a number of teachers who were developing their own instruments for use in their schools or early years settings. Teachers are unlikely to have the resources at their disposal to be able to evaluate the reliability and validity of instruments they develop, so these are not likely to 'score' highly in a review such as this. It may, however, be worth examining the contents of such instruments again to achieve a perspective on what teachers think is important.

It is unlikely that we have managed to identify all those who could have made a contribution to this report, and we have reviewed only the literature that we managed to identify and obtain in the relatively short time span of the project, but it is clear from those with whom we

did make contact that assessment and measurement of emotional competence is practical and achievable. Instruments which are currently available or in development, could in the future make assessment and measurement for the purposes of early identification, profiling and monitoring a real possibility.

Our review of instruments demonstrated an evolving understanding of social and emotional development with contributions being made from a variety of different disciplines. Early instruments were designed by experts and focused on problem behaviours. By contrast, some later instruments were developed on the basis of research with parents and children, and included positive social competencies. Newer instruments enable reporting by multiple observers as well as children themselves, in recognition that emotional and social competence and behaviour can be context specific and that children's perceptions are important. The methods used for assessment have also evolved, early instruments relying on observer responses to behavioural items in a checklist. Newer instruments, both those we identified in the literature and those we identified by contacting researchers, include some based on observation of children's emotional and social responses to photographs, drawings or video vignettes. Many of the more recent instruments are now available in computer format.

One issue for further consideration is the extent to which children or schools/settings should be the focus of emotional competence assessment. The environment is key in supporting the development of these competencies in schools or settings, and therefore it is possible to argue that the school/setting is the appropriate focus. As one researcher put it we need to 'move away from assessing the pathology in the child to

[assessing] the pathology in the system'. The feeling of being judged and found wanting is a very real deterrent to professional or personal development, and such an approach might prove counterproductive to initiatives to promote emotional and social competence.

Conclusion
This study showed subjects learn to understand emotion, learn to respond positively and mostly, learn to cooperate with less aggressive and withdrawal behaviors during participating the musical activities. Music is a medium; teacher sang in a happy tone, subjects cheered, teacher sang sorrowfully, subjects frowned. During the musical activities, subjects cultivated habit of treating peers and instruments in respect, learnt to know how to achieve full enjoyment only by working cooperatively with peers, learnt to manage feeling like anger or fear, learnt to resolve conflicts when fighting for the same instrument, handling stress by music movement, learnt when and how to lead and follow, learnt to differentiate good and bad behavior. Moreover subjects with aggressive tendency learnt to interact with peers in an acceptable way and subjects who were withdrawal nurtured to accept new friends. The emotional foundation at this stage is the readiness for subjects to challenge an even bigger circle—school.

In reviewing the beliefs of this study, children's social emotional development is assumed to be the most important facet; with a healthy social emotional development, children are motivated to explore and ready to learn. On the other hand, music is assumed to be the most appropriate medium in all children activities; it catches children's attention easily, it pacifies children effectively, it enhances children's learning joyfully. Therefore well-planned musical activities equipped with teachers in positive attitude

and warm personality should be implied to all preschools and daycares so that it benefits all Malaysia children.

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