DEVELOPMENT OF SCHOOL AGE CHILDREN

Note Taking Guide

At the end of this training, you will be able to:

1. Discuss physical, cognitive, social, and emotional development of school age children.
2. Identify the steps to recognizing and responding to developmental concerns in school age children.
3. Discuss your role in enhancing the development of school age children.

Principles of Development

1. Not everyone develops at the same rate and development varies across domains.
2. Development is influenced by social and cultural diversity.
3. Past experience influences motivation to learn new things.
4. Relationships are key to development.
5. Children learn in a variety of ways.
6. Development happens in a specific order.
7. Play is important to development.
8. Physical, cognitive, social, and emotional development are all important and connected.
9. Biology and experience both influence development.
11. Early experiences have a lifelong impact on a child’s development.
12. Development goes from the simple to the complex.

-Adapted from National Association for the Education of Young Children, 2009

Overview

• The development of school age (ages 6-11) children is impacted by their greater capacity for self-reflection, their broader world view, and the tendency of adults and peers to make comparisons to others.
• Children this age are searching for a balance between greater autonomy and meeting expectations.
• Caregivers should not push children to “catch up” to their peers, but rather work towards their next task in their individual development.
Typical Development

- School age development can be divided into three main domains:
  - Physical development: slow and steady growth, improved motor skills, and the onset of puberty
  - Cognitive development: significant change between ages five and seven, changes in the brain, and an ability to understand other’s perspectives, needs, and feelings
  - Social and emotional development: growing competence, rule-oriented, peers have greater influence

- Sexual development is a fourth domain for school age development. Children this age have an increased interest in sexuality and sex but often lack accurate information.

- Competence is the main social and emotional task of school age children. To help children develop competence, teach them problem-solving skills
  1. Encourage “playing with” the problem
  2. Guide the child to break down a big problem into its parts
  3. Ask the child to work through the problem out loud
  4. Model and talk about the problem solving process,
  5. Have the child work through the problem on her or his own
  6. Ask open-ended questions
  7. Give positive reinforcement

Search Institute 2016

http://www.search-institute.org/blog/problem-solving-skills
Challenges of Providing Care to School Age Children

- Often the most challenging behaviors from school age children are actually developmentally appropriate.
- Other times, the behavior may be the result of past adverse experiences that have had a negative impact on development.
Caregiver’s Role

- Caregivers can enhance school age development through supportive relationships, structure, and positive, developmentally necessary experiences.

- It is the caregiver’s responsibility to determine whether or not an activity is age-appropriate, using the Reasonable and Prudent Parent Standard.

- Caregivers can address developmental concerns by:
  - Educating themselves on the indicators of delays
  - Documenting their concerns
  - Notifying the caseworker and other members of the treatment team
  - Advocating for needed services

- Indicators of possible developmental delays include:
  - Clumsy
  - Needs assistance grooming self
  - Few or younger friends
  - No signs of puberty
  - Struggles in school

- Struggles in school could also indicate a learning disability (ldonline.org). Indicators include:
  - Slow to learn the connection between letters and sounds
  - Confuses basic words (run, eat, want)
  - Makes consistent reading and spelling errors including letter reversals (b/d), inversions (m/w), transpositions (felt/left), and substitutions (house/home)
  - Transposes number sequences and confuses arithmetic signs (+, -, x, /, =)
  - Slow to remember facts
  - Slow to learn new skills, relies heavily on memorization
  - Impulsive, difficulty planning
  - Unstable pencil grip
  - Trouble learning about time
  - Poor coordination, unaware of physical surroundings, prone to accidents
Reflection Questions

1. How does your knowledge of school age development influence the way you interact, or the way you will interact, with children placed in your home?

2. Which steps in responding to developmental concerns – educate, document, notify, advocate – do you feel you do well and why? Identify 2-3 ways you can more effectively engage in the other steps.

3. What “typical” school age experiences do you think will be most important for the children in your home to have and why?

Resources and Recommended Websites

- Search Institute

- Parent Toolkit

- CDC

- Child Trends – Child Well-being


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Expectations

Working in pairs, read each statement and determine which expectations are unrealistic. Within each domain, one statement is false, meaning a typical child of that age could not achieve the task with regularity. Keep in mind the focus is on the “typical” child who is developing within normal limits and remember these are guidelines, not rules.

Physical

1. Age 6: Can swing a bat and hit a pitched ball
2. Age 7: Can use safety scissors with skill
3. Age 8: Can dress, brush his teeth, and comb his hair without help

Cognitive

1. Age 6: Can pay attention to a teacher for 15 minutes
2. Age 8: Can converse at an almost adult level
3. Age 9: Cannot understand long sentences

Social/Emotional

1. Age 6: Has interest in team sports and being part of the group
2. Age 7: Is not concerned about the opinions of others
3. Age 9: Has overcome most early childhood fears
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Common Sexual Behaviors in Childhood

Preschool children (less than 4 years)

- Exploring and touching private parts, in public and in private
- Rubbing private parts (with hand or against objects)
- Showing private parts to others
- Trying to touch mother’s or other women’s breasts
- Removing clothes and wanting to be naked
- Attempting to see other people when they are naked or undressing (such as in the bathroom)
- Asking questions about their own—and others’—bodies and bodily functions
- Talking to children their own age about bodily functions such as “poop” and “pee”

Young Children (approximately 4-6 years)

- Purposefully touching private parts (masturbation), occasionally in the presence of others
- Attempting to see other people when they are naked or undressing
- Mimicking dating behavior (such as kissing, or holding hands)
- Talking about private parts and using “naughty” words, even when they don’t understand the meaning
- Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)

School-Aged Children (approximately 7-12 years)

- Purposefully touching private parts (masturbation), usually in private
- Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”)
- Attempting to see other people naked or undressing
- Looking at pictures of naked or partially naked people
- Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.)
- Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues
- Beginnings of sexual attraction to/interest in peers

http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf

Development of School Age Children
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Behavior Scenarios

1. **Passive Aggressive**
   Bedtime is always a struggle with Ben. His previous foster parent reports that she had to tell him several times to go to bed time before he would finally stir. Then, he would walk as slowly as he could back to his bedroom and take his time brushing his teeth and putting on his pajamas. He has continued this behavior with you.

2. **Not Listening**
   Jace was placed with you a few months ago. You just left a message with his caseworker to complain that he just doesn’t listen. For example, the other day you went past Jace’s bedroom door and saw that his room was not clean. You found him in the basement playing video games and sat down on the couch near him. You started folding the laundry, telling him how you want his room to look. He never gave you eye contact and would just grunt a “yeah” every once in a while.

3. **Lying**
   Maria’s teacher called you to say Maria is telling stories to her classmates that do not seem true. You were able to confirm the stories were false. Most of the stories were adventures that never happened or exaggerations of her abilities. Apparently her classmates really enjoy these stories and call for her to tell more. She gets very upset if a classmate challenges what she is saying.

4. **Sibling Rivalry**
   Natalie and Leslie have separate bedrooms but share a bathroom. They constantly argue in the morning while getting ready for school. Most of the fights have to do with “hogging the mirror” or one accusing the other of taking a hair tie or scarf.

5. **Shyness**
   You take Tasha to her first soccer practice. She stays right by your side and refuses to go out on the field with the other girls. She is whiny and repeatedly begs to leave.

Discussion Questions

1. How does the behavior reflect the developmental stage (what children this age can and can’t do)?

2. How would you address this behavior in a developmentally appropriate way?
Laurie

Laurie is nine. She was placed in your home about three months ago. Laurie’s previous caseworker moved out of state. Her new caseworker, Joan, is coming to your house to talk about Laurie. In preparation for her visit, you write down what you know about Laurie’s history and what you have observed since Laurie has been in your home.

Laurie was born to a 17-year-old girl who abandoned her at her mother’s home when Laurie was one year old. At that time, she was functioning at a six- to eight-month-old developmental level. There was no evidence of abuse, but it appeared Laurie had been chronically and severely neglected.

Laurie’s grandmother tried to care for her for several months, but because of her own health issues, she called children services. Laurie’s mother could not be located and other family members were unable to take Laurie in, so she was placed in a foster home. During the following year in foster care, she developed well and eventually closed most of the gaps between her chronological age and her developmental age.

When Laurie was two, her maternal aunt got in touch with children services and expressed interest in parenting Laurie. Laurie was placed with her aunt, who was given legal guardianship. Laurie’s aunt worked the night shift, and slept most of the day. During the school year, Laurie would go to a neighbor’s house down the street who watched several other neighborhood children. During the summers, Laurie’s 10-year-old cousin watched over her. They watched a lot of TV and rarely went outside. When Laurie began school, it was a struggle for her to understand the lessons and learn new things. Her cousin and aunt made efforts to help her, but her struggle continued.

Laurie lived with her aunt until the age of seven, when her aunt was killed in a car accident. Family members were unable to care for Laurie, so she went into foster care again. Unfortunately, the previous foster family was no longer fostering, so Laurie was placed with a new family.

In her new foster home, she made some academic progress that first year because her foster mother spent hours each week working with her. The foster family’s older sons were very active in sports and clubs. As their activities grew and Laurie’s school work became more difficult as she advanced grades, the foster mother felt exhausted. She could not keep up with everyone’s needs, and asked for Laurie to be removed. This is when she was placed in your home.

When she was first placed in your home, she was compliant with the house rules. Lately, however, you have noticed that she seems to be testing the rules to see if there are any consequences.

Laurie does not sleep well. She cries out in her sleep, and sleepwalks. She is enuretic and wets the bed several times a week. Sometimes she will wash her sheets as instructed, and sometimes she will make the bed with soiled sheets.

She loves to help you in the kitchen, but doesn’t regularly complete her routine chores. She wants to be involved in activities, but is easily discouraged and gives up when they don’t go exactly right. She seems to lose interest in many activities quickly.
Laurie is in constant conflict with her foster siblings. She tries to participate in games, but demands that she be the center of attention and cannot share or take turns. When the game does not go her way, she becomes totally disruptive.

Laurie is a picky eater and refuses to eat any vegetables. She will eat some fruit if encouraged. She tends to fill up on snacks like potato chips and then is not hungry for meals.

Laurie has been sick three times since she has been in your home. She seems to catch every cold that goes around school.

Laurie has low frustration tolerance. When confronted by events that would be only mildly annoying to most nine-year-olds, Laurie becomes totally enraged and throws screaming tantrums, slams doors, throws objects, and kicks furniture and people.

Laurie struggles to complete her school work, and homework papers are often messy, and at times, unreadable. She is below grade level in most subjects, and doesn't like school. She does well in math.

Laurie’s teacher has shared that Laurie is disruptive in class. She is frequently out of her seat without permission, she persistently approaches the teacher for attention, she races to volunteer for any and all projects, and she bothers other children who are trying to work. She cannot attend to schoolwork for more than a few minutes at a time.

At recess, Laurie prefers to play with the first grade children. She can be bossy and argumentative with them. She does not get along with her classmates, who see her as a pest and "weird." She is always chosen last by classmates to be on a team, and the children often complain to the teacher "she'll just mess things up for us."

Laurie often complains that her classmates are out to get her and that she cannot trust any of them. On the rare occasion that she is invited to a birthday party or other get-together, she declines saying they only invited her because they had to.

In preparing to meet with Joan, consider:

1. What will you tell her about Laurie’s development? Assess her development in all three domains.

2. How do Laurie’s behaviors reflect developmental delays and unresolved, or poorly resolved, developmental issues? (Consider indicators such as her ability to attach, to self-regulation, and to take initiative; competence, academic achievement, motivation to learn, overall health, social skills, and her ability to adapt behaviors to get different outcomes.)

3. What activities will you do with Laurie to help her development?

4. What services and community resources will you advocate for to assist Laurie? Consider Laurie’s strengths when making suggestions.