

Risk & Response

Update Number 4: 5–11 Years

1. Introduction

This issue examines the risk and protective factors, issues and interventions for children aged 5-11 years and outlines the Children’s Fund scheme aimed at this age group

1.1 Cognitive Development

As a child begins school, so their environment expands, and they develop relationships with others, becoming increasingly independent of their primary carers. They also become able to understand more of the world by assimilating and incorporating new information according to a stable set of rules engendered by their carer(s); however, the child still thinks in an egocentric way. At the age of 7 or 8 years, children are generally able to identify and display appropriate behaviour in different situations and to apply their social skills.

By this age, children should have good language skills and be developing an extensive vocabulary. They require help to do this and should be listened to and encouraged in conversations. Problematic behaviour in adolescence has been linked to poor linguistic skills at an earlier age. As children reach the age of 8 and upwards they are able to concentrate for longer periods of time and will often entertain themselves in activities such as reading.

The child should be progressing in school, both in learning and in their behaviour within the new environment. 10 and 11 year old children, whilst usually still trusting of their parents, become more temperamental, but will still mostly interact in a warm and somewhat childlike manner with carers. Children at the lower end of this age range are particularly dependent on carers still and can be directly affected by a carer’s substance misuse (see Update 3 for issues related to carer’s substance use).

1.1.1 Physical Development

The child should undergo regular health checks to ensure that they are developing within standard parameters. It is important that a child’s health is regularly assessed as parenting problems may result in school absenteeism and so school health checks may be missed. Some children may enter puberty at the later stage of this age range and this will be dealt with in more detail in the next update.

Children’s development during this period is not based on school based activities alone: many children take part in out of school activities such as sports or clubs where learning and social skills develop further. This necessitates effort on the part of the parent to encourage, organise their inclusion and transport children to and from activities.

1.2 Risk & Protective Factors

Risk and protective factors for development of problematic behaviour including drug use are still governed to some extent by the family and social environment, but increasingly individual factors come into play:

RISK	<ul style="list-style-type: none"> Parental drug use Poor academic development Problematic behaviour in school Poor self esteem Low school attendance Family problems
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PROTECTIVE	<ul style="list-style-type: none"> Positive relationship with adult Perceptive, vigilant teachers Regular attendance at school Social network outside of family Out of school activities Coping strategies
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2. Issues & Interventions

Many issues considered in Update No. 3 are still pertinent here, particularly parental drug use, but in addition to these, others can be added specific to this age range.

2.1. Issues

Due to the heavy dependence on carers, particularly for those at the younger end of this age range, issues can be split into two areas: those stemming directly from family problems such as parental drug use, mental health problems or domestic violence; and those from the individuals themselves.

2.1.2 Family Problems

At this age children may begin to comprehend if their family situation is somehow 'different' from their peers. They may start to feel embarrassed or ashamed of their parent's behaviour or become aware of issues such as those above, through peer or community reactions and as a result experience stigmatisation, bullying and/or rejection by peers and the community. Parents may be apathetic, or feel embarrassed, about attending school events and as a result not participate.

A common problem, particularly for children at the older end of this age range, is the danger that the child becomes a carer to siblings or the parent and takes on responsibility beyond their age. In addition, there exists the problem of possible separation from the primary caregiver(s), due to imprisonment, medical attention, family breakdown, death or the child living in care.

2.1.3 Individual factors

Emotional and behavioural difficulties may begin to manifest more visibly during this period and may become particularly problematic at school where inappropriate behaviour may be detected.

Persistent or erratic school attendance can be seen either as a direct consequence of family problems, eg. parental difficulties with organising child's routine, or as an individual factor eg. truanting. One of the most common ways that children are initially identified as having problems is through persistent lateness or absenteeism from school. Many interventions aimed at curbing problematic behaviour are delivered via school and do not take into account children who are regular non-attendees.

2.2.1 Interventions

Perhaps the most obvious issue for this age group is the dearth of interventions specifically aimed at them regarding any form of problematic behaviour. For children under the age of 5 there are - limited - interventions available mainly via health-led initiatives; for adolescents, there is an array of health, education and criminal justice led interventions, both generic and substance use specific; for children in between these ages, there is very little. However, previous research and work with this age group suggests that the following may be helpful:

- . Specialist early years school attention for children identified as displaying emotional and behavioural difficulties focusing on linguistic skills.
 - . Children taught alternative coping strategies for family problems through creative expression
 - . Universal school based interventions that focus on health in general with components on substance use with opportunities for discussion and interaction delivered by independent agencies not viewed as authority figures.
 - . Awareness amongst school and other appropriate agencies of unstable family situations
 - . Checks in place to ensure child's physical and emotional needs are being met
 - . Community schemes to encourage participation in out of school activities
 - . Interventions delivered to those excluded/not attending school
 - . Independent adult available to discuss issues of importance
 - . Regular help from primary healthcare and social services including respite care and accommodation
- Obviously these interventions need to be age and development specific and culturally sensitive.

Life skills programmes targeted at primary school children have been shown to delay onset of drug use. Drug education in primary school tends to focus on legal drugs such as alcohol and tobacco and it may be easier to target at this age as they are more receptive to teacher influence, more likely to be attending school and less likely to have already started using substances.

4. The Children's Fund

The Children's Fund aims to tackle child poverty and social exclusion by helping children, particularly between the ages of 5-13, by enabling local partnerships to find local solutions to child poverty. There will be £450 million for the scheme available between 2001 -2004 consisting of £380 million for a programme of preventative work and £70 million for a network of local children funds.

The Children's Fund aims to break the cycle of poverty and disadvantage which often results in further poverty, unemployment and criminal behaviour in a child's later life. Although the scheme covers the ages 5-13, in recognition of the fact that needs are not as clear cut as this funding can be provided to young people services outside of this age range, but is intended to bridge the gap in preventive services between Sure Start and Connexions.

4.1 Objectives

The Fund aims to put into place services that:

- identify children showing early signs of difficulty and refer them for support
- support children and their families in overcoming difficulties e.g. counselling services, out of school activities
- provide specific support for children and families who face discrimination or have particular needs because of ethnic origin, disability or gender

The scheme is being rolled out in 3 waves with the first 40 areas receiving money in 2001, the next 50 in 2002 and the remaining areas in 2003. Those areas selected in the first wave were chosen from those with the highest poverty levels, with a number of rural and coastal areas selected that faced particular difficulties.

4.2 The Basis

In each area, a partnership of voluntary organisations, community and faith groups, statutory agencies and young people are identified to plan and develop preventive services for children and their families. Money is distributed by these local partnerships; the key element is these consist of representatives from different sectors of the community who are well placed to identify particular issues, consider and implement appropriate responses to aid disadvantaged children and their families in that particular area. The local partnerships conduct an assessment of existing needs and preventative services and from this decide which services are priorities in their area. There is also a £70 million local network, which will provide small grants to local voluntary and community groups helping children and young people at risk of exclusion aged 0-19. These grants are administered by a national voluntary sector body with local links in each area so that they have knowledge of small local groups who may otherwise be overlooked.

The main criterion for funding is that services should prevent children and their families suffering the consequences of poverty. The fund is used to develop new services in an area, over and above those provided by statutory services. Services proposed by local partnerships have ranged from creative arts projects to counselling, sporting activities, family support and health awareness schemes.

4.3 On- Track

The Children's Fund has also incorporated existing On Track schemes, the Home Office crime reduction programme aimed at children at risk of getting involved in crime. There are 22 On Track projects in England establishing an enhanced range of evidence-based preventive services for children aged between 4-12. Services include:

- home-school partnerships
- home visiting,
- structured pre-school education
- family therapy.

CASE STUDY: NURTURE GROUP LIME TREE PRIMARY SCHOOL SALE

The LEA funded nurture group at Lime Tree Primary School has been running for 2 years. The group currently has 12 children aged 4 to 7 years in the class full time and is a preventative, early identification measure to help deter potentially problematic behaviour.

Developmental screening tools such as the Boxhall Profile and Goodmans Strengths and Difficulties Questionnaire are used to reveal inhibitors to learning and emotional and behavioural difficulties. Nursery staff or teachers who are alerted to problematic behaviour may suggest a child for inclusion in the group.

The group is called the Rainbow Class and there is no stigma attached to inclusion. Whilst children in the group follow the National Curriculum there is particular emphasis on speaking and listening. One teacher and two classroom assistants maintain a structured daily routine, the group is equipped with soft furnishings and the children receive breakfast every day. On assessment at the end of their first year most children have reached the national standard and join relevant mainstream classes.

**It is the intention of the case studies simply to illustrate current work. Additional case studies will be used for the final project report & suggestions for these are welcomed. Please contact Paul or Karen at the address below.*

5. Conclusion

Children aged 5 to 11 are at a crucial developmental stage in terms of their behaviour and how they relate to the surrounding world. There are a wide variety of issues which may occur and considerable overlap with age groups immediately below and above; interventions however, are somewhat few. Those substance use specific interventions which are aimed at children of drug-using parents generally finish by the time the child is entering education and those interventions aimed at preventing substance use amongst young people themselves have largely yet to begin. For those children who are vulnerable to problematic behaviours including substance use, interventions provided at this key stage of their cognitive and behavioural development can have long lasting and positive effects.

Further Reading

H. Cleaver, I. Unwell & J Aldgate (1999) 'Children's needs, parenting capacity- The impact of parental mental illness, problem alcohol and drug use, and domestic violence on childrens' development. London: The Stationery Office

6. Update Number Five

The next Update will be sent out to you in April and will focus upon risk and protective factors and interventions for children aged 12 to 16 years and also briefly describe the role of the Connexions Service. If you have any comments to make in relation to these or any other issue, please contact us, we would be happy to hear from you.

7. Contact Details

Risk and Response is being carried out by the Research Department of Lifeline Projects. The key staff currently working on the project are:

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