



The School Years

Solihull Approach Leaflet Pack

For professionals who work with school-aged children, young people and their parents and carers



Assessment Form

Assessor _____ Date _____

Child's name _____ Sex _____ DoB _____

Family composition _____ Position in family _____

School _____ Tutor group/class _____

Parents'/Young person's perception of the difficulty and expectations of the child/young person:

Parents'/Young person's perception of normal behaviour:

Parents'/Young person's previous and current management of difficulty, e.g., praise, punishment, coercion:

Child's/Young person's medical/social/emotional history

1. Pregnancy, birth history, birthweight, early childhood. What were the pregnancy and birth like?
How did the mother and baby bond?

2. Health issues: any current medication?

3. Developmental status, e.g., language skills, hearing, comprehension, concentration span?
4. Recent life changes, e.g., new baby, family bereavement, change of carer?
5. What are the family routines, e.g., day care, meals, sleep? Does the family have routines?
6. What are the main features of concern?
7. Are there any patterns to the child's/young person's difficulty? What triggers the difficulty?
8. What do they think started the difficulty?
9. Are the child's/young person's carers working consistently with the child/young person and do all carers agree about the problem?

Further reading for parents

Solihull Approach online course for parents 'Understanding your child'



Understanding Your Child



Online Course

www.inourplace.co.uk

This is an enjoyable online course, focussing on the parent-child relationship. It can be done at your own pace, and is ideal for ALL dads, mums and other carers who want to learn more about sensitive and effective parenting, and be the best they can be.

- The course can be done on any PCs, Macs, iPads, laptop or smart phone, at a time and pace to suit family life
- There are 11 sessions each taking around 20 minutes (the main screens have optional audio voice-overs)
- Interactive activities, quizzes, video clips, practical hand-outs

The course covers:

- Responding to how your child is feeling
- How your child develops
- Different styles of parenting
- How your child communicates
- Understanding your child's behaviour
- Sleep, Self-regulation and anger

"I like finding out some of the reasons children behave as they do"

"It doesn't work all the time but bit by bit, we are working towards a less confrontational household!"

"I feel much, much happier and am enjoying parenthood more than I thought possible!"

"I have found the course very useful. Now, I take time to think more during difficult situations and during arguments with my kids."

Developmental and emotional milestones

Birth-12 months

Emotional milestones	Developmental milestones
<p><i>Birth-4 weeks</i></p> <p>Baby getting used to life outside the womb – often quite disorganised – baby needs to feel calm, safe and have a routine.</p> <p>Likes to look at a human face.</p> <p>Starts to match up mother’s voice (and other familiar voices such as father) with the faces they are seeing when being held or feed.</p> <p><i>4-6 weeks</i></p> <p>More settled – beginning to settle into regular pattern.</p> <p>Starts to smile although parents have recognised their baby smiling earlier than 4 weeks.</p> <p><i>6 weeks to 3 months</i></p> <p>May be starting to smile and will smile in response to a positive interaction with another person</p> <p>Starting to develop different cries and facial expressions that indicate when hungry, tired, uncomfortable or overwhelmed</p> <p>Enjoys looking at human face in particular parents or familiar adults</p> <p>Starting to vocalise more</p> <p><i>3-6 months</i></p> <p>Smiling usually established</p> <p>Temperament becoming clearer</p> <p>Gradually becoming more aware of own feelings</p> <p>Enjoying the familiar and starting to anticipate regular events, such as sight of bottle prior to being fed</p>	<p><i>Nervous development 0-12 months</i></p> <p>During the first year babies’ bodies develop very fast. The nervous system becomes organised – the rate and level of this process seems at least partly related to the quality of the relationship between baby and carer.</p> <p>In general, babies gain control over their bodies from head to foot and from their centre outwards to arms and legs, and then their fingers and toes.</p> <p><i>0-4 weeks</i></p> <p>Startles at sudden loud noises. May throw arms outwards and upwards when startled</p> <p><i>4-12 weeks</i></p> <p>Gradually gains more control of head</p> <p>Vision and hearing</p> <p>First control is of eye muscles – focus 6-9 inches. From birth, babies are interested in looking at the faces of their carers. This links to a baby matching the mother’s (and other familiar voices such as the father) voice with her face.</p> <p>By 3 months babies respond by smiling. May have begun to smile between 4-6 weeks or earlier</p> <p><i>Physical development</i></p> <p>By 3 months: will lift head and upper chest when prone using forearms to support.</p> <p>Grasps rattle for a short while.</p> <p>Hands move when distressed/excited at sound of approaching noise.</p> <p>5-6 months: reaches for object – picks up with raking movement.</p>

Birth–12 months

Emotional milestone	Developmental milestones
<p><i>Separation</i></p> <ul style="list-style-type: none"> - Gradually able to tolerate small amounts of time from parents May be able to comfort self for short time but this is variable and there may be times when baby cannot do this particularly is he is frightened - Feeding may change from breast or bottle to solid food - Sleeping may change with altered sleeping arrangements e.g. move from parent's room to separate room Recognising others, mother, father, siblings, grandparents aunts, uncles By 6 months starting to recognise differences in familiar people. At times may be aware of strangers <p><i>6-12 months</i></p> <ul style="list-style-type: none"> Increased capacity to recognise feelings such as joy and displeasure Becomes more aware of being separate from mother, father and others Recognising strangers and can react in a distressed way if stranger tries to interact too quickly Starting to be able to distract themselves when things go wrong More persistent in pursuing their own goals especially in play Enjoys sharing games with parents and others Laughter occurring more often when engaging in exciting interactions with parents and other familiar adults 	<p>6-9 months: begins to roll, crawl and may begin to pull himself up to stand.</p> <p><i>Speech development</i></p> <p>By 6-12 months: babies make various sounds – babbling, cooing, gurgling and laughing.</p> <p>Enjoys nursery rhymes, songs with regular rhythms e.g. 'pat a cake' or 'row, row , row the boat'</p> <p>If parents would like your child to be bilingual it can be helpful for one parent speaks one language and the other another language. The baby may mix sounds and words initially but they will gradually adapt.</p> <p>6-9 months: babies copy parents' speech sounds.</p> <p>12 months: make sounds/words like mama, dada</p> <p>Recognises own name</p>

Emotional milestone	Developmental milestones
<p><i>12 months</i></p> <p>Toddler begins to learn to separate emotionally from main carer and to develop own identity.</p> <p><i>12-18 months</i></p> <p>Shows anxiety about separation from carer – tends to feel out of control of the situation and become more nervous and anxious. Not until 18-24 months can toddlers carry a picture of their loved ones in their mind.</p> <p><i>18 months</i></p> <p>Key words are 'me', 'mine' and 'no' – begins to distinguish between 'you' and 'me'.</p>	<p>At 9-12 months sits unsupported for 10-15 minutes; attempts to crawl.</p> <p>Developing fine pincer grasp.</p> <p>Pulls to stand, and by about 1 year most babies walk unaided.</p> <p>From 1 year becomes very active – gets into everything.</p> <p>Climbs on chair to reach something – stacks containers, starts to learn simple instructions. Has 'mama', 'dada' and 2 or 3 other words. Jabbers.</p> <p>Responds to own name and 'no-no' and 'give it to me'.</p> <p>By 18 months has about 10 words – using words to replace or accompany pointing.</p> <p>Drinks from cup with help. Chews.</p> <p>Holds spoon and tries to use.</p> <p>Puts wooden cubes in and out of cup when shown.</p> <p>Quickly finds hidden toy.</p> <p>Plays pat-a-cake, and waves 'bye-bye'.</p> <p>Sits or stands without support while being dressed.</p>

Two years

Emotional milestone	Developmental milestones
<p>Toddlers normally show extremes of behaviour between 2 and 3 years – very dependent/independent, very aggressive/calm/helpful/stubborn.</p> <p>More independent – gets angry when stopped from moving somewhere, tantrums common (cries desperately, kicks, bites, rough with other children).</p> <p>Begins to show feelings of pride, pity, sympathy. These feelings connect the child to himself and to others. 2s usually aware of praise and smile.</p> <p>Needs a carer to tell him what is right and what is a 'no-no' – tone of voice important. First step in recognising right from wrong.</p> <p>Fear of strangers is less.</p> <p>Fear of noises, thunder, trains, flushing toilets.</p> <p>Plays alone or alongside others but won't share.</p> <p>Short attention span and easily distracted.</p> <p>Harsh parenting and smacking gets in the way of a child's emotional development.</p> <p>Toddlers like routine and any changes upset them.</p>	<p>Runs, pushes and pulls large toys.</p> <p>Climbs on furniture and up and down stairs holding on to rail.</p> <p>Throws small ball overhead.</p> <p>Sits on small bike and scoots along with feet.</p> <p>Hand preference usually obvious.</p> <p>Enjoys picture books and recognises detail.</p> <p>Modifies pencil grasp, spontaneously scribbles to and fro and in a circular motion.</p> <p>Knows 50+ words and begins to form simple sentences.</p> <p>Talks to self.</p> <p>Names familiar objects and parts of body.</p> <p>Carries out simple instructions. Spoon-feeds well and chews competently.</p> <p>Verbalises toilet needs – may be dry in day.</p> <p>Enjoys imitating domestic activities.</p>

Three years

Emotional milestone	Developmental milestones
<p>Play is the work of this age – focus on becoming confident and efficient.</p> <p>Quite balanced – normally happy and contented.</p> <p>Still self-centred and magical in thinking – believes wishes make things come true.</p> <p>Has imaginary friends who can be blamed when things go wrong.</p> <p>Bargaining works but reasoning does not.</p> <p>Distraction still works.</p> <p>Doesn't get so frustrated, and gets less angry when stopped.</p> <p>Biggest fear is that the carer will abandon him – especially at night.</p>	<p>Enjoys walking/climbing and running.</p> <p>Likes drawing/threading/play-dough and simple jigsaws.</p> <p>Begins to take turns, as a start to sharing.</p> <p>Large vocabulary mainly intelligible to strangers, but many ungrammatical forms persist.</p> <p>Able to follow instructions.</p> <p>Asks many 'what, where and who' questions.</p> <p>Listens eagerly to stories.</p> <p>Uses fork and spoon.</p> <p>Pulls pants/knickers up/down.</p>

Four years

Emotional milestone	Developmental milestones
<p>4-year-olds enjoy silly games/talk and showing off.</p> <p>Through play they continue to seek balance between dependence/independence.</p> <p>May see return of some '2-year-old stubbornness'.</p> <p>If naughty, may blame others or be naughty on purpose to get a reaction.</p> <p>May be aggressive again – biting, kicking, and throwing objects.</p> <p>Has a sense of past/future.</p> <p>Fear of dark remains.</p> <p>Begin to compete with parents of same sex for the attention of parent of opposite sex.</p>	<p>Up and down stairs with adult following.</p> <p>Climbs ladders/trees.</p> <p>Rides tricycle expertly.</p> <p>Increasing skill in ball games.</p> <p>Threads small beads on lace.</p> <p>Holds pencil in mature fashion.</p> <p>Copies cross.</p> <p>Speech grammatically correct and intelligible.</p> <p>Listens to and tells long stories, sometimes getting confused. Repeats nursery rhymes.</p> <p>Eats skilfully.</p> <p>Washes/dries hands, brushes teeth.</p>

Emotional milestone	Developmental milestones
<p>More balanced again.</p> <p>Quite independent and often serious and realistic.</p> <p>Less frustrated and less angry – may bang doors/stamp feet, say 'I hate you' and 'I wish you were dead'.</p> <p>Mostly friendly and talkative to strangers.</p> <p>Bargaining continues to work. Calming down and time-out chairs help them to regain self-control.</p> <p>Fears of talking and being hurt are common.</p> <p>May also worry that parents may not be available when needed, e.g., something happening to a parent while child at school. Tender and protective towards younger child or pet.</p>	<p>Runs lightly on toes.</p> <p>Active and skilful in outdoor play.</p> <p>Grips strongly with either hand.</p> <p>Good control in writing and drawing and painting.</p> <p>Writes a few letters spontaneously.</p> <p>Speech fluent – may have some phonetic confusions.</p> <p>Recites rhymes and jingles.</p> <p>Enjoys jokes – asks meaning of abstract words.</p> <p>Uses knife/fork competently.</p> <p>Undresses/dresses.</p> <p>Appreciates clock time in relation to daily routine.</p>

Six years

Emotional milestone	Developmental milestones
<p>Parents are less central to the child's world. More involved in school life and making new relationships.</p> <p>Prefer to keep school and home life separate, e.g.: 'What did you do today?' 'Nothing'!</p> <p>Likes their work and efforts to be noticed.</p> <p>Can be very unsettled by a teacher leaving.</p> <p>Teacher is seen as 'theirs' and this threatens security and stability.</p> <p>Preoccupied with aspects of life such as life, death, illness, religion. Searching questions such as 'Where do babies come from?'</p> <p>Friendships can be intense.</p> <p>Will be upset if excluded at times of sadness, e.g., family bereavement.</p>	<p>Has a sense of competitiveness + rivalry.</p> <p>Ability varies widely at this age.</p> <p>Attention span still quite short.</p> <p>Intellectual skills are developing, but still tends to think in concrete images, e.g., moving house (will question if building is moving).</p> <p>Speech difficulties will be improving. Speech may be fluent, vocabulary still limited.</p> <p>Has endless questions; very inquisitive.</p> <p>Reading simple stories between ages 6-7.</p> <p>More able to control antisocial impulses and develops a sense of what is right and acceptable.</p> <p>Plays in single sex groups and may actively dislike the opposite sex.</p> <p>Girls may have a best friend; boys are usually in groups but may have a special friend.</p> <p>May show interest in bodies of opposite sex. Plays 'doctors and nurses'.</p> <p>Can sort fact from fiction and believe and not believe at the same time, e.g., Father Christmas.</p>

Emotional milestone	Developmental milestones
<p>Clear sense of own identity.</p> <p>Growing confidence and self-esteem through experience of different situations.</p> <p>Understands other people's thoughts, feelings and wishes better.</p> <p>Argues with parents when views differ.</p> <p>Quarrels with siblings but learning reasoned arguing.</p> <p>Feels more secure and able to cope in the 'real' world.</p> <p>Can be self-critical and sensitive to other people's comments.</p> <p>Likes the order and routine of class groups but still happier in small group activities.</p> <p>Shows a strong attachment to teacher and may compare parents to teacher.</p> <p>There needs to be a strong home/school relationship to leave child free to learn.</p> <p>Can be muddled by complex family relationships as in divorce and stepfamilies.</p> <p>Needs clear explanations and reassurance.</p> <p>Generally accepts a new baby without too much jealousy if included and reassured.</p> <p>May reserve their worst behaviour for those they love best, i.e., family.</p>	<p>More independent; may want to go to school alone.</p> <p>Self-control increasing; 'more sensible'.</p> <p>Ability to reason develops along with vocabulary.</p> <p>Still has a sense of competitiveness and rivalry.</p> <p>Sense of time still poor – five minutes could be forever.</p> <p>Understands pretend play – knows it is not real but enjoys the fantasy.</p> <p>Play tends to be more with other children than parents.</p> <p>Friendships may come and go.</p> <p>Will compare friends.</p> <p>Enjoys pocket money and learning how to use it.</p> <p>Enjoys board and card games with parents – these help to learn about winning and losing safely.</p> <p>Will collect anything: tickets, bottle tops, cards. Likes to 'own' them and swap with friends.</p>

Eight years

Emotional milestone	Developmental milestones
<p>A lull between dependence of babyhood and independence of adolescence.</p> <p>Absorbing all of their life experiences – positive and negative – receptive to good experiences – vulnerable to bad.</p> <p>Strong emotions felt but can be difficult to cope with.</p> <p>May be idealistic, e.g., 'I'll never smoke'.</p> <p>Family very important – assumes it is stable.</p> <p>Routine is important.</p> <p>School and class routine are reassuring especially if has moved to Junior school. Teacher and peers build confidence in self.</p> <p>Still needs help with decisions and boundary setting. Needs 'grown-ups' to listen to their fears and worries.</p> <p>Makes 'same sex' friendships.</p> <p>Friendships are based on thoughtfulness and consideration as well as mutual activity, rivalry and quarrelling.</p>	<p>Able to participate in competitive and other sports.</p> <p>Speech and ability to count developed further by board games.</p> <p>Enjoys 'lavatory' humour.</p> <p>Co-ordination improves – able to play musical instruments.</p> <p>Enjoys 'facts'.</p> <p>Likes to watch television.</p> <p>Likes 'crazes' and collecting items.</p>

Emotional milestone	Developmental milestones
<p>Family important – needed for a secure base and also for encouragement to do well.</p> <p>Aware of family members' strengths, weaknesses and capabilities, and of parental anxieties.</p> <p>Growing independence but can still act impulsively, with variation in degree of organisation.</p> <p>Many can express themselves verbally, but may need help to express their thoughts and fears at difficult times, particularly around parental separation, divorce and life events. May benefit from talking to someone outside of family.</p> <p>Beginning to understand that parents and people in power do not always have all the answers.</p> <p>Perceptive and beginning to understand groups and individuals, and what is important about the opposite sex.</p> <p>Play is still important with a need for a 'best friend', though there may be more than one 'best friend'.</p> <p>Curious about death and dying, but beginning to have a more adult understanding of the finality of death and its implications.</p> <p>Interested in sexual matters and relationships. Jokes about sex but does not necessarily understand the language used and the implications.</p> <p>Some nine-year-olds experience anxiety about whether they will grow up to be 'normal' – they are aware of the talk, e.g., homosexuality, but do not fully understand and remain anxious.</p>	<p>Steady growth in height; boys generally taller and heavier than girls.</p> <p>Generally not experienced bodily puberty changes. However, some girls experience early changes and may have started menstruating. Boys generally do not start bodily changes for some years.</p> <p>Personal hygiene and the importance of keeping clean becoming increasingly important as sebaceous and sweat glands start to become more active.</p> <p>Aware of how they fit in – aware of slight physical characteristics – and can be magnified – calling each other names. Although they may tease about physical and personality defects/differences, they also show concern for others.</p>

Ten years

Emotional milestone	Developmental milestones
<p>Discovery that the rules of life are increasingly complicated, and that the world seems a much bigger place. More independence is achieved, and the nature of friendships is changing.</p> <p>They are now able to set and achieve their own goals.</p> <p>There is a mental change that occurs at this time, they discover the wider picture and have to think around subjects.</p> <p>Increased awareness of where they stand in relation to others; they will know their ranking in class.</p> <p>Aware of social and cultural differences.</p> <p>They may feel pressured if they have learning difficulties, or are considered very able.</p> <p>Anxious to please their parents and feels the pressure to succeed, and often seeks out a middle position so as to not stand out from their peers.</p> <p>Friendship provides opportunity to move away, both emotionally and actively, from a focus within the family.</p> <p>Hobbies and pursuits are important, allowing them to make gains.</p> <p>Increasingly concerned about issues of justice and fairness.</p>	<p>Can master most things to do with the body; intricate co-ordination skills are developed by practising and honing their preferred sporting activities.</p> <p>There may be a generalised body growth, with a changing of the shape of the body.</p> <p>Although there are issues that are common to both sexes, the experience of boys and girls is different.</p> <p>Sexual matters are usually approached in a joking, bantering manner to within their separate groups. Knowledgeable joking by boys that conveys they have a wealth of knowledge means they don't have to worry about girls.</p> <p>Some girls may have started their periods and be more advanced physically than other girls, and than boys as a group.</p> <p><i>Girls</i></p> <p>Breast buds may start to develop, and may be uneven, one side developing before the other.</p> <p>Pubic hair may have already started to appear and underarm hair usually appears two years post pubic hair. Sweat glands will start to increase, and the skin may start to become spotty and blackheads appear. The menarch may commence.</p> <p><i>Boys</i></p> <p>Growth of testes, and pubic hair. Facial and underarm hair growth two years post pubic hair growth. Sweat glands will start to increase, which may cause spots and blackheads. The voice may start to deepen but this usually develops at a later age.</p>

Emotional milestone	Developmental milestones
<p>Increasing independence, becoming more self-aware.</p> <p>Developing own interests can lead to conflict in family.</p> <p>Needs parental support to help explore and understand their developing skills and relationships.</p> <p>Adopted children become increasingly curious about birth parents.</p> <p>Developing ideas of what it is to be a man or a woman. Parental attitudes will be a big influence.</p> <p>May join with older children as wants to feel more grown-up and be tempted into risky behaviour, e.g., smoking, drinking alcohol.</p> <p>Friendships – girls: although part of a larger group of friends, a lot of ‘best friend’ swapping can happen, causing upset.</p> <p>Friendships – boys: groups are often more activity-based, e.g., football, skateboarding, rather than focused on interpersonal relationships.</p>	<p>Puberty – boys: physical changes often start later than in girls, lack of height may affect self-esteem. Some boys may start to notice broader shoulders and an enlarged scrotum.</p> <p>Puberty – girls: a time of rapid physical development, hips widen, breasts developing, getting taller, periods starting for some.</p> <p>11-year-olds need to be kept informed about the changes that are happening to them so they understand their bodies and feel prepared.</p> <p>Changing school – some children look forward to the change as a step towards growing up, others find the upheaval difficult.</p> <p>Developing an independence of mind, having own opinions, thinking and learning in a more logical way.</p> <p>Hygiene – may need reminding about personal hygiene.</p> <p>Appetite – usually good; some girls may start to diet.</p> <p>Sleep – reluctant to go to bed and to get up!</p>

12–14 years

Emotional milestone	Developmental milestones
<p>Body changes may evoke a variety of feelings – denial, dread, apprehension, relief, delight, pride, disgust, excitement, worry and self-consciousness.</p> <p><i>Sexuality</i> Masturbation – relief of tension, feelings of guilt, fantasies Parental anxiety. Making new relationships – changing relationship with parents. Homosexuality – sorting out confused desires and urges, experimenting as establishing ‘who’s me’.</p> <p><i>School life</i> Making friends – in and out of school and being part of a group. Social stress, pain and pleasure of being included and excluded. Very influenced by peers. Loosing bonds with parents.</p> <p><i>Establishing own identity</i> Rebelling and conforming – moving between the two.</p> <p><i>Experimenting and testing</i> Music and clothes may be closely related.</p> <p><i>Testing the limits</i> Possible difficulties:</p> <ul style="list-style-type: none"> • Stealing • Eating disorders • Drugs and alcohol • Promiscuity <p><i>Life in the family</i> Conflicts within and outside the family. Wanting the responsibilities of being grown-up and at the same time wanting things done for them. Separating from parents.</p>	<p>Beginnings of puberty</p> <ul style="list-style-type: none"> • Girls may have periods, develop breasts and grow pubic hair, changing body shape. Smelling, sweating and unfamiliar cramps and aches. • Boys may experience first ejaculations (often as dreams). Sudden increase in growth, developing body hair, spots and voice changes. <p><i>Sexuality</i> Masturbation</p> <p><i>School life</i> Increased exposure to range of thinking, learning and acquiring new technical skills. Extra homework.</p>

Emotional milestone	Developmental milestones
<p>Period of emotional upheaval, change and confusion.</p> <p>Strong desire to move away from family and authority, develop their own identity and beliefs. Need to have own space and be recognised as individuals.</p> <p>School and society may be perceived as a threat to establishing their own identity. This may develop into conflict and arguments, rejecting adult advice.</p> <p>May appear as idealistic, arrogant or self-righteous, provoking discussion and challenging parents' opinions and beliefs in an attempt to show their independence but also to engage parents.</p> <p>The reverse may also be apparent, withdrawing from family life, avoiding conversation and contact when, in reality, they are really still in need of parental attention.</p> <p>Mood swings occur as the teenager copes with alternate feelings of fearing, then desiring, to be an adult, sometimes needing space, and at other times nurturing. Boundaries may be a source of anguish, the parent concerned with safety and the young person stating, "It's my life."</p> <p>Expectations may be the result of parental wishes rather than the teenagers hopes and dreams and this may lead to unhappiness on both sides.</p>	<p>Time of great physical growth and change. Adolescents may become preoccupied with their bodies – too fat; too thin; "Is it normal?"</p> <p>By this age development of growth and puberty may be well advanced in girls, but in boys may be very active. Feet and hands grow first, making teenagers appear, ungainly and the trunk grows faster than the legs. Shoulders and hips widen as a result of sex hormones but boys develop wider shoulders and more muscle than their female counterparts.</p> <p>Most girls will already have started their periods but it is not unusual for this to happen between these ages.</p> <p>Other sexual characteristics may be already apparent or developing, such as pubic hair, breast enlargement in girls and the deepening of voice, facial hair and enlargement of penis and testes in boys.</p> <p>Sebaceous and sweat glands become more active, giving rise to skin problems such as spots and acne Even eyes grow and change shape and may give rise to changes in vision.</p> <p>The age at which these changes take place vary immensely to each individual. However, it is worth mentioning that the age at which maturation occurs may have an effect on the adolescent's development. Early onset of puberty in girls has been linked to feelings of low self-esteem and late onset in boys has been reported to have the same effect.</p>

Behaviour difficulties: a child's perspective

Even when I try to be good she doesn't think I am.

Why does it always happen to me? I don't mean it to go wrong.

I want a new mummy – a nicer one.

It's more exciting to be naughty – it's too hard being good all the time.

If she can say NO to me, I don't have to do what she wants.

If Daddy shouts at Mummy why can't I?

Nobody loves me. They would rather I wasn't born – it's not my fault.

I'll get my own back for them being so horrible to me.

Ever since that baby came no one thinks I'm the best any more.

I can look after myself. I don't need Mummy and Daddy.

Mum loves her more than me.

Why should I have to say sorry? They started it.

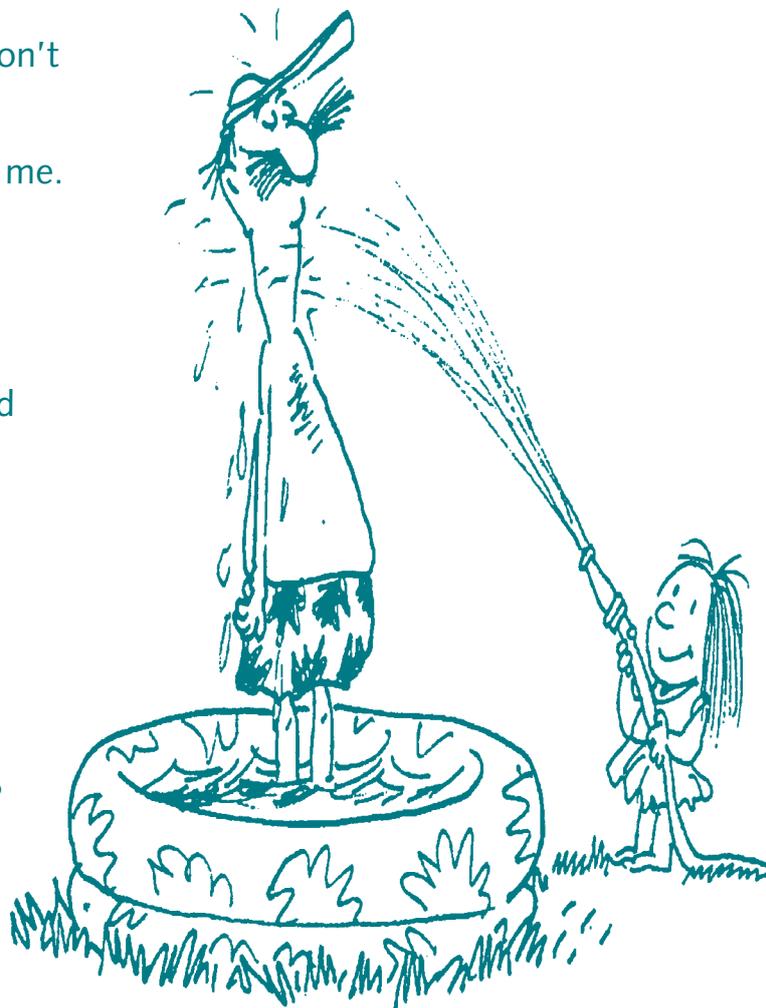
I want to go to bed please Mummy but I'm frightened of the monsters.

He'll give in a minute if I keep on screaming.

I don't really want to be naughty but nobody notices when I'm good.

Why can't I do this today? Daddy let me yesterday.

She doesn't stop to listen and understand why I'm doing this.



Behaviour difficulties: a parent's perspective

What am I doing wrong? It must be my fault.

He's so naughty, he keeps throwing the dummy out of the pushchair when I'm shopping.

She has got the devil in her.

She screams when I'm on the phone.
Is it just attention seeking?

My Dad said he needs a good slap; that will stop him pinching his sister.

When we are out, other people stare when he has a tantrum. It's so embarrassing.

Her sister was an easy baby, but she's a little monster!



Before, during and after

Trying to understand your child's difficult behaviour

Why is your child behaving like that? Sometimes it is very hard to understand why your child is suddenly having a temper tantrum. Why is she trying to break things or hurt another child for no apparent reason? Some of the things children do seem to have no relation to what is going on around them. You may be exhausted or feel helpless trying to cope with your child's behaviour.

This leaflet explains one way of trying to understand your child's behaviour. What children do has a meaning behind it, even if it's difficult to see. It is very rare for a temper tantrum to come out of the blue. This approach can help you gather up the clues to what is happening and why it is happening. In turn, this can help you with the situation. You may be able to see a different way of doing things or it may show you that your child is struggling to come to terms with something that you may be able to help her with. This approach looks at what happens before, during and after the tantrum or behaviour.

When your child does 'it' again, take a few moments to think about what happened. Looking at a situation in this way, what happened before, during and after, can help in several ways. The 'Before' section can show you what is setting the situation off. This may give you ideas about what to do differently. The 'During' section tells you a bit more about what is happening, which again can give you ideas about what to do differently. The 'After' section shows you whether the behaviour of your child is rewarded in any way. If so, this will make it more likely that the behaviour will happen again. For example, if your child knows that if he makes enough fuss at bedtime you will let him stay up longer, this will make it more likely that next time he will complain long and loudly about going to bed. There is a 'Before, During and After' chart that your health professional can give you.

Before

Think about what was happening before 'it' began. What were you doing? What was your child doing? What were other people doing? You may also find it useful to try and think about what you were feeling and thinking at the time and about what your child was thinking and feeling.

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During

Think about exactly what you, other people and your child did. Again, it can be useful to remember what you were thinking and feeling at the time and what you imagine your child was thinking and feeling.

After

What happened afterwards? What did you do? What did your child do? What thoughts and feelings did you and your child have?

A more complicated example is the everyday story of Lee and Jordan. Lee and Jordan were brothers. Lee was 8 years old and Jordan was 5 years old. Most of the time they got on fairly well, playing all sorts of games, but sometimes Jordan became suddenly very cross as he was playing.

At first mum and dad thought he was just being selfish, wanting to be the centre of attention as he played, but when Jordan began to throw things, break things and kick and punch Lee, they began to get very cross with him and also worried that his behaviour might get worse. There were soon frequent scenes in the house when both boys were upset, something was broken and mum and dad were telling one or both of them off.

Mum and dad thought that Jordan was a naughty boy who just wanted attention but they decided to try to use the Before, During and After approach to understand a little more about what was going on.

They chose a particular event when a game on the computer had ended with Jordan almost breaking one of the controls, pushing Lee and storming out of the room in angry tears.

They described the following things:

Before: Jordan and Lee were playing happily. They seemed excited and cheerful, laughing and giggling. Lee seemed to be concentrating more. Jordan seemed to be becoming increasingly serious. The game was reaching a crucial point. Lee was winning.

During: Jordan became very angry, frowning and complaining. He shouted and screamed and said it wasn't fair. He seemed unable to control himself and seemed to want to break the computer. He punched Lee as if he really wanted to hurt him, then ran out of the room. Jordan seemed very cross with Lee.

After: The game was not over but nobody was now going to win. Lee looked shocked and upset. Jordan was upset in another room. Mum and dad were telling Jordan he was a naughty boy. Lee said 'It wasn't my fault.' Mum and dad were cross with Jordan.

Having noticed these things mum and dad sat down and talked about what could be going on. Here are some of the questions they found themselves trying to explain:

- What were the boys thinking about as they were playing?
- What was happening in the game as Jordan began to get cross?
- Why was Jordan so cross with Lee?
- Why did Lee have to concentrate so hard?
- What did Jordan think was unfair?
- Who had been going to win the game?
- Why did Jordan leave the room?

After discussing this for a few days, they sat down with the boys and talked it through. They asked the boys some of these questions and tried to help both of them to explain what they had been feeling at the time. The conversation got quite heated but eventually mum and dad had an idea of what had happened in this game and in other games too. It turned out that Jordan was getting very cross because Lee had a way of always winning. Jordan was not skilful enough to beat Lee because he was younger. Lee was very good at making sure that he always beat Jordan. Jordan felt that Lee was deliberately making him cross and this made him even more angry. Jordan then spoilt the game and left it before it was over so that Lee did not actually win. In this way, the game did not have an ending and there was no winner or loser.

Now that mum and dad were thinking about this event like this they were able to try to find ways of dealing with the cross feelings in the family. Competition is normal between brothers and sisters, but sometimes children (and parents!) need help to manage it.

- They spoke to Jordan about how hard it is to be only 5 years old when Lee is 8 years old and is able to do more than Jordan.
- They spoke to Lee about how they now knew that it wasn't all Jordan's fault and that Lee liked to annoy his brother by beating him and then getting him into trouble by making him angry.
- They tried to arrange for Jordan to play more with children of his own age and ability.
- They encouraged the boys to play some games that didn't have to involve one being a winner and the other a loser.

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Behaviour chart

Name _____

A Before	B During	C After
<p>Where was the child? What seemed to lead up to the behaviour? Were any warnings given prior to the behaviour? What did individuals do or say to the child?</p>	<p>What time of day was it? What did the child do exactly?</p>	<p>What happened as a result of the behaviour? How did the episode come to an end?</p>
<p>Date</p>		

Guidelines for the use of star charts

A star chart acts as a reward. Your child earns gold or coloured stars for the behaviour you are trying to encourage. Star charts also show your child how her behaviour is changing. Children are usually ready to record their successes, so you can encourage your child to record them.

There are various charts available but parents usually wish to design their own to suit their child. Instead of using a star chart, you can use a drawing of your child's favourite character, divided into sections. One section is coloured in instead of using stars.

It is important to explain to your child exactly what must be done to earn a star/smiley face. You should ensure that she understands what needs to be done. Eg: Sarah, you tidied your toys and put them away. Sarah, you played quietly while I fed Johnnie. You read Billy a story and gave him a nice soft hug. You let Amy sit on the horse/go on the trampoline first.

- Keep the chart in a place where it can be easily seen by your child.
- Tell people who see your child regularly about the star chart so that they can also encourage your child to earn stars. Success at an early stage is vital to keep your child interested.
- If your child is not able to earn a star in the early days of trying, then you could make the first step easier to encourage her.
- Always praise your child when she earns a star and let her stick it on the chart at once.
- If your child is disappointed when she has not earned a star you should sympathise, but encourage her by saying 'You can try again.'
- It is important to remember not to get cross or upset – be positive.
- It is also important not to remove stars for bad behaviour.
- Once a star is earned it should never be removed.
- Use the chart to reward your child. Never use the chart in a negative way.

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If the desired result is not being achieved, it is important to find a behaviour that can be praised. It does not have to be drastic. Try and catch her doing something that you have asked and say something like 'you did what I asked. I am very pleased.'

Three stars on a chart are rewarded with a small present or an activity/event. This does not have to be expensive and should be appropriate for the child.

Parents have noted that the following have been important for their children:

Books/comics, cooking biscuits, small toys/treats, trips to library/park, sweets, extra bedtime story, watching a favourite TV programme, short game, time with parents, water play/swimming.

When to stop using a chart

Wait until your child is regularly earning stars. Then you can either:

- Stop giving stars but always continue to praise your child.
- Gradually decrease the number of stars you give your child.

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You can put your child's favourite picture here
or your child could draw their own picture to colour in



Monday	<input type="checkbox"/>						
Tuesday	<input type="checkbox"/>						
Wednesday	<input type="checkbox"/>						
Thursday	<input type="checkbox"/>						
Friday	<input type="checkbox"/>						
Saturday	<input type="checkbox"/>						
Sunday	<input type="checkbox"/>						

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Journey to the castle

Your child's name _____



Behaviour: handy hints

- Try to identify a routine and attempt to stick to it, even if this is a battle. Consistency is important. However, you may need to negotiate with your child about what the routine should be.
- You will have times when you feel helpless and useless. Although it is easier said than done, try to have some confidence in your ability as a parent.
- If many different people are giving you lots of advice, you may find it confusing and unhelpful.
- You will need to decide what you think is acceptable behaviour, so that if other people criticise you for your child's behaviour, you will be more sure of your ground.
- Difficult behaviour usually has a meaning, even though sometimes it is not clear what the meaning is. You may need to keep an open mind for a while about what is causing the difficulty. Your child may have little idea about why he is getting cross or upset and behaving in the way he is.
- You may need to try to think about why your child is behaving like this. Sometimes it is possible to involve the child in this.
- It can be difficult to identify and stick to boundaries with some children. However, you need to be clear in your own mind about how you want your family life to be organised. It will then be easier for you to stick to the rules you want.
- Do not, however, make unrealistic rules. Make a few rules and stick to the few you make.
- You will need to be aware of what you are asking from your child. You need to make sure that you are not expecting too much, but neither are you expecting too little.

Additional Assessment Questions Autism spectrum Disorder

Child's medical/social history

1. Any concerns about hearing/vision/speech?
2. Were all development checks attended?
3. Did the child attend Nursery/Playgroup?
Any concerns about behaviour there?
Did the child play with/make friends with other children?
4. How is the child getting on at school?
Progress in learning?
Friendships?
What does teacher say about the child?
How did the child cope with new school, changing schools/classes?
What happens if routine changes?
What does child say about school?
Any bullying?
Happy?
5. What are family relationships like?
How does child get on with/play with siblings?
6. Does the child have any obsessions or rituals?
What happens if these are thwarted?
7. Dressing/undressing?
Feeding/eating?
Sleeping?
Does the child have difficulties with physical activities, e.g., catching a ball, riding a bike?
8. Any health concerns in other family members?

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout for Parents and Practitioners

Helping children diagnosed in the autistic spectrum

Teamwork

It is important to ensure that everyone who may be involved with a child (e.g., teachers, dinner ladies, caretakers, etc.) is aware of the nature of the child's difficulties. This helps to foster understanding and avoids negative labelling of the child as 'naughty' or 'difficult'.

Dealing with challenging behaviour

The behaviour of children with autism spectrum disorders can be very challenging at times. If the child engages in 'difficult' behaviour, it is important for adults around him or her to try to keep their cool. Shouting, noise and rapid movement can escalate the child's own stress levels and lead to loss of control. It is important to become aware of the trigger signals (such as hand flapping, the need to hold on to a particular toy) that may indicate that the child is becoming stressed.

There is little point in trying to stop harmless ritualistic behaviour (such as flapping hands, rocking). This usually serves the purpose of helping the child to calm him/herself down. However, potentially harmful behaviour such as hitting themselves or others, scratching or biting should be discouraged. Distracting the child with something less potentially damaging can often be useful.

Parents should also try to teach the child a socially acceptable way of saying 'Please leave me alone' or 'This is too hard for me.'

Providing a quiet area where the child knows he/she can retreat to can often be quite helpful. If no quiet area is available, headphones can also be quite effective.

Dealing with change

Try to keep daily routines simple and predictable. If the daily routine has to change for any reason, try to ensure that the change is discussed well in advance. If a major change (such as a house move or change of classroom) is inevitable, it can be helpful to make up a scrapbook about the change. This can include pictures (or photographs) and other detail about what is likely to happen. The child can then use this book as a reference point every time the proposed change is discussed.

If possible, introduce change gradually. For example, visit a different room with familiar people, introduce new teachers and members of staff involved with the child gradually and well before any change is due to take place.

Make sure that instructions are kept simple and only given one at a time.

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Visual timetables

Children who may be on the autistic spectrum often find visual instructions and organisational aids more helpful than verbal ones. If a child has particular difficulties in organising him/herself or has concerns about when certain events should happen, parents might like to consider using a visual representation (such as a drawing of a clock) and pictures to illustrate what is expected of the child.

Visual timetables can also be used to teach children the sequence of days and time concepts such as 'yesterday' and 'tomorrow'.

They can also be used to facilitate interaction by providing a visual prompt to help the child discuss what he/she has done during the day/week.

Star charts and rewards

Some children with social communication difficulties respond well to star charts and other reward systems for good or appropriate behaviour. If parents are reporting problems with temper tantrums or bed-wetting, it may be helpful if they try giving the child a star every time he/she behaves well or does not wet the bed. An appropriate reward at the end of an agreed period of time may be effective in modifying the child's behaviour, particularly if parents are able to link any reward to the child's particular interests or preoccupations.

See an example of a star chart in the handouts at the end of Part 4.

Social stories

Social stories are used to explain social situations to children on the autistic spectrum in terms of relevant social cues and often to provide information about appropriate responses. They provide answers to the 'who, what, when, where and why?' questions of everyday life.

They are written in response to individual children's needs. These needs are usually identified by:

1. Direct observation of situations the child finds difficult
2. The child's response to a particular social situation that might suggest that they have 'misread' the cues
3. A social skills assessment.

After needs have been assessed, social stories can then be used to:

1. Describe situations in terms of relevant social cues and/or appropriate responses in a non-threatening way
2. Translate goals into easily understandable steps
3. Help children to cope with changes in routine or understand concepts such as 'forgetting' or someone 'changing their mind'
4. Address a wide range of behaviour such as aggression, fear, obsessions and compulsions.

Key points when using social stories

1. Introduce the story when the child is not anxious – i.e., before the event.
2. Ask carers/teachers to read the story in different settings – to help with generalisation.
3. Social stories are used to teach social understanding over rote compliance (The only information we generalise goes to long-term memory – to store in LTM we have to have meaning and understand the information).
4. Stories should be used to describe more than direct.
5. The goal is NOT to change behaviour but may be the reason you think about doing the story. The goal is to share any information that the child may be missing that may then make the situation more comfortable for them.
6. Each social story describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses.
7. It is important to try to observe or experience in order to understand what the student's perspective might be.
8. The child's needs determine the topic of the story.
9. The child's perspective determines the focus of the story.
10. 50% of social stories should be written to praise what the child does well.
11. Each story should have an introduction, body and conclusion.
12. Stories should be written in the first and third person.
13. Stories should use positive language and state desired responses – if there is a need to refer to negative behaviour this should be done carefully in general terms: 'Sometimes people make mistakes'.
14. Each social story should be literal and avoid ambiguous language.
15. Wherever possible, introduce changes in routine by using 'insurance policy' words like *usually* and *sometimes*.
16. You can use alternative vocabulary to avoid words that may elicit anxiety.
 - different = another
 - change = replace
 - new = better or anothere.g., 'I may have a different teacher' could be, 'I may have another teacher'.
17. Use concrete, easy-to-understand text with pictures.
18. One simple illustration may be more effective than using an icon over every word.
19. You can use photos, but watch out for extraneous information.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

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5.1

20. Each story follows the social story ratio (sentences can be partial or complete):
- directive and/or control sentences
 - 2–5 descriptive, perspective, affirmative and/or co-operative sentences
 - each story should contain descriptive sentences. These are accurate, assumption-free statements of facts
 - a social story *MAY* contain perspective sentences. Most of the time, perspective sentences describe the thoughts and feelings of other people
 - a social story *MAY* contain affirmative sentences. These enhance the meaning of surrounding statements, and may express a commonly shared opinion within a given culture, e.g., 'This is OK', 'This is a good thing to do'.
 - each social story *MAY* contain directive sentences. A directive sentence identifies a possible response, and/or gently guides behaviour, e.g., 'I will try to', 'I will work on', 'I could do x or I could do y'. Some children can come up with their own responses.
21. Social stories can be written down. The child can then be asked to read the story to him/herself every day initially and then gradually fade as the message is understood, or, if the child has trouble reading, the story can either be read to the child or recorded for them to use. Websites and books are available on social stories.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Additional Assessment Questions **Bullying**

Child's medical / social history

1. Any previous history of bullying or being bullied?
2. Are the child's carers aware of the bullying problems?
3. Do the parents/child understand why the bullying is happening?

5.2

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet Advice for schools

The most effective thing a school can do to prevent bullying is to have an effective anti-bullying policy, linked to the ethos of the school, the curriculum, the attitude of teachers and all staff. A positive, open approach will encourage young people to speak out about concerns and will promote more caring patterns of behaviour (Mellor, 1997).

The following may be helpful:

- Circle time: works best in groups of 6–18. Open circle of chairs or cushions, including teacher. Try to keep it positive. Basic rules:
 1. only one person speaks at a time
 2. no put-downs
 3. an object is used to pass and whoever holds it can talk, but you can pass if you don't want to speak.
- These rules keep order and protect the emotional safety of the children taking part. It is good to start with a game. Especially useful in bullying because it promotes self-esteem and respect for others. Works best if a regular activity and involves whole school.

(Mellor and Munn, 2000)

- Bully boxes: enables young people to post their concerns anonymously. However, may also allow for malicious entries
- Bully courts: school council sits in judgement on their peers. However, will need adult guidance
- Counselling: for victim and perpetrator by teacher, school nurse or trained counsellor
- Mediation: works best where there is not too great an imbalance of power. Third person – peer, teacher, or school nurse – mediates between bully and victim
- Peer counselling: more appropriate for secondary schools. Training and supervision is vital to support the peer counsellor
- No-blame approach: group of young people support victim by suggesting solutions, but no blame is attached. May work best for those being bullied by a gang or being verbally abused. Encourages the bully to accept responsibility
- Reporting systems: imperative that school has a safe, recognised pathway for reporting incidents of bullying and that it is seen as 'not telling'
- Safe rooms: refuge for bullied children set up at break times. However, may cause children to view rest of school as unsafe
- Telephone helplines: such as Childline. Some schools have set up their own internal helplines
- Talk: no strategy can be affective without communication between school, pupils and families

(Mellor, 1997)

Factsheet Advice for parents

- Bullying can be:
 - physical: pushing, kicking, hitting or threats
 - verbal: name-calling, persistent teasing or spreading rumours
 - emotional: tormenting, excluding, humiliating or ridiculing
 - racist: racial taunts, graffiti or gestures
 - sexual: unwanted physical contact, abusive comments or homophobic abuse.
 - cyberbullying
- Watch out for signs that your child is bullying or being bullied. If so, talk calmly and get the facts. Reassure your child that talking is the correct thing to do and that you love them very much
- Arrange to see the teacher
- When talking to the teacher stay calm, be specific, make a note of what the school intends to do and ask if you can support the school in any way. Ask to see the school's anti-bullying policy
- Support the school by discussing alternative strategies with your son/daughter rather than also resorting to aggression
- If you do not think your concerns are being dealt with, contact your school nurse and make an appointment to see a school governor or the head teacher

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet Advice for parents

Possible signs of bullying:

- being unwilling to go to school or becoming school phobic
- begin truanting
- school work deteriorates
- becomes distressed or anxious, or stops eating
- possessions regularly go missing/get destroyed, or loses lunch money
- begins to bully other children or siblings and behaviour becomes aggressive/unreasonable
- unexplained scratches or bruises, etc.

What school nurse or school can do:

- treat problem seriously and investigate the incident
- interview bullies and victims separately and interview any witnesses
- inform teacher and family
- keep written records
- follow up
- hold assembly or other intervention about bullying.

Advice for bullies:

- encourage bully to change his/her behaviour
- investigate bully's history, may be issues of abuse, domestic violence, learning difficulty or previous bullying
- ensure that school have spoken to parents and arrange anger management or behavioural referrals if necessary.

Advice for victims:

- stay with a crowd – you are less vulnerable
- try to ignore or laugh at comments or teasing. This is difficult to do, but the less reaction the bully gets the less they get out of it.
- keep a diary of all events
- try not to look like a victim – walk tall
- sign up for self defence or another interest which gives confidence and a chance to meet other friends
- always tell a teacher or your parents – it is never WRONG to tell

Always keep accurate records of any intervention, ensure good communication between school parents and pupils. Remember, both bullied and bully may be victims and unresolved issues for both can lead to serious emotional problems in the future.

(Based on Kidscape 2001 'Preventing Bullying: A Parents' Guide' and 'Stop Bullying')

Factsheet Helpful organisations

- **Childline:** 24-hr helpline 0800 1111 for children in distress. Website: www.childline.org.uk
- **The Samaritans:** 24-hr helpline for suicidal/depressed. 08457 909090 Website: www.samaritans.org
- **Young Minds:** 0800 802 5544. Open Mon–Fri 10.00–13.00 and 14.00–17.00. Confidential service for those worried about the emotional well-being of young person. Website: www.youngminds.org.uk
- **Kidscape:** 2 Grosvenor Gardens, London SW1W 0DH. Phone: 020 7730 3300 Fax: 020 7730 7081. Website: www.kidscape.org.uk Helpline: 08451 205 204 – Mon-Tues from 10.00-20.00 and Wed-Fri from 10.00-16.00.
Our helpline is for the use of parents, guardians or concerned relatives and friends of bullied children. If you are a child and are experiencing bullying problems, then please visit or ring Childline 0800 1111
- **Department of Education:** Website: www.education.gov.uk Includes material previously published by the Department for Children, Schools and Families on bullying or www.antibullying.net (also useful for teachers and professionals)
- **Black Mental Health Resource Centre:** Help in English, Punjabi and Urdu. 0113 237 4229.
- **Asian Family Counselling Service:** Open Mon-Fri 09.00-17.00. 020 8571 3933 / 020 8813 9714 (any issues). www.asianfamilycounselling.org.uk
- **Pace:** Open Mon 9.30-12.30 and Thurs 16.30-20.30. 0808 1807 223, info@pace.dircon.co.uk or Website: www.pacehealth.org.uk.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Additional Assessment Questions Divorce and separation

1. How do you feel about what is happening?
2. Have your feelings changed at all?
3. Have your parents made arrangements for your future?
4. Have you been involved in this – is this what you want?

These questions could be used to create an environment in which the young people feel able to talk. They can also be adapted to be used with younger children – perhaps with the use of drawing.

5.4

Understanding Childhood

Understanding Childhood is a series of leaflets written by experienced child psychotherapists to give insight into the child's feelings and view of the world and help parents, and those who work with children, to make sense of their behaviour.

divorce and separation

helping children and parents to cope



As parents, we all hope to build a safe familiar world for our children to grow up in. When your children experience the ordinary losses and disappointments of life, as an adult you can stand back a bit from their distress and offer them your sympathy and support. But when you face a serious family loss or upheaval, it is a struggle to manage your own grief, disappointment or anger, so at first you may not be able to help your children. It is not surprising that at times most parents find this double burden too much to cope with.

We hope this leaflet will help you to understand how you and your children may be feeling and to think about what may be best for all of you when relationships go seriously wrong or break down.

How parents come to terms with separation

Separation affects everyone. The loss of a shared life and giving up the idea of a future together for the family is bound to be painful. Most people do manage to make the adjustment, but it can be a long haul and there will be times when you can't see how things will turn out. You need to make allowances for yourself and your children for some time – maybe for several years.

Living with the children

It is usually the mother who remains living with the children, often as a lone parent. Many people feel very alone at times like this. Before you can give support to your children, you need to feel supported yourself. If you are fortunate, you have understanding and supportive family and friends who rally round. Some people also turn to their own cultural and religious communities. This can be a valuable source of support.

This leaflet was originally published by the Child Psychotherapy Trust.

Leaflets available from:

www.understandingchildhood.net

email: info@understandingchildhood.net

There is a natural and inevitable temptation to fill the gap left by your partner by taking one of your children into your confidence. But this puts your child in a very difficult position and may stop them being able to turn to you as a parent.

This may be the time to talk to someone who is not personally involved – perhaps your GP in the first instance.

Keeping in contact with both parents

Even when children feel it is better for their parents to part, almost all of them want to know that it is not going to cost them one of their parents. They will want to keep in touch with both of you and with the wider family generally, including their grandparents.



If you have separated by mutual agreement, you are probably able to work together to soothe your child through the difficult changes ahead. However, when the parent with the main care of the children and the parent who has the contact find it difficult to see each other's point of view, the child's experience of the separation is much more difficult.

The parent who has left

the family home almost certainly feels that they have to cope with more changes in their daily life than the one who stays there with the children. They may feel they are increasingly losing touch with the everyday lives of the children and have to find new ways of being together with the children.

Some parents find the loss of daily contact with their children so painful, and the children's distress so difficult to cope with, that they decide it is better to make a clean break. But children feel deeply hurt and rejected when a parent suddenly disappears from their life even if the parent thought they were acting for the best.

Any contact is usually better than none at all. When regular visits are not possible, letters, photographs, birthday cards and phone calls make a child feel cared about by both parents.

For some children the possibility of contact causes great distress. This may be related to exposure to violence or other traumas and professional help may be needed for the child.

Visits

Arrangements must be faithfully kept so that your child is not let down. This can be difficult for both parents.

- From the point of view of the resident parent, visits may seem annoyingly like treats while they have the daily responsibility of sorting out routine chores and activities, such as school, homework and discipline. If contact arrangements ('access') are flexible, they may feel that

Further help

You may find it helpful to contact a group of other lone parents, such as Gingerbread, or your own community group for information and support.

If you have concerns about your children you may find it helpful to talk to your health visitor, GP or school about a referral to your local NHS Child and Family Guidance Centre.

For adults, local dispute resolution and mediation services exist through the courts, National Family Mediation or privately.

Often the practical arrangements for contact with the ex-partner are a problem. There may be a contact centre in your area which provides a neutral safe place for contact visits. They often help when ex-partners do not want to meet face to face.

If you need specialised legal advice, solicitors who are members of the Family Law Association are able to help.

The library or town hall can help you with addresses for the services mentioned or look in the telephone book under your local health authority.

they can never make their own plans or have any privacy.

- The visiting parent may see questions about what will happen during a visit as doubting their parenting ability.

Protecting children from adult problems

When adults are angry with each other, misunderstandings can easily occur.

Try to put the children first.

- Remember you are both still parents even if you are no longer partners.
- Children need to be kept clear of the conflict between their parents.
- Resist any temptation to use contact arrangements as a way of paying back an ex-partner. Try not to let the mood you are in affect the arrangements, leaving your child not knowing what to expect.
- Your child is very tuned into your state of mind. You need to be honest with yourself about the messages you are conveying to them. For instance, if you feel uncertain or unhappy about visits, your child may not feel free to come and go or be able to benefit from the contact with their other parent.
- Financial insecurity may lead to short tempers, anxiety, nagging and hostility that is hard to conceal from children, but do try.

Useful Understanding Childhood leaflets
Fathers
Grandparents and the extended family

How children come to terms with separation

Children usually wish that their parents would stay together. Sometimes they try to bring them together again by being very good. Younger children may imagine that it will all go back to how it was if they think and behave in a 'magically' good way.

Children develop by becoming able to face difficult experiences and they learn from seeing how *you* struggle through. Even if your child is having problems, it doesn't necessarily mean things are going badly. It may be that they are struggling hard and will come through well in the end.

Loss from separation and divorce is different

from loss through death. The family relationships which the child was part of have gone, yet the people themselves are still around in the world leading different lives. Their behaviour can seem selfish and unnecessary to the child.

It may be hard for the child to understand and name what they have lost. They may be confused about whether the loving family they once thought they had ever really existed at all.

What children need to know

You don't need to tell your child all the details about the breakdown of the relationship with your ex-partner, but it is important for them to know the facts about their future. For instance:

- when they will see their other parent and their grandparents, aunts, uncles and cousins
- whether they will be moving house or changing schools.

You may feel tempted to persuade one, or all, of your children to take your side against your ex-partner. This is not in the child's best interests. They may well feel disloyal whatever they do and it makes it more difficult for them to sort out their own feelings.

How children express their feelings

Your children may need to fill *you* with all the anger, doubts and helplessness they feel overwhelmed by themselves. It is easier for them to cope when they are able to make their suffering clear and to feel confident that their needs will go on being met. It may feel to you as if they are telling you that everything you try to do is wrong, but it is their way of asking you to help them.

For most parents, their children's anger and sense of betrayal is far too close to what they are feeling themselves and this is difficult to manage. Sadly, children may feel that not only have they lost the parent who has gone, but that the one who has stayed with them is terribly changed.

Useful Understanding Childhood leaflets
Separations and changes in the early years

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Children, like adults, react in their own way to stress and unhappiness. Their reactions are likely to be different at different ages:

Under five

Young children normally experience anxiety when they are separated from a parent. This anxiety usually shows itself in crying, clinging and difficult behaviour. With the additional stress of family break-up, you must expect the child to find separations and changes even harder to manage. They may show great reluctance to leave you for a contact visit, and then have a tantrum when it is time to say goodbye to their other parent at the end of the visit. This is distressing for everyone, although it is natural in the circumstances.

Middle childhood

Children aged between about six and eleven years old have a better understanding of what is happening, but are not able to deal with the conflict of loyalty the separation stirs up. They may even blame themselves and have feelings of guilt. They need you to accept that they are in turmoil and to understand that they may take this out on those around them before their life begins to settle down again. School can sometimes be a haven for the child but you need to be patient if they are not coping as well as they did with friends and school.

Adolescence

This is an important time for sorting out a young person's sense of themselves, their identity. For an adolescent, their parents' separation makes them feel insecure just as they are wanting to start to separate themselves from their families as part of their normal development. Adolescents also feel guilty too, because they feel that they have caused the separation. Some teenagers deal with this by a sudden angry rush towards independence, as a way of not facing what is happening at home. For others, the uncertainty may pull them back into the family. It is important for adolescents to have contact with the parent of the same sex.

The child who makes little fuss and withdraws into themselves is the one to be most concerned about. You should take special care to offer a child like this as much time and consideration as you would if they were more obviously having problems. If you are in doubt as to how concerned you should be, you may find it helpful to talk to your child's teacher or your GP or health visitor as to whether you should seek further help.

Whatever the age of your child at the time of the separation and their reaction at the time, it is something they will continue to sort out in their minds in different ways as they grow up. So be prepared for difficulties to resurface whenever there are changes and uncertainties to be managed.

Discipline

Children probably experience a lot of inconsistency from distressed, preoccupied adults during the separation. As a result, discipline is likely to become a much more difficult issue than before.

You may feel anxious about what your children are allowed to do when they are with your ex-partner or you may discover that your own new partner looks at the matter of discipline in a different way. Try not to take this situation out on the children. Parents need to understand that they have a responsibility to sort it out.

Parents can sometimes lose their sense of proportion about discipline and behaviour



when they are anxious about the possible effects of the separation on the children. They may see good behaviour chiefly as a reassurance that the children have not suffered, or they may become more intolerant of bad behaviour because of the worry and guilt it stirs up.

Stepfamilies

When families break up, it is often to form new families. If you have a new partner, you hope to build a new future for your family together.

You need to remember that you are asking a lot of your children just when they are trying to manage the loss of one parent. They have to:

- learn to cope with the new adult who seems to have taken mum or dad's place
- get to know step-grandparents, step-brothers and sisters and, of course, babies born of the new relationship

- sort out old loyalties and new jealousies
- get used to different ways of doing things and new living arrangements, such as shared bedrooms.

Even for very young children, it is important to be clear that your new partner doesn't automatically become a new mum or dad. Such a close relationship can only grow in time – and then only if a step-parent and step-child really do have a feeling for one another. It is better in the meantime to accept that a certain distance is inevitable and more respectful for all concerned.

Your ex-partner also does not want to feel that someone else has taken their place as dad or mum. If you take things slowly, it may be possible to sort out an arrangement with which everyone feels comfortable.



Useful Understanding Childhood leaflets
Sibling rivalry

Points to remember

- Be available for your child
- Your child needs time, space and privacy to sort out their feelings about your relationship.
- You may feel your relationship with your ex-partner is irreconcilable, but your child needs to rebuild their picture of a loved mother and father. This is much easier if it was once a loving relationship than if you were always unhappy together. Your child has to struggle with this on their own. You can love your children and look after them while they work this out, but you can't do it for them.
- Children often blame themselves for a divorce, especially if they have been naughty or feel they have tried to monopolise one parent. You need to tell them that it was not their fault.
- If you are preoccupied with your new life, you may also expect your child to put the past behind them. But starting again is not an option for your child. It may place a great barrier between you and your child if you convey to them your excitement about starting again. It may not feel like this to your child.
- If parents find new partners, and perhaps start new families, it can seem to the children of the original family that they are no longer your primary concern and that they are the only ones paying the price of the failed relationship.
- In the early days after the separation, children find it easier if parents conduct their new social and sexual lives when they are not around.
- If possible, allow time for your child to adjust to the separation before introducing something or someone new to cope with.
- Be prepared to take your child seriously if they are not ready for the next step.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Further help – organisations

YoungMinds Parents' Information Service

Information and advice for anyone concerned about the mental health of a child or young person

Phone 0800 018 2138

Web www.youngminds.org.uk

Parentline

Support and advice for anyone parenting a child

Phone 0808 800 2222

Textphone 0800 783 6783

Web www.parentlineplus.org.uk

Gingerbread

Information and support for lone parent families in England and Wales

Phone 0800 018 4318

Email office@gingerbread.org.uk

Web www.gingerbread.org.uk

National Council for One Parent Families

Promotes the welfare of lone parents and their children

Phone 0800 018 5026

Email info@oneparentfamilies.org.uk

Web www.oneparentfamilies.org.uk

National Association of Child Contact Centres

Keeps children in touch with both parents through a network of child contact centres

Information line 0845 4500280

9am to 1pm Monday to Friday

Email contact@nacc.org.uk

Web www.nacc.org.uk

National Family Mediation

Network of over 60 local not-for-profit family mediation services in England and Wales, offering help to couples who are in the process of separation and divorce

Phone 01179 904 2825

Email general@nfm.org.uk

Web www.nfm.u-net.com

Parenting Plan

The *Parenting Plan*, produced by the Lord Chancellor's Department, provides information and guidance for those going through the process of separation and divorce. For a copy of the booklet please contact:

Department of Constitutional Affairs,
FREEPOST, PO Box 2001, Burgess Hill,
West Sussex RH15 8BR

Web www.dca.gov.uk/family/leaflets/parentplan

Relate

Relationship counselling organisation

Helpline 0845 130 4010

Monday to Friday 9.30am to 4.30pm

Email enquiries@relate.org.uk

Web www.relate.org.uk

There are likely to be similar useful organisations in Scotland, Northern Ireland and Wales.

Written by Judy Shuttleworth, child psychotherapist and Mary Bratley, social worker

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series of leaflets can be viewed and printed free from

www.understandingchildhood.net

An order form to buy printed copies is available from the site.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Parenting Plan

2



Planning your children's future

Children:

- Need to feel involved in planning for their future.
- Should be helped to maintain the best possible relationship with both parents.
- In most cases, need to keep in regular contact with each parent.
- Need love and care given in a consistent and predictable way.
- Benefit from stability - in relationships with family and friends, in living environment, in school, in clubs and activities.
- Find change - even small changes - hard.
- Need clear and honest explanations, and information appropriate to their age, about what is happening and why.
- Need opportunities to express their views, and should be listened to. However, they should not be forced to express a view (for example which parent they prefer to live with) or made to feel that the responsibility for any decisions rests with them.
- Need their views to be taken into account before any final decisions are made. If decisions are made against their wishes, this should be acknowledged and the reason for doing so explained to them.
- Need to know their family history, origins and relationships in order to have a clear sense of belonging.
- Usually want to keep in touch with their wider family (brothers and sisters, stepfamily, aunts, grandparents, etc) and family friends.
- Need to know how they can keep in touch with people they care about, for example by contact visits, letters, phone, e-mail, video/audio tapes.
- May feel insecure about their parents' new relationships, if and when they occur. It is important to introduce new long-term partners sensitively.

Each child's needs are different, and arrangements for one child may not be appropriate for their brother or sister. Needs change as children grow up and as your circumstances change. Try to look ahead and discuss the impact of change together, and with your children, before difficulties occur.



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Parenting Plan

3

Some important points about contact visits



- Contact arrangements should be discussed with your children and their needs and wishes taken into account.
- There is no right set of arrangements that will suit everyone.
- Contact visits are meant to be enjoyable, but they can be stressful at first, for all concerned. They are worth persevering with, because they can benefit you all.
- It is helpful for children to have a regular pattern of contact visits.
- The pattern for contact visits should be established as soon after separation as possible.
- The best pattern of visits will vary with the age of the child.
- Shorter, more frequent visits may work better for younger children.
- If visits are very short, or very infrequent, it may be difficult for a parent and child to feel relaxed together.
- Overnight stays, where possible, are important in allowing the parent and child to experience ordinary daily routines together.
- Failure by either parent to stick to the arrangements for contact may be distressing for a child and make them feel less secure.
- It is not always helpful to see arrangements after separation as a simple extension of what has gone before - you may wish to do different activities together now, see each other at different times, etc.
- Because emotions are often raw following a separation, it may be difficult for parents to agree on contact arrangements. If there is no practical alternative a contact centre may be used temporarily.
- If a child does not want to go on a contact visit it is important to try to understand why and to discuss this with those involved.



5.4

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Communicating with each other, and with your children



Discussing changes in your family situation can benefit you and your children. It can help avoid misunderstandings and friction between you as parents. It will show your children that they continue to be important to you. Clear communication will also help make the changes run as smoothly as possible.

WHEN DISCUSSING CHANGES WITH EACH OTHER

- Think about when, where and how often you are going to discuss things.
- Respect each other's views.
- Support each other as parents in, for example, discipline or the children's education.
- Think about your continuing responsibilities as parents, rather than the difficulties of your past relationship.
- Try not to row or criticise each other in front of your children.
- Remember that we all make mistakes, and just because one particular topic provokes a row, it does not mean that you should give up talking altogether.

WHEN DISCUSSING CHANGES WITH YOUR CHILDREN

- Make time to talk to each child separately, as well as together.
- Show your children that you support each other as parents, even though you can no longer live together.
- Use words and ways of talking that don't show blame.
- Explain your plans clearly and what effects these will have, and listen carefully to your children's views.
- Reassure your children wherever possible.
- Remember that each child is different, and will react in their own way to your separation or divorce.

ABOVE ALL, DISCUSS ARRANGEMENTS WITH YOUR CHILDREN AND LISTEN TO THEIR VIEWS.



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Parenting Plan

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Conclusions



PLEASE NOTE: If you are filling this in on a computer, you will not be able to save your entries. Once completed, PRINT OUT this page before moving onto the next page.

This Plan has been read and discussed by us as parents and with our children, and we sign to indicate our commitment to it. As things change over the years we will hope to discuss matters in a similar way, discussing any changes with our children as appropriate.

Mother	<input type="text"/>	Father	<input type="text"/>
	Signature		Signature
	<input type="text"/>		<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

The Plan can also be signed by other people if you think it will help everyone to feel committed to what has been discussed - your children, a step-parent, grandparent etc.

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

We acknowledge that each of us remains a parent and we are jointly responsible for the welfare and development of each child. We are responsible for the day-to-day care, control and discipline of each of our children while they are in our immediate care.

Who will look after this plan?

Who will have a copy of this plan?

When do you plan to consider revisions?



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.



My Family's Splitting Up



How do you feel?

It may help to think about why you feel the way you do. Below, list three of the feelings that you ticked on the previous page and write down why you think you have felt/are feeling this way.

You could also use this list to help you to talk about your feelings with someone else.

I feel _____ **because** _____

I feel _____ **because** _____

I feel _____ **because** _____



My Family's splitting up



How do you feel?

This page can be used to say why you think other members of your family are feeling the way they are.

Dad feels

Mum feels

[Four rounded rectangular boxes with horizontal lines for writing]

5.4



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet Useful addresses

Association for Shared Parenting

PO Box 2000
Dudley
West Midlands
Tel: 01789 750891
www.sharedparenting.org.uk

Childline

Weston House
42 Curtain Road
London EC2A 3NH
Tel: 00800 1111
www.childline.org.uk

Family and Parenting Institute

Factsheets and information on a range of topics
430 Highgate Studios
53-79 Highgate Road
London NW5 1TL
Tel: 020 7424 3460
www.familyandparenting.org

Children's Legal Centre

University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ
Tel: 01206 873820
www.childrenslegalcentre.com

It's not your fault

Action for Children the children's charity: practical information for children, young people and parents going through a family break-up.
85 Highbury Park
London N5 1UD
Tel: 08457 626579
www.itsnotyourfault.org.uk

National Family Mediation

For family mediation
Margaret Jackson Centre
4 Barnfield Hill
Exeter, Devon EX1 1SR
Tel: 0300 4000 636
www.nfm.org.net

Families Need Fathers

134 Curtain Road
London EC2A 3AR
Tel: 0207613 5060
www.fnf.org.uk

National Youth Advocacy Service

For children and young people
Egerton House
Tower Road
Birkenhead, Wirral
Merseyside CH41 1FN
Tel: 0800 616101
www.nyas.net

Gingerbread

For lone parents and children
255 Kentish Town Road
London NW5 2LX
Tel: 0808 802 0925
www.gingerbread.org.uk

Parentline Plus now Family Lives

For all the family/step family
CAN Mezzanine
49-51 East Road
London N1 6AH
Tel: 0808 800 2222
www.familylives.org.uk

Grandparents' Federation

Moot House
The Stow, Harlow
Essex CM20 3AG
Tel: 01279 428040

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Relate

Herbert Gray College
Little Church Street
Rugby CV21 3AP
Tel: 01788 573241
www.relate.org.uk

MATCH

Mothers Apart from Their Children
c/o BM Problems
London WC1N 3XX
E-mail: enquiries@match1979.co.uk
www.matchmothers.org

Resolution (formerly Solicitors' Family Law Association)

PO Box 302
Orpington
Kent BR6 8QX
Tel: 01689 850227
E-mail: info@resolution.org.uk
www.resolution.org.uk

National Association of Child Contact Centres

A network of safe places where children of separated families can spend time with one or both parents
1 Heritage Mews
High Pavement NG1 1HN
Tel: 0845 4500280
E-mail: contact@nacc.org.uk
www.nacc.org.uk

TheSite.org

For young adults: factsheets and articles on key issues
www.thesite.org.uk

Helplines

Childline – 0800 1111

Children's Legal Centre – 0800 802 0008

Cruse Bereavement – Daytime helpline: 0844 477 9400

Young person's freephone helpline: 0808 808 1677

Care Get connected (young people) – 0808 808 4994

Gingerbread – 0808 802 0925

Grandparents' Federation – 01279 428090

One Parent Families – 0800 018 5026

National Council for One Parent Families – 0800 0185026

National Youth Advocacy Service – 0800 616101

NSPCC – 0800 800 5000

Parentline Plus now Family Lives – 0808 800 2222

Samaritans – 08459 909090

Who Cares? – www.thewhocarestrust.org.uk

Youth Access – www.youthaccess.org.uk

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Additional Assessment Questions Anorexia nervosa

- Where on the scale are you?
Fattest person thinnest
person you know
- Which one of these faces are you?

- What do you like to do for relaxation?
- Do you enjoy exercise?
- Happy in school?
- Any problems with
 - school work?
 - peers?
 - teachers?
- Are you pleased with your progress in school?
- Are your parents happy with your progress in school?
- Any problems at home?
- Any changes in the preceding year, e.g., house move, divorce, bereavement, illness in family?
- Does the young person appear to have difficulties in wanting to grow up?
- Does it seem as if the parents are over-controlling?
- Are the parents in conflict with each other or with the young person?
- Does the young person seem depressed?

Nutritional Assessment

Date

Ht

Centile

Wt

Centile

BMI

Dietary Assessment (Thomas, D. (1999) An unhealthy obsession with body image.
Practice Nurse, 17:25, pp.2–55.)

Ask the young person about a typical day.

- What time did you get up?
- Do you have breakfast? What is it?
- Do you walk to school? How far is it?
- What time is first break? Do you eat?

- When is lunch? Do you eat then?
- What did you eat yesterday?
- What is your average meal?
- What time do you leave for home?
- Do you stop at a shop on the way?
- When you get home, what do you do?
- Do you eat anything then?
- What time is your evening meal?
- What would a typical meal consist of?
- Do you eat anything during the evening?
- Are you involved in evening activities?
- What would make the problem better, e.g., expectation?

Parents' Assessment

- Medical condition?
- Has she started periods? Any problems?
- Do they eat well at home?
- Is their main meal at school?
- Routines in the family around eating?
- Does the young person tend to take their meals to their room?
- Do they enjoy preparing food?
- Do they seem a bit down?
- Has there been any emotional upset in the preceding year, e.g., bereavement, divorce, illness?
- Do they feel the cold?
- Early history – pregnancy, birthweight, early childhood, feeding problems?
- Are they achieving at school?
- Any conflicts at home, e.g., between parents and young person?
- Social life, e.g., friends, curfews?
- What would make the problem better, e.g., expectations?

Teacher's Assessment

- Has the young person changed in the last year?
- Homework. e.g., do they spend a lot of time studying? Is it painstaking work?
- What are their concentration levels and memory like now (evidence of lack of food)?
- Are they wellbehaved?
- School attendance?

Solihull Approach Resource: The School Years

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- Have you noticed any clumsiness/accident-proneness?
- Are you aware of any changes in the family e.g., divorce, bereavement, serious illness?
- Do they lack confidence, have low self-esteem?
- Friendships?
- Do they get involved in school activities?
- Do they enjoy P.E.?
- Do they seem sad?
- Does she wear a lot of make-up?
- Baggy clothes?
- Do they eat at school? (They may tell their parents that they eat at school, and school that they eat at home.)

5.5

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout for parents Suggestions

- Be supportive and caring and a good listener
- Try to stay calm; don't get frustrated and emotional
- Remember, advice may be ignored
- Don't dwell on appearance and weight
- Talk about health and relationships
- Don't nag, plead or get into arguments about food. It won't work
- Respect privacy
- Eat as a family at least once a day
- Don't let the child always decide when, what and where you will eat. They should not control everything
- Keep mealtimes social and happy. Don't talk about food
- One step at a time
- Have fun with your child, e.g., a film, shopping, day out at theme park. Don't talk about food
- Try not to feel guilty. Do the best you can and be gentle with yourself

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Solihull Approach Resource: The School Years

Handout Food Diary

Name: DOB:

Week beginning:

Record all food and drink

	Breakfast	Morning break	Lunch	After school	Evening meal	Snacks
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

5.5

Additional Assessment Questions **Attention deficit hyperactivity disorder**

Appropriate for primary and secondary school children

Questions that could be asked of both parents and teachers

Do you think he has learning difficulties?

Times of day – are there good times?

– are there bad times?

Is he easily distracted?

Can he sit still to watch TV/read a book?

Can you take him to the cinema?

Do you eat at the table?

Can he sit still in a burger bar?

Does he lose his temper easily for only minor reasons?

Does he 'fly off the handle'?

Can he take part in a satisfactory conversation?

Can he accept criticism at school/at home?

Is it difficult for him to make peer-group friendships?

Is he impulsive?

Is he always losing things?

Does he lose things deliberately?

Is his bedroom tidy?

If you ask him to tidy it, is it worse than before?

Can he do specific tasks, e.g., put books on a shelf?

Can he understand complicated instructions, e.g., 'Go and fetch the coat on your bed and bring it downstairs'?

What strategies have you tried?

– what helped?

– what didn't?

Has there been any antisocial behaviour, e.g., fights, arguments, poor school attendance?

Are there signs of depression, e.g., does he spend more time than expected alone in his room/does he have sleep problems (a late feature)?

Is he bullied/does he bully other people?

Remember! It is important to consider the possibility of depression at all ages.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet Sources of information

ADDiss Information Services

2nd Floor, Premier House
112 Station Road
Edgware HA8 7BT
Tel: 020 8952 2800
Fax: 020 8952 2909

Organises local and national seminars and provides information, support, training and resources on ADHD for both parents and professional workers. A large number of books and videos are for sale.

Understanding your child

www.understandingchildhood.net

A range of leaflets is available on the web that provide information on specific emotional and behavioural problems including ADHD.

Contact a Family

www.cafamily.org.uk

Tel: 0808 808 3555 – Freephone helpline for parents and families (Mon–Fri, 10am–4pm)
Contact a Family is a UK charity that helps families who care for children with any disability or special need. We are a main source of information about rare disorders and are able to assist affected adults as well as children.

The Contact a Family Directory Online contains details of many medical conditions and also patient support groups. The information in it is also provided as part of the NHS Direct Online service, tel: 0845 4647.

The Mental Health Foundation

Mental Health London Office
9th Floor, Sea Container House
20 Upper Ground
London SE1 9QB
Tel: 020 7803 1101
Fax: 020 7803 1111

Website: www.mentalhealth.org.uk

Works to meet the needs of people with mental health problems and aims to improve people's lives, reduce stigma surrounding mental health issues and to promote understanding. The Foundation undertakes research and provides information (including ADHD) for the general public and health and social care professional workers.

Family Lives

CAN Mezzanine, 49-51 East Road

London N1 6AH

Tel: 0808 800 2222

Website: www.familylives.org.uk

Provides emotional support for parents and families concerning ADHD. Also refers to organisations for appropriate help, advice and information about ADHD.

Young Minds

48-50 St John Street, London EC1M 4DG

Tel: 0800 018 2138 – Parents Information Service

E-mail: enquiries@youngminds.org.uk

Website: www.youngminds.org.uk

Provides information (including ADHD) leaflets, seminars, consultancy and publishes the Young Minds Magazine. Services are aimed at young people, parents and professionals workers.

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There are a number of very supportive local self-help groups around the country. If you want to contact one of these and have been unable to do so through the organisations above please get in touch with Contact a Family.

NOTE: *This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.*

Handout for professionals Working with the child and parents

Help parents to support their child by offering books or leaflets about grief. Parents may feel more comfortable in sharing books with their children as they can be less threatening than direct talk. However, ensure that the parent is comfortable with their own feelings first.

Check out the child's understanding before you or the parents launch into giving unnecessary information that may be inappropriate for their age group. Be honest. If you don't know the answer, say so.

Reassure parents that it is OK to allow their children to see them cry. It gives the child permission to show their feelings and allows the child to comfort as well as be comforted.

Suggest that parents encourage their child to use poems or drawings to help their child to express feelings. Suggest that they make a memory box, adding photographs and treasured items of the person who has died.

Parents should not feel that they have to do all the work themselves. Teachers, school nurses or a close relative may be able to offer support or an opportunity to listen to the child.

Discuss supportive measures for the parents. Who will they talk to? Ensure they have contact telephone numbers of agencies/charities that can offer support and advice.

Be aware of the child's and family's culture and beliefs.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout for school The role of the school

Schools can act as a safe haven for the child; the school is somewhere that is removed from the turmoil that loss and bereavement can bring in the home setting. It is therefore important that schools are aware of their responsibilities, which can help greatly in the reintegration of the bereaved child.

- It is important that all staff are informed about the child's bereavement. A casual remark made can be the cause of great distress to the child.
- It is important to consult the child about how the others in their class are told. Some children are happy for the class teacher to tell them before they return. For others the opportunity to be involved is important.
- If children are moving into senior school it is helpful that the new Head of Year is informed about the child's bereavement as, again, new situations usually provoke questions about members of their family, etc.
- It is beneficial to provide some form of escape out of the classroom for the child if they feel unable to cope. The knowledge that a quiet area is available for them may be all that is necessary.
- Whilst being mindful of the child's situation, it is important that they are not singled out for any special privileges.
- If a pupil or member of the school staff has died it is important that an emergency meeting is called and the guidelines for dealing with the situation followed as per emergency protocol for that Local Authority. The whole school community usually acknowledges the death in some way. It is important to listen to the ideas of the children so that they are allowed to participate.

Useful telephone numbers and addresses

Many of these charities supply resources, books, leaflets, etc.:

Understanding Childhood. www.understandingchildhood.net

Winston's Wish: Guidance and information for families of bereaved children. They run activities for bereaved children and supply family books/leaflets. Tel: 0845 2030405

Website: www.winstonswish.org.uk

Survivors of Bereavement by Suicide (adult-centred). Tel: 0844 561 6855

<http://www.uk-sobs.org.uk>

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Solihull Approach Resource: The School Years

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The Child Death Helpline. Alder Centre, Royal Liverpool Children's Hospital, Alder Hey, Eaton Road, Liverpool. Staffed by parent volunteers. National organisation for all those affected by the death of a child. Tel: 0800 282986

The Compassionate Friends. International organisation of bereaved parents, offering friendship and support to other bereaved parents. Tel: 0845 123 2304

Cruse Bereavement Care. National charity offering help to all those bereaved.
National helpline: 0844 477 9400 Young Persons helpline: 0808 808 1677
www.crusebereavementcare.org.uk

Parentline Plus now Family lives: Tel. 0800 800 2222

Sudden Death Support Association. An organisation to help relatives and close friends of people who die suddenly. Tel: 01189 889797

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NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout for parents

Loss and bereavement: making a memory box

Children often feel threatened or worried that they may forget an important person once they have died. They may also have lots of different memories of that person; some of these memories may be happy or sad. Some children might like to have somewhere to collect all their treasured items or memories. A memory box offers a personalised store.

They may feel that their memory box is very private and that they do not wish to share it, or they may wish to share it with family and friends. The box can be as big or as small as they wish, the choice is theirs. A shoebox, either covered in wrapping paper of your child's choice or personalised by photographs or drawings, makes an ideal memory box.

What might go into the memory box?

- Photographs
- Drawings or pictures showing important times together
- A poem your child might like to write about the person
- Items that remind them of the person
- Items that were important to the person who died
- A story written by your child about the person's life, what made them happy or sad, their favourite hobbies, foods, plants, animals, etc.
- A letter expressing some of the things that they wished they had said
- A tape of a favourite song
- Important dates for the special person: birthday, Christmas, the date they died. You may choose to do something special on those days
- Just about anything that will help your child to remember, and remind them of what the person meant to them
- A note detailing when the memory box was started and to whom it belongs

Your child may like to talk to you about important events and dates to help them remember. Of course, adults can make memory boxes too.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Understanding Childhood

Understanding Childhood is a series of leaflets written by experienced child psychotherapists to give insight into the child's feelings and view of the world and help parents, and those who work with children, to make sense of their behaviour.

This leaflet was originally published by the Child Psychotherapy Trust.

Leaflets available from:
www.understandingchildhood.net
email:
info@understandingchildhood.net

bereavement

helping parents and children cope when someone close to them dies

How best can you help your child when someone close to them dies? What if you are grieving too? Do children grieve in the same way as adults? What about very young children? What is 'normal' grieving in a child and what do you need to worry about? This leaflet suggests ways that adults can help children to come to terms with grief and bereavement.

Children's thoughts about death

Children will have many experiences of loss and separation as part of their normal development. Even when they have not experienced a bereavement, children will have lots of thoughts about death. This is part of their healthy curiosity about life – like thoughts about their body, sex, or birth.

Adults may find it difficult to talk about death because of anxieties about their own mortality or for fear of upsetting other people, but children may be ready and willing to talk about their anxieties. It is important for a child to feel that there are adults who are strong enough to bear whatever they want to talk about and to answer their questions. Indeed, being prepared to listen to their child's thoughts, beliefs and fears can be the most useful way in which parents and other important adults in their lives – such as teachers, carers and GPs – can help children.

Breaking the news

It can be very difficult to tell a child about the death of a parent, brother or sister, close relative, or friend. You may want to protect the child or feel that it is better if they do not know the truth. But children are quick to pick up when their own observations about important



things are denied. A conspiracy of silence will not spare them from pain – it will bewilder and frighten them. They need to be told about the death in simple terms that are appropriate for their age, so that they can begin to grapple with the implications and will continue to trust you as someone they can turn to.

It is harder for everyone when the death is sudden. If there have been weeks or months in which to prepare the child for the death, they will find it easier to accept. But that does not take away the pain. Death is always a shock.

Religion

Religious beliefs often include a concept of life after death. This may be comforting for the child if you really believe it. However, it does not erase the loss of the loved person now – in this life – nor does it answer questions about why God took them away, especially if the person who died was young.

Children's responses to death

Children have different responses to death and dying depending on their age and experiences. There are no clear-cut stages, no



correct order, no set time for grief to last, so try not to think about it in terms of a 'right way' to grieve.

The age of the child affects the ways in which they are likely to express their feelings and the kind of support they need from the adults around them. It is important for children not to feel under pressure to display more conventional signs of grief and for them to be allowed to grieve in their own way and in their own time.

Parents need to be prepared for young children to slip in and out of grief in a way that can be shocking and upsetting to a grieving adult.

- They may switch between tears and misery and demands for food and treats, which is very hard for adults to sympathise with or respond to.
- They may make requests that appear extraordinarily heartless to an adult – 'As granny is dead, can I have her blue necklace?' 'Can I sleep in John's room now that he's died?'

It may help to know about some fairly typical reactions that you may notice.

Very young children and babies

If a significant death occurs in the life of a child aged under two years, they will not have much language to express their loss. However, even very young children and babies are aware that people they were attached to have gone, and experience the dawning realisation that they are never coming back and that death is permanent.

For very young children, who are unable to speak, death might be described as an unnameable fear or dread. You know how inconsolably a baby or young child can cry if they feel unsafe, or if a parent goes out of the room or leaves them for longer than they can bear. If the loved one does not return, young children can be left with fears for their own survival.

Adults can usually comfort children if they are not too upset themselves. Even very young babies will be affected by their parents' emotional state and a death in the family will affect other family members. This may disrupt their care, so some scar may well be left. Try to minimise other disruptions and changes. In time, within the setting of a steady and loving environment, the loss can be repaired to some extent.

It is important for the child, and those caring for them, to keep the memories of the dead person alive. As the child grows up, there will be opportunities to understand better what they suffered before there was shared speech.

Young children

Children aged between two and five years are beginning to grasp that death is final, and that the dead person is not coming back. This is difficult for them to acknowledge fully as it threatens the security of their safe familiar world. Deep down, any too-long separation leaves them feeling frightened for their own survival.

During these years they will form several very important attachments to adults and

children. If their development has gone well, they will have a reasonably secure picture of their loved ones inside them – a sort of ‘mummy or daddy inside their mind’ – that provides solace during separations.

If the loss is not of a very close relative, they may be curious and affected by the event, but will probably absorb it in their play and everyday activities. If, tragically, it is the death of someone very important, they will go through a similar grief process to adults.

Children aged 6 to 12

Children in this age range begin to develop a more mature understanding of death and life, and are becoming aware that everyone dies one day, including themselves. They want to know more about the actual cause of death – ‘Why cancer?’ ‘Why suicide?’

They may retreat into denial, unable to express feeling. If they appear stuck and cannot grieve, they may need professional help – someone who can bear their withdrawal – especially if the important adults in their life are grieving too.

At this age, children like to feel that the world is an ordered place, with routine and structure playing a significant part. They are beginning to move away from the family to make important relationships with other children and with school. The death of someone close can easily throw them back to feeling unsafe, and to being more dependent. They may feel less calm emotionally, and more like a younger pre-school child, who is up and down in their feelings.

Adolescents

Adolescents are often full of thoughts about life and death issues, or the ‘meaning of life’. On the other hand, they can be so busy living life to the full that they rarely stop to reflect deeply. They may be unaware of their feelings, burying them until they surface much later at a vulnerable time in their lives.

A significant death can make a teenager feel particularly thrown because it may go against their strong belief in their own future and that of others. They can feel insecure just when they are starting to separate more from the family. You may notice that they do any of the following:

- withdraw into a very private existence

- go back to behaving like a younger child
- appear to be very matter-of-fact and detached, worried about emotions overwhelming them
- become angry and protesting.

As these tendencies are often a part of normal adolescent development, it may be difficult for you to know when to persist in your offers of help.

If the young person is managing school and social life, as well as eating and sleeping reasonably normally, you can probably wait for the normal grieving process to run its bumpy course. The support of their friends may be particularly important for them.

More than ever, they need the love that you have tried to provide all along. They also have even more need of the limits that you have set.

They may like to talk to someone outside the family who is not in danger of being too upset by hearing about what they are feeling, but it is best not to assume that this is automatically wanted or needed.

Traumatic death

Children who have witnessed one or more dramatic deaths, or been involved in a disaster, accident, or other trauma – including terrorist attacks – may need specialised treatment. This may also be the case if a loved one has died in a sudden, dramatic or violent way.

If there has been a tragedy at school, or the school has been exposed to violence, parents need to be prepared for the ‘ripple effect’ of a trauma, even when the child has not been directly involved. Parents, schools and other groups in the community may also need help. These experiences are often too shocking and disruptive to be absorbed and may need to be worked through over time.

Children who watch appalling events on television may shift unpredictably between anxiety, excitement, indifference, obsessive interest and unreality.

If you are in any doubt about the matter, in general it is better to seek help than not to do so.

Specialised help is available through: The Children’s Team, Traumatic Stress Clinic, 73 Charlotte Street, London W1T 4PL. Phone 020 7530 3666 for enquiries about referrals to the team; you may need to request a referral from your GP.

Signs of children grieving

- **Numbness and disbelief** Simply try to comfort them. Try not to make them talk about it – they may be too frightened just now. Be patient and offer comfort.
- **Shock** This may include disturbed sleep, being unable to go to sleep, fear of the dark and nightmares. Again, they need lots of comfort and patient attention.
- **Denial** They may well deny that the death has happened. Denial is a necessary anaesthetic. In time the reality will come through their self-protection. There's no need to repeatedly 'put them straight'.
- **Regression** Under the stress of their loss, children of all ages may regress to earlier stages of development (just as adults do) and need extra care and comfort. Although you may worry about this behaviour, it is important to try and see it as expressing a need to be looked after and to be held. It is an opportunity for you to help children rebuild the security they've lost.
- **Anger and appeals** They may protest with anger or appeals – older children and adolescents may say something like 'How could he have left me?' or 'Why didn't the doctors make her better?' Try to acknowledge their anger. It is a very human response to be angry and to feel abandoned. This may be very hard for you when you may feel exhausted and may be angry and desperate yourself. If you agree with any of what they say, let them know that you feel the same way. It is helpful for them to know that they are not alone with their feelings. Give them permission to cry.
- **Change of habits** Children may be restless and unable to settle to anything. Some children will eat a great deal, and even store food, to fill up the emptiness they feel inside. Others may lose interest in eating. Some children start to bite their nails, to pick at themselves, twiddle with their hair and so on.
- **Despair** They may feel despair. Again, it is hard to help a child who is despairing if you are full of despair too, but it does them no harm to see you cry and to know that you are also struggling.
- **Guilt** They may feel that they contributed to the death. You can reassure the child that nothing they did or said or felt caused the



death. Tell them that lots of people feel guilty when someone they love dies, or wonder if they did something wrong.

- **Imaginary sightings** They may search for the person who has died, expecting them to come back and even feeling they've seen them in the street. This is a normal universal response. It is a necessary process before children realise that the person who has died is not ever coming back. You may be able to gently help them believe in the finality of the death, but it can take much longer than anyone realises.
- **Acceptance** They will eventually understand that the person has died. Even though they probably feel very low, and perhaps lonely and rejected, it is necessary to truly believe that the person has died before anyone can begin to let them go, while holding on to precious memories.
- **Life goes on** Eventually they will realise that life goes on and that the loved person who has died is alive in their minds – a helpful part of their imagination for ever. Some 'recovery' may begin to take place after a few months, but where the death was particularly sudden and close it takes much longer, perhaps years.

These suggestions may be helpful

- There is no easy way of taking away the pain, although of course we wish we could. Pain is the price we pay for having loved someone.
- Use straightforward words like dead and dying. With young children, try to link it with a known loss, such as the death of a pet (which may also cause more grief for the child than the parents expect).
- Children under the age of about four often think that sleeping and death are the same. Older children sometimes think this too. The difference needs to be explained – for instance 'When you are asleep your body works very well'.
- Avoid phrases like 'He's gone to sleep', or 'She's gone away', or 'We lost Gran'. These phrases can be confused with everyday occurrences, and may lead to fears about going to sleep, being abandoned or getting lost.
- Make it clear to younger children that this means that the body of the person who has died is no longer working, and that they don't feel any pain. Your child needs help to realise the body has not gone anywhere, other than perhaps to the cemetery or crematorium. Go through this carefully as children may need to be clear about what happens to the body. In some cultures or families children may see the body after death. Indeed, it may be helpful to do so.
- Going to the funeral and the cemetery may be very helpful. Many children will choose to go to the funeral if they understand that it's a special time to say goodbye, remember the person and celebrate their life. Try to explain what they will see, in simple terms in advance. For example, 'The body is in a box that gets buried in a hole in the ground' or 'It goes into a fire and the ashes of the body are sprinkled on the ground'.
- Religious rituals and cultural beliefs may be helpful and comforting if they are part of your family's life.
- Be prepared to tell the story, and to answer the same questions, over and over again. It is important for your child to understand and have the story straight in their mind, but be prepared for them to be really confused at times.
- Children can be anxious about expressing their own grief for fear of upsetting you further, especially if they think there is no one else to look after you. You may find that involving another adult to comfort the child helps to share the load.
- Your own grief can be shared with the child, but try not to offload it onto them. This could give them the feeling that there is no space for their own grief. Parents need to avoid robbing children of their own experiences – for instance, by saying 'I know how you feel'. No one can know how another person really feels.
- It is important for the child to continue to have opportunities to share their feelings about the person they have lost. You can help by collecting photos, for instance, or making a story. There is never a time that a dead person is 'forgotten'. They stay in our minds, sometimes in the background, as long as we ourselves live.

Getting help

Even though the grieving process is normal, at times you may feel the need to discuss your anxieties. You may wish to approach a teacher, health visitor, GP, or child psychotherapist for support or guidance for

you or your child during this difficult time. However, it is important not to assume that your child needs to see someone. This may be so, but it may also be helpful for you to find the support to think about your own concerns and perhaps strengthen your ability to help the child yourself.

Further help

In every area there are organisations that provide support and services for children and families. Your GP or health visitor will be able to offer you advice and, if needed, refer you to specialist services. To find out more about local supporting agencies, visit your library, your town or county hall, or contact your local council for voluntary service.

Contacts

Cruse Bereavement Care

Phone (national rate): 0870 167 1677
(national helpline)
Web www.crusebereavementcare.org.uk

Winston's Wish

Guidance and information for families of bereaved children.
Phone (local rate): 0845 2030 405
Web www.winstonswish.org.uk

YoungMinds Parents' Information Service

Information and advice for anyone concerned about the mental health of a child or young person.
Freephone 0800 018 2138
Web www.youngminds.org.uk

Parentline

Help and advice for anyone looking after a child.
Freephone 0808 800 2222
Web www.parentlineplus.org.uk

ChildcareLink

Information about child care in your local area.
Freephone 0800 096 0296
Web www.childcarelink.gov.uk

Contact a Family

Help for parents and families who care for children with any disability or special need.
Freephone 0808 808 3555
Web www.cafamily.org.uk

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An order form to buy printed copies
is available from the site.

Additional Assessment Questions

Mood disorder and depression

Any mood changes, i.e., feeling unhappy, easily upset/tearful?

Becoming withdrawn – avoiding friends, family and regular activities?

Any feelings of guilt or being self-critical and self-blaming?

Any change of eating habits?

Difficulty getting off to sleep or waking very early?

Tiredness, lack of energy and concentration?

Frequent minor health problems, i.e., headaches or stomach-aches?

Any problems with school work?

Has the mood lasted longer than one month?

Lack of enjoyment of life?

Significant loss or gain of weight?

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

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Depression in children and young people

Factsheet for young people

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet looks at how to recognise depression, and what you can do to help yourself or someone else who is suffering from depression.



Introduction

What is depression?

Most people, children as well as adults, feel low or 'blue' occasionally. Feeling sad is a normal reaction to experiences that are stressful or upsetting.

When these feelings go on and on, or dominate and interfere with your whole life, it can become an illness. This illness is called 'depression'. Depression probably affects one in every 200 children under 12 years old and two to three in every 100 teenagers.

What are the signs of depression?

- Being moody and irritable – easily upset, 'ratty' or tearful
- Becoming withdrawn – avoiding friends, family and regular activities
- Feeling guilty or bad, being self-critical and self-blaming – hating yourself
- Feeling unhappy, miserable and lonely a lot of the time
- Feeling hopeless and wanting to die
- Finding it difficult to concentrate
- Not looking after your personal appearance
- Changes in sleep pattern: sleeping too little or too much
- Tiredness and lack of energy
- Changes in appetite
- Frequent minor health problems, such as headaches or stomach-aches
- Some people believe they are ugly, guilty and have done terrible things.

If you have all or most of these signs and have had them over a long period of time, it may mean

that you are depressed. You may find it very difficult to talk about how you are feeling.

What causes depression?

Depression is usually caused by a mixture of things, rather than any one thing alone.

Events or personal experiences can be a trigger. These include family breakdown, the death or loss of a loved one, neglect, abuse, bullying and physical illness. Depression can also be triggered if too many changes happen in your life too quickly.

Risk factors People are more at risk of becoming depressed if they are under a lot of stress, have no one to share their worries with, and lack practical support.

Biological factors Depression may run in families due to genetic factors. It is also more common in girls and women compared to boys.

Depression seems to be linked with chemical changes in the part of brain that controls mood. These changes prevent normal functioning of the brain and cause many of the symptoms of depression.

Where can I get help?

There are a lot of things that can be done to help people who suffer from depression.

Helping yourself Simply talking to someone you trust, and who you feel understands, can lighten the burden. It can also make it easier to work out practical solutions to problems. For example, if you are stressed out by exams, you should talk to your teacher or school counsellor.

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If you are worried about being pregnant, you should go and see your general practitioner or family planning clinic. Here are some things to remember:

- talk to someone who can help
- keep as active and occupied as possible, but don't overstress yourself
- you are not alone – depression is a common problem and can be overcome.

How parents and teachers can help

It can be very hard for young people to put their feelings into words. You can help by asking sympathetically how they are feeling, and listening to them.

When specialist help is needed

If the depression is dragging on and causing serious difficulties, it's important to seek treatment. Your general practitioner will be able to advise you about what help is available and to arrange a referral to the local child and adolescent mental health service.

Many young people will get better on their own with support and understanding. For those whose symptoms are severe and persistent, the National Institute of Clinical Excellence (NICE; www.nice.org.uk) recommends that the young person is treated initially with a psychological therapy, such as **cognitive-behavioural therapy (CBT)** for 3 months. CBT is a type of talking treatment that helps someone understand their thoughts, feelings and behaviour (see Royal College of Psychiatrists Factsheet on CBT; www.rcpsych.ac.uk/info/factsheets/pfaccog.asp).

Antidepressant medication should only be used with a psychological therapy such as CBT. Antidepressant medication needs to be taken for 6 months after the young person feels better. Mild depression should not be treated with antidepressants, but instead with general help and support (see Royal College of Psychiatrists' Factsheet on antidepressants; www.rcpsych.ac.uk).

There is evidence that some antidepressants called SSRIs (selective serotonin reuptake inhibitors) can increase thoughts of suicide. For this age group, fluoxetine, which is an SSRI antidepressant, can be used and research has shown that the benefits outweigh the risks. None of the antidepressants are licensed for use in

young people under the age of 18 and should only be used by child and adolescent psychiatrists, after a careful assessment. Weekly monitoring of how the young person is feeling will happen in the first 4 weeks, and then regularly after that.

Sources of further information

- 'Changing Minds: Mental Health: What it is, What to do, Where to go?' A multi-media CD-ROM on mental health that looks at depression. www.changingminds.co.uk.
- Childline provides a free and confidential telephone service for children. Helpline: 0800 1111; www.childline.org.uk.
- The Samaritans provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helplines 08457 909090 (UK); 1850 609090 (ROI); e-mail: jo@samaritans.org; www.samaritans.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information 0800 018 2138; www.youngminds.org.uk.

Or you may want to look at these websites:

www.depressionalliance.org
www.thecalmzone.net
www.thesite.org/info/health/depression

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

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- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

Additional Assessment Questions **Obsessive compulsive disorder**

What does the child/young person have obsessional thoughts about?

What compulsions or repetitive behaviour does the child have?

When do they happen?

What seems to trigger them?

When did they first start?

How do the thoughts/rituals affect their life?

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Additional Assessment Questions

Panic attacks and stress

Stress reduction

What are the child's/young person's interests, hobbies, activities? (Are they doing too much or too little?)

How are they coping with school work/revision?

Have there been any changes recently? (Listen out for changes before the stress started).

How do they feel about themselves?

What do they want to happen?

See the relevant sections in this pack if the history suggests one of the difficulties listed.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout Panic attacks and stress

Parents and young people

The following may help a child or young person to cope with, and reduce, stress.

To use with young person

- Take regular exercise.
- Eat regular meals.
- Take time to relax/play.
- Ask questions if you are not sure about a new situation.
- Avoid excessive caffeine intake, which can increase anxiety.
- Learn a breathing relaxation technique – inhale slowly through the nose while counting silently to five, then exhale slowly through the mouth over a count of five.
- Learn a muscle relaxation technique – tense, then relax all the muscles, starting with the toes and working up the body.
- Rehearse and practice situations that cause stress, e.g., class presentations.
- Break large tasks into smaller, manageable sections.
- Challenge negative thoughts with a positive attitude.
- Feel good about your successes.
- Accept your limitations – we cannot always attain perfection.
- Take a break from stressful situations, e.g., listen to music, get some fresh air or exercise, spend time with a pet.
- Talk to someone you trust – friend, parent, teacher, nurse – they may help put the problem in proportion.

To use with parents

- Monitor children's activity levels. Is stress affecting their health or behaviour?
- Monitor your own stress levels. Children will learn coping mechanisms from you.
- Encourage your child to relax if they appear to be working too hard.
- Talk with your child about everyday things to help them make sense of the work.
- Be aware that children can sense tension in the household even if they do not know it's cause, and will worry.
- Unreasonable parental expectations or ambition will cause stress for children who do not share their goals.
- Prepare your child for potentially stressful situations, e.g, changing class/school, visiting the dentist, a new baby, parental illness.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Handout

Coping with exams

Tips from your school nurse and Childline

Pamper yourself.

- Remember that it's important to eat and sleep well.
- This is an important time for you – try to talk to your family about how they can make studying easier for you, giving you space and quiet.

Don't revise all the time. Take breaks to do things you enjoy and that help you relax.

Prepare for the big day.

- Have a good breakfast.
- Give yourself plenty of time to get to the exam room.
- Make sure you know where and when the exam is to be.
- Take everything you will need, e.g., pens, ruler, maths equipment, etc.
- Remember, mobile 'phones are not allowed in exam rooms.
- Go to the loo before the exam starts.

If you feel really anxious, breathe slowly and deeply while waiting for the exam to start.

Phew!

- Exams over? Pat yourself on the back – it's time to relax – you can't change anything now.
- If you did well – congratulations!
- If you are disappointed with your results – remember, it's not the end of the world. There are other opportunities. You may do resits at college or choose alternative courses to express yourself and succeed later in life.

Don't bottle it up.

- Before, during or after the exam, if you feel you can't cope with the pressure, or are feeling stressed, find someone to talk to. Talk to your parents, teachers, friends, school nurse (at the lunchtime drop-in) or call Childline free of charge and in confidence (0800 1111).

Good luck!

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Handout Relax!

When you get uptight, worked up and angry, you need to stop and relax.

Find somewhere quiet and comfortable to sit down and follow the instructions below.

What to do:

- You need to tense and then relax the different parts of your body.
- Tense each part in the order below for 5 seconds, while holding your breath.
- Now breathe out and relax the tense part of your body while telling yourself to 'relax'.
- At each stage, concentrate on what you are doing.

The order:

1. Arms

- Clench your fists and tighten the muscles in both arms.
- Hold your arms straight out in front of you.

2. Legs

- Lift your legs up about 30 cms.
- Point your toes and straighten your legs so that all the muscles in your legs are tense.

3. Main body

- Pull your shoulders back and bring your shoulder blades together.
- Push your chest forward and out.
- At the same time, pull in your stomach.

4. Neck

- Press your head against the back of the chair.

5. Face

- Raise your eyebrows up as far as you can towards the top of your head.
- Screw up your eyes tightly and at the same time wrinkle your nose.
- Press your lips together.
- Clench your jaw, as though you are chewing hard, and push your tongue against the roof of your mouth.

Remember

With each part of your body

- Breathe in and tense.
- Breathe out and relax.
- Concentrate.

Points of view

You think my self-harming means I'm not coping.

I think self-harming is **helping** me cope.

You think I'm attention-seeking.

I wish people's attention didn't need seeking.

You think you know why I self-harm.

I think it would be nice if someone asked my opinion!

You think I should stop self-harming.

I think you should stop your smoking and fry-ups.

You think I'm manipulating you.

I think if you took notice of what I said, I wouldn't have to.

You think I'm a waste of time.

I don't feel like people have wasted much time trying.

You think if I self-harm I might kill myself.

I think if I didn't self-harm I might kill myself.

You think if you don't talk to me when I self-harm then I'll stop.

I think 'So what's new?'

You think if you stitch me without anaesthetic it might put me off self-harming.

I think there are better ways of teaching me to respect my own body.

You say you can't help me while I'm self-harming.

I think if I could stop then I wouldn't need help!

You think my self-harm is a big problem.

Often self-harm feels like the least of my problems.

You feel you have to manage my behaviour.

I wish you'd just listen to me.

Today you said you couldn't manage me.

You were out of your mind with worry.

You said you felt a failure because you didn't have all the answers.

You looked me in the eye and said 'What do you need from me?'

Now I think we can get somewhere.

Rhian

Additional Assessment Questions

Self-harm

The following points should be considered when assessing a young person who may be self-harming.

1. Age

The older the teenager the higher the likelihood of attempted suicide.

2. General health

Do they look like they are taking care of appearance / hygiene? Are they dressed appropriately?

3. Attachments and boundaries

Adolescents become suicidal, at least partly, within a context of family dysfunction.

Young people who have been abused/victimised or are in care are at greater risk.

Teenagers without a significant and safe attachment figure who consider themselves lonely are more likely to deliberately harm themselves.

4. History of self-harm

Young people who have already attempted suicide are more likely to try again. The more serious the intent and the attempts the greater should be the level of concern.

5. History of general self-destruction

Any other forms of destructive or antisocial behaviours present.

6. Substance abuse

Adolescents who abuse drugs and alcohol are likely to demonstrate poor impulse control and poor problem-solving skills. They are at higher risk of self-harm.

7. Adaptive strategies

How well do they cope with stress or relationships? How receptive are they to support?

8. Chronic and multiple problems

Are there any other co-existing difficulties, i.e., peer relationships, family and school?

9. Experience of loss

Loss is a central issue in adolescence. The number of experiences of loss are important.

Having friends and family who have committed suicide increases the risk.

10. Support system

Common factor in adolescents who attempt suicide is a lack of stable family support, few friends or superficial contacts.

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11. Mental state

Depression and suicide are closely related. These symptoms must have been present nearly every day for a period of at least two weeks.

12. Attitude to future

Do they think their condition or circumstances can change? Can they expect things to get better? Is there anything in the future they are looking forward to?

13. Support system

Are they accessible to support and counselling? Are they turning up for school or other appointments?

14. Attitude towards death

Try to understand the meaning and attraction of death to the adolescent.

Additional Assessment Questions

Sleeping

Parents' perception of a problem and expectations of child's sleeping

Parents' perception of normal sleeping

Parents' previous/current management of sleeping, e.g., praise, punishment, coercion

Bedtime and settling

1. What time does the child start getting ready for bed?
2. Is there a bedtime ritual?
3. Is the parent involved in settling the child?
4. What time does the child usually go to bed?
5. What time does the child usually go to sleep?
6. Have there been any problems in the last week? Describe.
7. How long has the problem been going on?
8. What started the problem?
9. Waking?
10. Does he watch television/playstation in his bedroom? Is he supervised? Are they age-appropriate? How long does he continue to play?

Factsheet

Encouraging healthy sleep patterns

Encouraging a regular bedtime routine – calming the mind and body in preparation for going to sleep – is an important part of a child's development. Preparing to go to sleep marks the change from the daytime activities to a time of rest. This is where bedtime routines that involve spending time together are important; for example, giving your child a bath, reading a story quietly, or for older children allocating special time for a joint interest.

Avoiding stimulating computer games/television/music, intense studying around bedtime, or confrontation and arguing at bedtime are useful points to think about, especially as your child gets older and begins to take a more active part in organising their own bedtime routine.

What happens in the day can have a direct effect on how children and teenagers sleep at night. Negotiating a healthy balance between social activity, homework and the need for adequate rest will help your child to sleep better. Avoiding caffeine, nicotine and alcohol, which can be stimulating and affect sleep, is important as these can affect the ability to settle down to sleep and the quality of the sleep itself.

There are many things that can affect your child or teenager's sleep pattern. Their relationship with you and other people may create anxieties that can sometimes be shown in sleep difficulties. Also, events inside your family and outside experience can affect children and teenagers.

Parents might find that the teenage years are both an exciting and challenging time. Listening to a child or teenager's stories and experiences of the day can sometimes help you to anticipate problems that might present as sleep difficulties.

If children can be confident that the worries of the day can be shared, when they settle to sleep they can feel safe and their sleep time does not have to be taken up with thoughts about the day.

There may be times when your child or teenager's sleep pattern changes. Whether the root of the disruption is physical or emotional, it may be helpful for you to talk to someone about what is happening. This can often help you build up a clearer picture of how to help your child re-establish their sleep pattern.

5.15

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Factsheet

Nightmares, sleepwalking and night terrors

Sudden partial wakings

Behaviour

Extended periods of crying, sobbing, moaning with wild thrashing.

Typical age

6 months–6 years; occasionally in older children.

What to do

Go in to be sure that your child does not injure herself.

Let the episode run its course.

Keep your distance. Don't forcibly 'help'.

Only hold your child if she recognises you and wants to be held.

Do not shake her or try to wake her.

Watch for the relaxation and calm that signals the end of the episode. You may then help her to lie down and you may cover her. Let her go back to sleep. Don't make her feel strange or different.

General suggestions

Make sure that your child gets enough sleep. Consider an earlier bedtime. Restart a nap if it was stopped without good reason.

Make sure that her sleep and daily routines are fairly regular and consistent.

Professional advice may be considered if events are frequent and if they began around known stresses, or if significant and persistent stresses are present.

Calm sleepwalking

Typical age

At any age from the time the child learns to crawl or walk.

What to do

Talk quietly and calmly to your child. She may follow your instructions and return to bed herself.

If she does not seem upset when you touch her, you should be able to lead her back to bed calmly. She may want to stop at the bathroom to urinate.

Although you may be able to wake her, nothing is gained and there is no point in trying.

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If she wakes by herself after the episode (which older children and adolescents commonly do), she will probably be embarrassed.

Do not make any negative or teasing comments.

Don't make her feel peculiar or strange.

Treat the sleepwalking in a matter-of-fact way, and let her go back to bed.

General suggestions

For young children, ensure adequate sleep and a normal schedule. Occasionally this will help older children as well.

Make the environment as safe as possible to avoid accidental injury.

Floors should not be cluttered; objects should not be left on stairs; hallways should be lit.

If your child's walking sometimes goes unnoticed, put a bell on the door so that you will be aware whenever she leaves her room.

If your child tries to leave the house, an extra chain lock above her reach should be installed.

If she sleeps in a bunk bed, the bottom bunk is safer.

Consider professional help.

Agitated sleepwalking

Typical age

Middle childhood through adolescence.

What to do

If the agitation is marked, restraint will only make the event more intense and longer-lasting.

Keep your distance. Only hold her if she is starting to do something dangerous.

When she calms, treat her as you would a calm sleepwalker.

General suggestions

Same as for calm sleepwalking.

Night terrors

Behaviour

Screaming, look of panic and fear, possibly wild running.

Typical age

Late childhood, adolescence.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

What to do

Let the screaming subside and then simply let your child return to sleep.

Do not try to wake her.

Do not embarrass her if she reaches full waking (as some adolescents may).

If there is wild running and risk of injury you may have to intervene, but be careful; both of you could be injured.

Talk calmly and block her access to dangerous areas, but actually holding her may be very difficult and can lead to even wilder behaviour.

General suggestions

She may be safer sleeping on the ground floor.

If there is a threat of – or actual – window breakage, consider replacing glass with an unbreakable type.

Use the same general precautions as for sleepwalkers.

Consult your general practitioner for possible use of medication, especially if there is wild running.

If medication is used, it should be viewed as a temporary solution used mainly for protection.

Professional help should be considered. This is the case even if psychological factors seem minimal but arousals are frequent, intense and dangerous.

With all these behaviours, talk to your child during the day and listen out for any worries.

Nightmares and night terrors: how to tell them apart

Discriminator	Nightmare	Night terror
Sleep stage	REM	Deep–light transitions
Time of night	Latter half	First third
Awareness	Very	None unless woken
Consolability	Yes	No
Clinical associations	Daytime stress; depression	Nil. Sleepwalking
Ease of return to bed	Difficult	No, or little, problem

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Points to consider

Temper tantrums – questions to parents

How often do they happen?

What form do they take?

How long do they last?

Who is present? Is it always the same people?

Where does it happen?

Was there a particular event that caused the behaviour to start?

How do you react?

What strategies have you tried so far? Did they resolve the situation?

Do you talk to your child about it afterwards?

How well can your child communicate his needs to you?

Have there been any changes recently? (Listen out for changes before the temper tantrums started).

Questions to children

How do you feel before you react?

How do you feel during the outburst?

How do you feel after the incident?

What effect does the outburst have on others?

Have you talked to anyone about how you feel?

What do you want to happen to make the situation better?

Anger management – questions to the older child

Was there a particular event that caused the outburst to start?

What form does the behaviour take?

Do you feel out of control?

Does anyone get hurt?

How do you feel before, during and after the incident?

What else could you do to express yourself without hurting yourself or others?

Do you have someone to discuss your frustrations with?

What have they suggested?

What would you like to happen?

What have you tried so far?

How would your life be different if you stopped having the outbursts?

Reference

Bandura, A. (1977) *Social Learning Theory*.
Englewood Cliffs: Prentice
Hall Inc.

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Handout

Positive influences on emotional development and behavioural patterns

- Building a positive relationship with your child is the best way to help your child develop positive emotional well-being. As a parent you have a central part in helping your child or teenager to learn how to tolerate frustration, learn to calm down, know how to behave acceptably in society and relate to others in a healthy way.
- Showing your child or teenager you are listening to them and that you understand that they are trying to communicate with you is an important part of developing a two-way relationship. You may not always know immediately what they are attempting to tell you but they will feel more secure knowing that you are open to hearing about their feelings.
- There may be times when both you and your child or teenager might find feelings overwhelming. It is at these times that logical clear thought seems to be most difficult. Finding support for yourself is an extremely important part of your emotional well-being. In taking care of your emotions you may feel better able to help your child or teenager with theirs. Regaining a sense of calm may make what you thought was an unmanageable situation seem less difficult.
- Parents have often commented that at difficult times it is hard to look past your child's or teenager's behaviour and think about how your child is feeling. Finding ways to stay calm can not only support you but also help you to look past the behaviour and see the message your child or teenager may be giving and why they behaved in that particular way.
- Helping your child to calm down so that they will eventually learn what it feels like to calm themselves is an important skill for life. As children move into the teenage years, being able to tolerate frustration and cope with the strong emotions may positively affect the way they behave towards other people.
- Children respond far more positively towards loving, predictable, behaviour strategies that have clear boundaries. Avoiding threats and harsh punishment, smacking and excessive shouting will help both you and your child or teenager to develop a more respectful and positive relationship. Giving children a way of saving face and an opportunity to change their behaviour is important in helping them to learn that relationships are about how both people feel.
- Choosing behaviour techniques such as positive praise and encouragement, distraction, time out, or rewarding good behaviour instead of focusing on difficult behaviour, will help lay the foundations for later negotiations on acceptable limits to behaviour.

- Each parent's or carer's experiences of being parented may be different. Therefore, it is important that you spend time alone talking together about the way you plan to parent your child, so that they do not feel confused by different approaches.
- Boundaries and rules are sometimes an important part of family life. They can offer a sense of security and predictability for your child or teenager. Boundaries that are most effective are those that are appropriate to your child or teenager's age.
- While it is good to be consistent in putting agreed rules and boundaries into place, it is also helpful for a degree of flexibility. There may be occasions when it is appropriate not to stick rigidly to the rule, such as when your child or teenager is ill.
- If boundaries are changed for other reasons it is best to avoid making decisions at the height of an argument or in anger. The message about new rules may be lost as one or both of you struggle to keep control of your emotions.
- As your child or teenager grows and develops there will be decisions to be made about changes in boundaries. Talking to your child or teenager about why new boundaries are planned will help them to co-operate more readily.
- Sharing time with your child or teenager to help develop a positive relationship is important. Within a family children may have different individual needs. This may include giving different age-appropriate bedtimes.

Additional Assessment Questions Toileting

Parents perception of normal toileting.

Strategies used by parents/teachers/health visitor in management of child's toileting difficulties.

Medical History

Diet

Fluids

- Amounts/types.

Bowel habits

- Is there any diarrhoea/constipation?
- Is there any pain on defaecation?
- Are the stools normal in consistency?
- Is there any blood present?
- Is there any soiling?
- Is there any encopresis?

Urinary continence

- At what age was the child dry during the day?
- If wet during the day, how often?
- Is there any frequency/urgency/stress incontinence?
- Is the child conscious of the need to urinate?
- Is there any night-time wetting?
- Is there any pain on micturition?
- Is there an unpleasant odour on micturition?

Toileting history

At what age did you begin toilet-training?

How did you know your child was ready?

Has the child established bladder/bowel control at home and at school?

How often does the child pass urine/faeces?

Does the child tell the teacher or parents if they are wet or soiled?

Is the child able to clean themselves and change their underwear if necessary?

Is there a daily routine for toileting established at home and school?

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Are the toilet facilities at home and school suitable for the child's needs, e.g:

- Is a child's toilet seat needed?
- Is a step available to enable the child to reach the toilet?
- Is the room private/warm?
- Is there easy access to the toilet?
- Are there adequate changing facilities?
- Is there a light left on at night?
- Are there any toileting difficulties or phobias and, if so, what are they?

Are the toileting problems the same at home and school?

Has the behaviour around toileting changed since starting school or changing classes?

Do you think the child is using his behaviour to express distress or anger?

Do the parents have their own issues around toileting?

Handout Factsheet for practitioners Constipation

Possible organic causes of constipation

- Hirschsprung's disease
- Anorectal anomalies, e.g., anal stenosis
- Spinal cord defects
- Metabolic/endocrine abnormalities, e.g., hypothyroidism, hypoparathyroidism, diabetes
- Neurological problems, e.g., cerebral palsy
- Cow's milk protein intolerance

Non-organic causes of constipation

Developmental – cognitive delay

- ADHD
- inadequate toileting by parents

- #### Environmental
- access to school toilets, privacy, etc.
 - access to toilet at home, privacy, etc.
 - access to toilet paper at school
 - provision of soft toilet paper
 - sibling interference

- #### Psychological
- coercive toilet-training
 - excessive parental intervention
 - abuse
 - toilet phobia
 - depression – death in the family, family breakdown, etc.

- #### Other factors
- poor parental role models
 - low-fibre diet
 - inadequate fluid intake
 - lack of exercise
 - family history

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Signs and symptoms of constipation

- Poor appetite
- Lack of energy
- Unhappy/angry/irritable
- Irregular bowel actions
- Bowels open less than 3 times per week
- Abdominal distension
- Occasional passage of very large stools
- Foul-smelling wind and stools
- Irregular stool texture
- Anal fissure
- Withholding or straining to stop the passage of stools
- Pain on defaecation
- Passage of blood on defaecation
- Enuresis and urinary tract infection
- Abdominal pain

The management of constipation in children

The management of constipation in children in the community falls easily into five categories, each playing a vital role in the treatment of constipation.

1. Medical/laxative therapy
2. Modification of dietary fibre and fluid intake
3. Behaviour modification
4. Exercise
5. Education and follow-up

(Burnett and Wilkins. (2002) *Journal of Family Health Care*, Vol. 12, No.5. p.129).

Handout for parents Constipation

Recommended high-fibre foods

- Brown, granary or wholemeal bread
- Cereals such as Weetabix, Ready Brek, Frosted Wheats, Shreddies, Raisin Wheats, Puffed Wheat
- Wholemeal pasta, brown rice
- Baked beans and sweetcorn
- All fruit – leave skins on where possible
- All vegetables
- Jacket potatoes and chips with the skins left on
- Biscuits – digestive, fig roll, Hob Nobs

Fluid intake should be increased according to the age of the child and should ideally be water-based drinks

Handout for parents Toileting

Soiling

1. Use a record sheet to monitor when your child has his bowels open
2. Try for regular toileting, at least once a day at the same time of day
3. Ideally your child should go the toilet 20 minutes after a meal
4. He should sit there for at least 10 minutes to try to have his bowels opened
5. It helps if there is privacy, warmth and comfort
6. A step should be provided if your child cannot reach the floor to push against
7. A toilet seat should be provided if the usual seat is too big
8. It helps if there are comics, books, favourite toys or music available in the toilet
9. Try a warm drink after breakfast every morning – it helps to trigger bowel action
10. Make sure your child is eating sufficient fibre, ideally one fibre-rich food should be eaten at every meal. (See Recommended high-fibre foods.)
11. Ensure that your child has an adequate fluid intake. Seek advice from your school nurse to ascertain how much your child should be drinking each day
12. If your child has been prescribed any medication for his bowels, make sure that it is taken according to the instructions given by your doctor
13. Use a reward system, age-appropriate, that has been negotiated by you and your child, e.g., pocket money, treats and star charts
14. Encourage the rest of the family to praise the child appropriately and to offer support and help with filling in the record sheet

Handout Toileting chart

Name: Record commencing:

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

- / Sat on toilet
- * Sat on toilet and emptied bowel

Handout

Advice sheet – daytime wetting

- Encourage regular toileting (bowels and bladder)
- Check daily intake of fluids (six to eight glasses each day)
- Provide a healthy diet
- Promote good hygiene at toilet visits – wiping bottom, shaking penis, and washing hands
- Have a comfortable seat position on the toilet, using a footrest if needed
- Have changes of clothes available at school as well as home
- Do not scold or punish – the child may have little control
- It may take time to achieve complete dryness. Don't expect too much too fast
- Use a reward system for achievable goals (small steps)
- Be consistent and keep focused
- Discuss strategies with other carers, school, childminders, etc., and work together
- Seek medical advice if the child experiences pain or discomfort when passing urine or stools

Handout

Advice sheet for bed-wetting

- It is a common problem; one in every six children starting school still wet the bed
- Children can be helped with support and encouragement
- Do not punish a child for wetting the bed
- Encourage plenty of drinks at regular intervals during the day. Avoid caffeine-loaded drinks and fizzy pops
- Promote good toileting habits during the day (bowels and bladder)
- Promote use of the toilet before bed and again before going to sleep
- Praise any dry nights
- Use a reward system for small steps such as drinking better, bedtime toileting

Further reading for practitioners, parents and children

Helpful books for children, parents and practitioners are available from eric, the children's bowel and bladder charity www.eric.org.uk e.g. 'Softy the Poop: Helping families talk about poo' 'Seven Steps To Nighttime Dryness: A Practical Guide For Parents Of Children With Bedwetting' 'Effective Management of Bladder and Bowel Problems in Children'.