



Chapter 7

School-age children

SCHOOL-AGE CHILDREN

When children start school, their world extends from being a member of a family to being a member of both a family and school community. School life consists of:

- academic learning;
- working towards goals;
- forming friendships;
- peer group pressures;
- group work, involving cooperation and competition;
- daily schedules;
- classroom socialisation, with a reduced adult-to-child ratio from preschool days.
- sport, excursions, art and library.
- moving from close adult support to a world of children.

This presents a big change for the school beginner, who needs a lot of reassurance, love and support while adjusting to the new environment and requirements. As children adjust to school life, their knowledge and skills increase rapidly, leading to further independence. Teachers and school friends become important figures in their lives, with school time taking up a large component of daily life.

While school days are often referred to as 'the best years of life', because they are meant to be a happy, carefree time, most children will experience some times of difficulties at school, academically and/or socially. As well as feelings of excitement, achievement and acceptance, feelings of anxiety, disappointment, failure and rejection occur, as children discover and become members of the wider world of school and peers.

As with earlier stages of life, school-age children need individual time, loving attention, support, guidance and encouragement from caregivers to help them develop their full potential physically, intellectually and socially. Caregivers must give school-age children:

- unconditional love and support. Children need caregivers to value what they can do, help them learn new skills and accept them as they are. This is essential for the development of healthy self-esteem and self-confidence;
- a sense of security, for them to adjust to the stresses of change when starting school;
- assistance with everyday care in relation to hygiene, health, diet and sleep needs;
- further guidance towards socially acceptable behaviour and in developing a code of what is right and wrong;
- guidance to encourage them to think for themselves and develop problem solving skills;
- loving support and assistance to cope with peer pressure;
- supervision and education to maintain safety.

CHARACTERISTICS OF SCHOOL-AGE CHILDREN

The following lists form a brief guide to the characteristics of school-age children. As emphasised for earlier stages of life, every child has a unique pattern of growth and development, resulting in a large range of normal variations.

Five- to six-year-old children – school beginners

Physical development

- Growth rate is slow and steady.
- Coordination is improving.
- Fine muscle development enables more skill with hands.
- Boundless energy is displayed.
- Children are tired at the end of the day, requiring 12 hours sleep at night.
- Toileting is established, but accidents may still occur. Some five- to six-year-olds may not be dry at night.
- Baby teeth begin to be lost.
- Appetite is usually good, but may vary.

Intellectual development

- Children are curious and eager to learn. They learn rapidly.
- Participation is the best method of learning.
- They are developing a code of right and wrong.
- They are beginning to understand concepts of time and money.
- Their interest in the past increases.
- They have a vivid imagination.
- Generally speech is clear with the use of sentences. Language understanding is well developed.
- They begin to learn to read books.
- Fears and worries often occur when starting school, moving house, experiencing the arrival of a new baby and being in situations in which they leave parents.

Social development

- They play happily with both sexes.
- They begin to cooperate as a group member.
- Acceptance by other children as well as adults becomes more important.

- They play best in small groups of two or three children.
- Friendships can change rapidly.
- They are eager to help others.
- They like to receive thanks and praise.

Seven- to nine-year-old children – middle school years

Physical development

- There is a downturn in energy output.
- A further development of fine motor skills enables writing, craft work and model construction.
- Permanent teeth appear at a rate of about four teeth per year from 7 to 14 years.
- They develop posture and balance.

Intellectual development

- Concentration increases, allowing more complex thinking and learning.
- They are more interested in conclusions and logical endings than fairy stories. They are realistic and reasonable thinking.
- They spend more time in talk and discussion. They like to be involved in family discussions.
- They determine right from wrong.

Social development

- They develop feelings further, along with a sense of loyalty to friends, school groups etc.
- Cooperation in group discussion increases. They cope better with competition.
- They are interested in clubs and memberships.
- They prefer friends of the same sex and age in whom to confide. Some develop antagonism toward the opposite sex.
- They like to express themselves through music, drama, art and dance.

Nine- to twelve-year-old children – pre-adolescence years

Physical development

- Growth spurts occur.
- Some secondary sex characteristics appear.

- There is wide variation in the age of physical changes of puberty. It can begin at 9 years or as late as 17 years.
- They often appear awkward with poor posture.
- They lose childish appearance of face and an adult appearance develops.

Intellectual development

- They concentrate well when working competitively.
- Thinking is concrete.
- They like to reason and enjoy learning.
- They like to discuss and debate.
- Rules and fairness are important.

Social development

- The acceptance of peers is very important.
- They begin to show interest in the opposite sex.
- They are self-conscious about body changes.
- They work cooperatively in a group.
- They desire independence from their families, but need their support.
- Friends become more important than family.
- They can take responsibility well, with feelings of loyalty to others.
- They can be critical of self and others.

DAILY CARE

Caregiver's role in relation to the child's independence

There is obviously a large difference in the physical characteristics and capabilities, intellectual thinking and understanding and social interaction of children beginning school to that of children in their middle to pre-adolescent school years. The capabilities and independence of school-age children are constantly increasing, resulting in a change of role for caregivers. As school-age children attend to more of their own physical care; the caregiver's role involves listening, guiding, assisting and supporting them. It is essential that close, loving and trusting relationships exist between school-age children and caregivers, so that they will receive the appropriate guidance and assistance. Caregivers should be prepared for times when children will want more assistance than usual with their daily care during periods

of stress or change. Alternatively, caregivers should be prepared for times when school-age children will refuse offers of assistance, desiring some independence – and privacy. As caregivers get to know individual children and determine their individual development levels, they will be able to ascertain the appropriate guidance and assistance required.

Caregivers should consider the following points in relation to school-age children and their self-help skills:

- many self-help skills are only newly acquired when children commence school. School beginners need supervision, guidance and assistance with many of their daily care practices;
- encouragement and opportunities for practice are necessary for developing self-help skills;
- further fine motor skill development is necessary for gaining competency in many self-help skills such as dressing and teeth cleaning. This occurs about 9 to 10 years of age;
- improved coordination and balance will assist children in washing and dressing themselves;
- school-age children are often very tired in the evenings and will be less able to perform self-help skills;
- the ability to read will increase children's self-confidence and enable them to perform tasks independently;
- children often regress in self-help skills in times of stress or change (e.g. hospitalisation, starting school, new baby in the family, parental separation);
- children may need more assistance with their daily care practices when they are sick or disabled;
- pre-adolescent school-age children have the necessary physical and intellectual development to perform self-help skills, in addition to having strong desires to be independent, conform to peers and be given responsibility. They are often self-conscious about body changes and desire privacy when washing and dressing.

HYGIENE AND CLEANLINESS

Daily wash

- Many school-age children prefer to have their daily bath in the evening before going to bed. This is a good time, as the bath is relaxing prior to bed and there is less to do in the mornings before school. Children should be encouraged to wash their own bodies and should be instructed on the correct washing of their genitalia. Caregivers will need to guide and assist younger children to ensure effective cleaning is carried out.
- If the child has woken in a wet bed, a morning bath is refreshing and will remove urine odours.
- Children usually do not want to shower until they reach nine to ten years of age. However, if younger children desire to shower, caregivers should stay with them to give assistance

as necessary. A non-slip mat will help prevent falls.

- Children should never be left alone when bathing, due to the dangers of drowning, burning, slipping and falling. When an older child bathes independently and desires privacy, the caregiver should keep up a dialogue when not in the bathroom to ensure the child is all right.

Hair care

- School-age children usually find hair washing more pleasant if they shampoo their own hair in the bath or shower, as they can wash their hair at their own pace and close their eyes at appropriate times during hair rinsing. Obviously, caregivers will need to give assistance to younger children.
- Hair should be combed and styled neatly each morning prior to school. A style that children like and can preferably manage themselves is best. Clean and attractive hair is important for self-confidence.
- Children should be instructed against sharing hairbrushes, combs and hats due to the risk of cross-infection.
- Head lice is often a problem in schools, as it is a highly contagious condition. (See the Childhood Illness and Immunisation chapter for the reference on head lice.)

Teeth care

- Good care of the teeth should start as soon as the primary (baby) teeth emerge and continue throughout childhood and adulthood. The principles of good dental care are:
 - thorough cleaning of the teeth twice daily;
 - regular dental visits;
 - a nutritionally balanced diet, which avoids sugars;
 - the avoidance of practices that cause tooth decay or damage (these are discussed in detail in the Infant Care chapter).
- Children should use a small-headed, soft toothbrush with flat bristles. The toothbrush should be placed at a 45° angle to the teeth and gum area. It should be vibrated or jiggled for about 10 seconds each tooth, inside, outside and along the top surface of teeth.
- Most children like to use toothpaste, which should contain fluoride, as this toughens the tooth surface and helps prevent decay. The toothpaste forms a lather, which aids in teeth cleaning; however, it is the toothbrush that removes most of the plaque. Dentists advise parents and caregivers not to be concerned if children don't like using toothpaste, as it is the brushing that is the important element of teeth cleaning.
- Fluoride is added to the water supply in many cities and towns to help prevent dental decay. Fluoride consumed in water will help the body to form high-quality tooth enamel in children. It can also help repair early decay spots in children,

because the enamel is still developing. Many dentists advise that children living in areas without fluoridated water should receive a daily fluoride supplement up to 15 years of age.

- The use of dental floss should be introduced to school-age children to help clean between the teeth and remove trapped foods. The following technique for using dental floss should be taught.
 1. Take a minimum 30cm length of dental floss from the container.
 2. Wrap the floss around the index or middle finger of each hand, pulling it taut.
 3. Place the thumbs about 2.5cm apart in the centre of the floss.
 4. Ease the floss between the upper and lower teeth in a gentle seesawing action.
 5. Run the floss between the teeth up and down on each tooth to ensure the sides of teeth are effectively cleaned.
- Children should visit the dentist every six months for a dental checkup. Many schools have a dental service. Since the introduction of school dental services, the incidence of dental decay in children has been greatly reduced.
- Children should be informed about the damaging effect of sugars on the teeth (i.e. sugars combine with bacteria in the dental plaque to produce an acid, which attacks the teeth enamel). They will then have a better understanding of the importance of avoiding sugary foods and drinks and the need for teeth cleaning after these are consumed.
- Caregivers should provide children with a nutritious diet, which includes adequate calcium and protein for healthy teeth formation. Sweet, sugary foods should be avoided. Between-meal snacks must not consist of foods high in sugar. Nutritious snacks such as fresh fruit, carrots, celery, cheese, dry biscuits, bread, yoghurt, hardboiled eggs and milk foods should be offered.
- Caregivers should avoid giving children foods and drinks with hidden sugars, such as some health food bars and fruit bars, breakfast cereals with high sugar content, fruit desserts, fruit drinks and vitamin-enriched syrups. It is wise to check the label for sugar content.
- The following ideas will encourage children to brush their teeth.
 - Using novelty toothbrushes. Good quality toothbrushes are now available with cartoon character designs. Electric or musical toothbrushes are also popular.
 - Using fluoride toothpaste specifically designed for children, with pleasant flavours and attractive stripes, glitter etc. Some children prefer to use a gel toothpaste.
 - Having family or group brushing sessions increases everyone's enthusiasm for teeth cleaning.
 - Using discolouring tablets after children have cleaned their teeth. Most children are fascinated by the bright pink colour on the teeth, pretending to be monsters. This is a fun exercise, which ensures the teeth are thoroughly cleaned and teaches correct brushing techniques.

- Reading one of the many children's books available about caring for the teeth and going to the dentist. Children may even like to write their own stories about the teeth.

Accidents involving injuries to teeth

School-age children are often involved in sporting accidents or falls, which may result in injuries to the mouth and teeth. The caregiver should give the following first aid.

1. Reassure and comfort the child.
2. Clean the area gently with a clean, damp cloth to determine the extent of the injury.
3. If there is bleeding from a cut lip or tongue, but no injury to the teeth, apply pressure to the bleeding area, followed by an application of ice to minimise bruising and swelling.
4. If there is a small chip off a tooth, the child should be taken to the dentist to assess the significance of the injury. Sometimes the dentist will file the chipped tooth to improve its appearance.
5. If a tooth is pushed up into the gum or hanging out, the child should be taken to the dentist for treatment.
6. If a baby tooth is knocked out completely, it should not be put back in place. The dentist should be consulted to check for any damage to the permanent tooth and gum.
7. If a permanent tooth is dislodged from the mouth the following action is recommended.
 - a. Replace the tooth in the socket as soon as possible, providing it is clean. If contaminated with dirt, the injured child should first suck the tooth clean or the tooth should be washed in tap water for no more than five seconds.
 - b. Hold in place with finger pressure. If unable to replace the tooth in the socket, wrap it in plastic wrap or place in a container of milk.
 - c. Consult the child's dentist immediately. Generally, teeth replaced within half an hour have a 90% chance of successfully repairing.

Hand-washing and hygiene

- Caregivers should insist on proper hygiene habits for school-age children.
- Good handwashing practices should be well established by this age, but children will need reminders and encouragement. The hands must be thoroughly washed preferably with a disinfectant pump:
 - before meals;
 - after meals;
 - after using the toilet;
 - whenever the hands appear soiled;
 - after using a tissue or handkerchief to wipe the nose.
 Children should also be encouraged to use a nailbrush and an antiseptic pump cleanser.

- As children develop fine motor skills, they will be able to cut their own nails using small nail scissors, or they may prefer to file the nails with an emery board.
- Children should be instructed to cover their mouth when coughing and to use a tissue for nasal secretions. They should dispose of tissues in the bin immediately after use and then wash their hands to prevent cross infection.

Skin care, shelter and sunscreen

One of the most important attributes of a good appearance is a healthy complexion. Premature ageing can be damage caused by too much sun exposure as a child. Now, with the increasing hole in the ozone layer, it is essential to cover up and wear a good moisturising sun block, regardless of skin type or colour.

Make it fun for children to wear hats, especially ones that protect the back of the neck as well as the face. Encourage them to find the best shady spots in the park or garden.

Australian 'broad spectrum' sunscreens are excellent and offer some protection from UVA and UVB light. However some toddlers and children have very sensitive skin, so check with your doctor or pharmacist before use or at least run a skin test before applying it too liberally, and avoid the eye area. Use sun block both summer and winter, but in conjunction with protective clothing. Plan your activities so that you avoid the worst of the sun's rays. Radio and TV list the danger time for your area. Do not rely solely on sunscreen.

Clothing and dressing

- By school age, most children have learned how to dress themselves independently. If they have not, the caregiver should teach and guide them to acquire these essential self-help skills.
- Caregivers should ensure children get out of bed early enough, allowing time to dress themselves.
- School-age children need to wear clean underwear and socks daily.
- Many school children are required to wear a uniform to school. Nowadays uniforms are designed with comfort and practical considerations in mind. Uniforms have the benefits of helping children feel part of the school community and prevent comparisons and competition with clothing.
- If children are not required to wear a school uniform, the clothing should be comfortable, allow for physical activities, be easily washable and basically conform to that of

other children. Some form of clothing recommended by the school (e.g. windcheater or T-shirt) is usually a good choice.

- Caregivers often need to think ahead in regard to washing and drying shirts, jumpers, socks etc. to ensure availability for school. It is a good practice to prepare all school clothes in the evenings to prevent rushing in the mornings before school.
- Caregivers should remember that when children feel comfortable and happy about their physical appearance, they gain more self-confidence and self-esteem.

Care of the feet

- School-age children often have hot, sweaty feet, due to their high level of physical activity. For comfort and cleanliness a daily wash of the feet, followed by a thorough drying is essential. Toenails should be cut straight across to prevent them becoming ingrown.
- School-age children need correct fitting, comfortable shoes. Shoes that do not fit correctly can cause:
 - painful calluses;
 - bunions;
 - hammer toes;
 - clawed toes;
 - fallen arches of the feet;
 - swollen toe joints;
 - skin infections;
 - serious malformations of their feet shape.
- As children's feet are rapidly growing, their shoes should be checked every three to six months for correct fit.
- It is essential that school-age children can put on their own shoes and do up the laces, as dragging laces can cause tripping and falling accidents. Many children find it difficult to differentiate between left and right shoes. School activities may require children to wear socks only or be barefoot, necessitating them to put their shoes back on. Struggling with the wrong shoe is embarrassing and uncomfortable. Caregivers should help children with easy ways to identify the right and left shoes, such as placing the letters 'L' and 'R' inside the shoes.
- Shoes should preferably be made of leather, to allow good air circulation for the feet. The soles should be light, flexible and slip-resistant for safety. Children find sandals are cool and comfortable to wear in summer.
- Some time barefoot each day is beneficial in allowing the feet to breathe and stretch.
- Synthetic sneakers encourage the feet to sweat and do not allow for good airflow; if worn all day, children often develop sweaty, swollen and peeling feet. Sneakers should be made from cotton canvas or a natural fibre and be designed for good ventilation of the feet.
- In addition to correct-fitting shoes, it is important that socks

fit well also. Each change of shoe size will need a check and possibly a change of sock size. Socks that are too tight can force the toenails to become deformed and possibly ingrown. Cotton or woollen socks are recommended, as these natural fibres allow for airflow. Nylon and stretch socks are not recommended.

- Caregivers should encourage children to care for their shoes by developing a routine for regular shoe cleaning and airing.
- Foot odour is not usually a problem until the teenage years. However, some younger children have sweaty feet that may benefit from the following care (in addition to thorough washing and drying of the feet each day):
 - applying talcum powder to absorb moisture;
 - wearing of clean, cotton socks each day, which should be changed whenever the feet become sweaty;
 - alternating between two or more pairs of shoes each day, allowing time for the shoes to air;
 - wearing sandals in summer;
 - using special sole liners in shoes that absorb moisture and reduce odour.
- If a child suffers from an ingrown toenail, the following treatment is recommended:
 - the child's foot should be soaked in warm water, to soften the flesh around the nail;
 - the caregiver can attempt to cut the embedded nail after the foot has soaked for 10 minutes;
 - the child should refrain from wearing shoes that may put pressure on the nail;
 - severe cases will need to be examined by a podiatrist;
 - the caregiver should check that the child's toenails are cut straight across to prevent further ingrown toenails.

Toileting

School-age children have well-established toileting skills. Caregivers should check that younger school-age children can wipe themselves correctly and wash their hands thoroughly after using the toilet. Assistance and guidance should be given when necessary.

As mentioned in the toddler and preschool stages, children will often regress with toileting skills in times of change and/or stress such as:

- starting school;
- moving house;
- having a new baby in the family;
- having parents separate;
- falling ill;
- going into hospital;
- being overtired;
- being overexcited.

These toileting accidents should be accepted calmly and forgotten. Children often need reassurance and loving attention to help them adjust to these changes and stresses in their lives. In most instances, normal bladder control will soon resume.

In the early days of school, children may have toileting accidents through nervousness or being too timid to ask to be excused. Although teachers acquaint children with the location of the school toilets and toilet etiquette, caregivers should also go through this information with children. Children should be advised to go to the toilet at morning tea, lunchtime and in afternoon tea breaks. It is wise to pack a spare pair of pants in children's school bags, in case accidents do occur in the first few weeks.

Medical attention is necessary for school-age children when they:

- have signs of a urinary tract infection (i.e. urgency, burning, pain, offensive urine odour, presence of blood in the urine, fever);
- begin frequent wetting throughout the day and/or night;
- are constantly wet;
- continue to wet their beds at night after the age of five years.

Bedwetting

It is estimated that approximately 10% of five-year-olds still wet their beds at night. Many of these children have a family history of similar problems and will gain night-time control by eight to ten years of age. Caregivers must always remember that bedwetting normally occurs when children are asleep and they are unaware of this uncontrollable act. Bedwetting is usually due to a delay in bladder control development, which improves in time. Vary rarely, the problem may be the result of a physical condition that needs treatment. If this is the case, children have trouble with bladder control in the daytime too. If bedwetting persists after the age of five, urinary investigations are often performed to check that the urinary system is normal and no infections are present.

Assisting children to gain night-time control is discussed in the Toddler chapter. Treatment for bedwetting is not necessary before the age of six years. Once urinary investigations are found to be normal, checks for stresses in individual children's lives and attempts to alleviate these stresses are the next steps.

Treatments for bedwetting are as follows.

- Star incentive charts. This method often makes little difference, as a child over five years usually has plenty of incentive for dry beds, but lacks the ability. A star incentive chart should not be used if this makes the child feel frustrated and defeated.
- Medications prescribed by a doctor to keep the child dry overnight. These medications are effective while they are being taken, but bedwetting often resumes after the course of tablets has finished. They are useful for short-term treatment, as a few dry nights will increase the child's self-confidence and relieve anxiety. While these medications do not cure the problem of bedwetting, they often contribute to improvement. The tablets are safe, when taken in the prescribed dosage and under the supervision of a doctor.
- An electronic, bedwetting mattress alarm, which is triggered by urine. The alarm wakes the child, who then goes to the toilet to empty the bladder. This method of treatment usually has excellent results when it is part of a supervised programme, with a health professional who treats children who bedwet.

No matter what treatment is used, the most important thing for the child and family to realise is that bedwetting is a delay in development, which will improve with time. In the meantime, caregivers need to:

- ensure children have a warm and comfortable bed, with a waterproof mattress protector;
- advise children not to drink excessive amounts of fluids in the evenings. However, there is no need to restrict fluids, which usually makes little difference;
- remind children to empty their bladder before going to bed;
- give children praise and encouragement for any dry nights and respond to wet beds in a calm, matter-of-fact manner. Children must never be punished or embarrassed for wet beds. Anxiety tends to make the problem worse;
- assist children with a morning wash or bath after bedwetting to remove urine odours and to make children feel fresh and comfortable.

Mealtimes

The appetites of school children are usually good, but can vary due to tiredness, excitement, stresses at school, making new friends, being absorbed in play etc. As with any age group, a nutritionally balanced diet is essential for good health and for growth and development. Children who have poor diets with high sugar content tend to be lethargic, inattentive in class, irritable and lacking in the ability to concentrate. Studies have shown that these children experience a higher incidence of social, emotional and intellectual problems. It is vital that caregivers not

only provide children with nutritious foods, but also educate children on the importance of a well balanced diet for their health and wellbeing.

The following suggestions for school children's mealtimes will provide good nutrition and help make mealtimes enjoyable and stress free.

Breakfast

A nutritious breakfast is essential for good performance at school. Without it, the blood sugar levels remain low after the night's fast and children become irritable and unable to concentrate on schoolwork. A nutritious breakfast should contain protein and complex carbohydrates. A popular breakfast menu for school-age children consists of:

- fruit juice;
- muesli or wholewheat grain cereal;
- boiled, poached, fried or scrambled eggs. Some children may also like bacon, sausage or tomato;
- wholegrain bread, plain or toasted;
- a glass of milk.

Individual children will have different likes and dislikes for breakfast foods. Caregivers should always ensure breakfast foods are nutritious and low in sugar. They should also be aware of many breakfast cereals marketed for children that have high sugar content.

Sugar should never be added to cereals, as this will develop a taste and desire for sweet foods in children.

As time is limited in the mornings, breakfast foods should be easy to prepare and caregivers should ensure children wake up early enough to eat their breakfast before leaving for school.

Morning tea snacks

School children should pack nutritious snacks in their school bags for the morning tea break. Caregivers can suggest a range of appropriate foods for children to select from, including fresh fruit, sultanas, dried fruits (apricots, apple, peach, pear), cheese with dry biscuits, raw vegetables such as carrot, celery and cucumber, a hardboiled egg or a small tub of yoghurt. Most children feel like nibbling by morning tea time and look forward to their snack. For school beginners, it is helpful to keep the snack separate from the lunch food.

Lunch time

Once children are attending school and have access to tuckshop foods, it is vital that they understand the importance of good nutrition for health and wellbeing. Ideally, children should have developed healthy eating habits before starting school. If they are accustomed to eating healthy foods and have gained some understanding of the reasons why sugar should be avoided, they will choose more wisely at the school tuckshop.

Nowadays many tuckshops have a good selection of nutritious foods. However, some still sell poor quality foods such as lollies, chocolates, chips and soft drinks. If the latter is the case, caregivers should discuss the basics of health and nutrition with children and assist them to make sensible decisions.

Generally, a home-packed lunch is more economical and nutritionally superior to tuckshop foods. It also presents less stress for many children in the early school years if they take their lunch from home. Children should be encouraged to prepare their lunch with assistance from caregivers. When preparing and packing the school lunch, the following suggestions should be considered.

- It is usually better to give children small serves in their lunch box, rather than large amounts, as children are eager to play with their friends at lunch time and do not usually have large appetites.
- Most children enjoy sandwiches for lunch. Wholemeal or multigrain bread should be used, with a variety of nutritious fillings. Egg, cheese, chicken and ham fillings are popular and provide protein. Some children like salad vegetables, while others find that these become soggy, and dislike them.
- Sweet fillings such as honey or jam should be avoided, due to their poor nutritional value. Likewise, spreads with high salt content should be avoided.
- Consider gluten-free recipes for healthy snacks.
- Children can manage greaseproof paper or alfoil better than cling wrap on sandwiches.
- Always ensure children can open their lunch boxes and drink containers without difficulties.
- Some children prefer a serve of salad to a sandwich. Lettuce, tomato, carrot and celery sticks, cucumber, mushroom, cubes of cheese, boiled egg, cold meat, chicken or tuna can be served attractively in a plastic container, preferably with dividing sections. Foods that tend to go soggy by lunchtime should be avoided. It is better not to cut tomatoes, cucumber, etc., but rather to choose small varieties (such as cherry tomatoes) to put in the lunch box.
- A small piece of fruit, which can be varied from day to day, should be included in a child's lunch box.
- A small drink should also be packed with a child's lunch. Fruit juice, which can be diluted if desired, is preferable to cordial or soft drinks. In hot weather it is best to freeze the drink the night before, to ensure it remains refreshingly cool by lunchtime. The drink should be wrapped in an extra bag or flannel, to prevent moisture (when thawing) from wetting the lunch food. Beware of the boxed fruit drinks with straws attached on the side of the boxes, for although supposedly designed for children, they can be very messy for children who squeeze the containers.
- Children should be encouraged to bring home any remaining contents in their lunch boxes, without fear of being questioned or reprimanded for not eating. The caregiver can then see what the child is eating and make adjustments to the school lunch and home food as necessary.
- Some caregivers like to put a little 'love message' in the children's lunch boxes, such as 'You're special' or 'Hello, have a happy lunch'.
- Lollies, chocolates and cakes should not be included in the children's lunch contents, as these foods are low in nutrition and are high in sugar. Dried fruit (sultanas, apple, apricot etc.) or fresh fruit (strawberries, apricots, grapes etc.) are nutritious and special treats.

After-school snack

Most children are hungry after school and look forward to relaxing with an afternoon snack and drink. Nutritious gluten-free food with fruit juice or a milk drink should be given. This is a good opportunity for the caregiver to sit down with the child and talk about the day's activities, while enjoying afternoon tea together.

Evening meal

The evening meal should be substantial and include foods from the *12345+ Food and Nutrition Plan*. Protein should be provided in the form of meat, chicken, eggs or fish. Salads or vegetables should also be served. Pasta and rice dishes are popular and excellent foods for children, also.

- Takeaway foods are not desirable on a regular basis, as these foods are usually high in salt, sugar and fat content.
- The evening meal is a special time for school-age children to relate the day's activities with the rest of the family. It should be an enjoyable time of sharing and caring.
- Evening meals in front of the television should be discouraged, as children need to learn the social pleasures of mealtimes

and they will also find food easier to manage and digest, when sitting upright at the table. Children also take a lot longer to finish their meals or lose interest when eating in front of the television. Then again, it can be a fun treat on the odd occasion.

Supper time

During the junior primary years, children usually go to bed between 7pm and 8pm and do not require supper. However, older children often enjoy a cup of milk and a snack around 8pm to 9pm, prior to going to bed. At this stage, children undergo growth spurts and will have increased appetites. A cup of milk at supper time is an excellent source of protein and calcium for the growing child. Sweet additives to the milk, cakes or biscuits should be avoided. Home-made biscuits containing wholemeal flour, oatmeal and minimal sugar, or cheese and biscuits provide enjoyable snacks.

Sleep and rest

While individual needs vary, most school-age children need 10 to 12 hours sleep at night. Adequate sleep is essential for alertness and good concentration at school.

Caregivers need to ensure children get to bed at a reasonable time. This is usually considered to be 7pm to 8pm for five- to eight-year-olds and 8pm to 9pm for nine to twelve-year-olds. In the first few months of school some children may benefit from an afternoon rest period, sitting or lying on a comfortable chair while listening to a story from their caregiver.

Never be tempted to let children sleep late in the mornings prior to school; this often results in inadequate time for breakfast and the late arrival at school, which is distressing for children. It is also unwise to make appointments or take children shopping after school, as they are often tired and need to rest and relax.

Routines before and after school

Caregivers need to plan a morning routine to enable children to prepare mentally and physically for school, eat a nutritious breakfast and arrive at school on time.

Being late for school causes much anxiety for children, which can often be avoided by a well-planned morning routine. Caregivers need to encourage and guide children in developing punctuality, an important attribute for primary school, secondary school and later life.

School-age children should be relatively independent in preparing for school, using self-help skills in toileting, dressing, eating and packing their school bags. An established routine will help children remember what has to be done before school and will avoid a last minute rush or forgetting something of importance. Caregivers can sit down with even the youngest school-age child and work out a morning routine, which includes the following steps in varying orders:

- wake up and get out of bed;
- go to the toilet;
- wash hands and face;
- eat breakfast;
- clean teeth;
- apply sun block, summer and winter;
- get dressed;
- brush hair;
- tidy bedroom;
- pack school bag and lunch;
- leave for school.

These can be written or drawn on a large poster in the child's room. The child may like to tick off each action as it is completed. School-age children are capable of much of the necessary preparation for school and should be given and encouraged to take some responsibility. This helps children to develop self-confidence and time management skills. Obviously they will need reminders, supervision and assistance from caregivers, but these should be kept to a minimum. Children who rely on constant reminders and follow-up from their caregivers, or who watch television before preparing for school, often arrive late for school, eat insufficient breakfast, forget their lunch or school books and generally have a poor start to the day. Consequently, they often perform below their potential at school, both academically and socially.

As time is limited in the mornings, caregivers should ensure that children wake up early enough to prepare adequately for school. While it is tempting to let a child sleep in, this may result in a hectic rush, which is stressful for everyone. Likewise caregivers should ensure they allow adequate time for the walk or drive to school. Remember that morning traffic is busy, there is often

difficulty in finding a carpark close to the school and wet weather conditions may also cause delay.

Young children should be accompanied into their classroom. Children should never be left at school before their teacher arrives.

Before school care programme

An increasing number of schools have a Before School Care Programme, in which children are supervised in a safe, relaxed and nurturing environment.

While children arrive at Before School Care physically prepared for school, they frequently appear only 'half awake' and require further mental preparation for the day ahead. Caregivers should provide some enjoyable activities in a relaxed environment. As there is limited time in Before School Care, most programmes provide no mess, non time-consuming activities such as puzzles, colouring-in, reading, playing with toys or carefully selected television viewing. Some before school programmes provide breakfast. Caregivers need to ensure children leave the programme in time for the commencement of school lessons.

After school routines

It is important that foolproof arrangements are made for collecting children from school and those children are met on time. Children can become very distressed if caregivers do not arrive for them as planned. Arrangements for a regular collection spot (e.g. classroom, school gate, lane way) should be adhered to. Schools should be phoned if caregivers are delayed, so that children may be safely cared for (e.g. classroom, office, Out of School Hours Care). When children arrive home they need to change out of school uniform, eat, drink and relax. Caregivers should:

- provide children with a nutritious snack and drink;
- provide activities that are enjoyable and relaxing for children. This may include playing with favourite toys, craft activities, board games, playing outside, cooking or selected television viewing;
- avoid asking a lot of questions about the day's events as soon as children come home. After children have had time to relax and refresh, they will usually talk about their day more readily. Caregivers should be good listeners to children and show interest in their school activities;

- refrain from emphasising exciting events that happened at home with younger siblings, while children were at school. This can obviously cause problems with school beginners, who are adjusting to school life and missing their time at home;
- give plenty of praise to children's artwork and other achievements. Children feel special and loved when their drawings and paintings are displayed in the home. School achievements should never be compared with other children, as this is damaging to their self-esteem;
- offer assistance and support to children with homework. While it is not necessary for caregivers to sit with children while they do their homework, it is reassuring to children if caregivers are nearby to provide assistance and ideas. Primary school children should do homework prior to the evening meal, as they are usually tired following this.

It is helpful to allocate a special area for homework, with access to coloured pencils, paper and other stationery equipment. Also:

- ask children if there are any school newsletters or notes and check young children's school bags for these. Children may miss an excursion or not have the right equipment if notes are not seen by caregivers;
- lunch boxes, drink containers and any uneaten food should be removed from school bags.

After school care programme

After School Care provides a supervised, recreation-based programme for school-age children in a safe, nurturing environment. After school, children need:

- relaxation and rest;
- nutritionally balanced refreshments;
- individual attention;
- physical security, provided by a safe environment;
- emotional security, provided by caregivers with whom loving, trusting relationships exist;
- enjoyable play activities.

A typical After School Care routine involves:

- 3.30pm Welcoming of Children
Free Play
- 4.00pm Gluten-free Snacks and Drinks
- 4.15pm Variety of activities for children to choose, which may include:
 - play with toys for younger children;
 - craft and other creative play;
 - physical and sporting activities;
 - cognitive play such as reading, board games, colouring-in, puzzles;

- group or individual play;
- drama and fantasy play;
- inside and outside play;
- homework and reading activities;
- selected television or video viewing. The television programmes or videos must be suitable for the youngest child viewing them. The television should not be left on in the activity room.

5.00pm clean-up time

reading of stories

parents start to arrive

6.00pm children farewelled

close of programme

Vacational school care

In Vacation Care programmes, there is more time available to provide a wide range of activities for children. Children need happy, fun-filled holiday periods, in a safe nurturing environment, with caregivers who are warm, loving, understanding and supportive. Vacation Care programmes should include:

- a wide variety of centre-based activities;
- well planned, interesting excursions;
- indoor and outdoor activities; a balance of structured and free playtime;
- regular, nutritious and appealing meals and snacks and periods for rest and relaxation.

Due to the relaxed and carefree atmosphere of school holidays, caregivers and children can share many happy experiences, which contribute to the formation and enrichment of close and loving relationships.

Socially acceptable behaviour

When caring for school-age children, caregivers should continue to use guidelines previously discussed in the Toddler and Preschool chapters, for developing children's self-esteem and for effective limit-setting. These guidelines are the basics for developing self-discipline in children and for guiding them toward socially acceptable behaviour, in a loving and supportive manner.

During the primary school years children develop a code of right and wrong and the ability to reason. They can understand others' feelings and they develop strong desires to be accepted by their peers. Social skills of group cooperation and competition also develop, with

school-age children considering rules and fairness to be important elements of any play or sport. This social and intellectual development results in school-age children generally cooperating and being willing to conform to the limits set at home and school. Unacceptable behaviour is usually for attention seeking purposes, and is frequently the result of boredom, insecurity and/or low self-esteem.

Setting limits

Caregivers need to establish clear limits for school-age children, to ensure safety, respect for others and care for the environment. The limits should be set in consultation with children, to respect their rights and views and to help them understand the rationale for the rules and requirements in place.

When children maintain behaviour within set limits, they must be given positive reinforcement in the form of praise, encouragement, hugs and caring rewards. Caring rewards are special treats that tell children they are special, valued and important, such as:

- cooking the child's favourite meal;
- taking the child to the playground;
- playing any game the child chooses;
- reading or inventing a story for the child;
- allowing the child to stay up 30 minutes later;
- taking the child to the beach or swimming pool;
- permitting the child to invite a friend home to play;
- going on a picnic;
- allowing the child to choose a favourite video or television programme.

Caring rewards are more preferable than material rewards such as new toys, cassettes, videos, DVDs etc., because of the close loving attention from caregivers that accompanies the activities.

Children need to receive praise and acknowledgment of their good behaviour to develop self-confidence and healthy self-esteem. Furthermore, when children feel their cooperative behaviour is valued, they have an incentive to continue with the good behaviour and have little need for attention-seeking, unacceptable behaviour.

In responding to unacceptable behaviour in school-age children, caregivers can use the following behaviour management methods, depending on the circumstances and nature of the behaviour:

- time out;
- directed discussion;

- planned ignoring of the problem behaviour;
- good behaviour charts or behaviour contracts;
- logical consequences;
- planned positive reinforcement of desired behaviour.

(These methods are described in detail in the previous childcare chapters.)

Caregivers should remember to:

- stay calm;
- emphasise that it is the child's behaviour that is unacceptable, not the child in general;
- listen to the child in a caring, supportive manner;
- use eye contact and body language to communicate loving concern and support for the child;
- explain to the child why the behaviour was unacceptable;
- give examples of acceptable behaviour in the circumstances;
- never make the child feel guilty, ashamed, embarrassed, unloved or unwanted;
- encourage children to take responsibility for their behaviour by teaching them self-discipline and problem-solving techniques.

Teaching children self-discipline and problem solving

To attain self-discipline, children need to feel confident and secure. They also need to think for themselves and solve problems. School-age children need opportunities to make decisions and take responsibility, with the guidance and encouragement from their caregivers. Responsibilities can gradually be increased according to a child's thinking and problem-solving abilities. Caregivers can guide children on the process of problem solving by breaking the process into the following steps.

1. Defining the problem. What is the problem?
2. Brainstorming solutions. Think of all the possible solutions to the problem.
3. Weighing up the solutions. What would the results to all the possible solutions be, if they were put into action?
4. Choosing a solution – the best solution to the problem.
5. Implementing the activities to solve the problem.
6. Evaluating the actions at a later stage, to see if these actions are solving the problem.

Younger children will obviously need help in thinking about problems. However, learning problem solving at an early age is a great benefit to children in coping at school. Rather than relying on caregivers or teachers to tell them what to do, children who practise problem solving will be able to think up their own solutions to problems. They will have a considerable advantage over children

who rely on others to solve their problems for them, with increased self-confidence and independence. Learning to think and develop self-discipline from an early age also sets a solid foundation for problem solving in adolescence and adult life, where indecision and lack of self-control can cause many problems.

Caregivers should remember:

- to refrain from making decisions for school-age children;
- to guide school-age children to make good decisions for themselves, by using the problem-solving approach outlined above;
- to discuss the evaluation of problem-solving actions with children. This follow-up discussion is essential to show children the effectiveness of their decision-making and actions;
- to give children praise and positive reinforcement when they solve problems for themselves and take responsibility;
- to be available and supportive to children, so they can comfortably seek guidance and advice on problem solving.

COMMON CONCERNS WITH SCHOOL-AGE CHILDREN

Anxiety at school

This is common when children start school, as they adjust to the school environment (large numbers of children, noise, bustle, extensive buildings and play area) and the school routine (more structured learning, a longer day of lessons, less individual attention, the need for increased independence, increased activities, including group cooperation and competition). Anxiety at school can also occur after children have settled into the school environment and routine due to:

- difficulty with schoolwork;
- fear of failure and ridicule;
- lack of friends;
- teasing from other children;
- pressure from a school bully;
- conflict with teachers;
- parent's expectations.

School children may express their anxiety by:

- crying;
- clinging;
- thumb sucking;
- nail biting;
- bedwetting;
- tantrums;

- truancy;
- stomach aches;
- sleep problems.

What to do

- Loving, trusting relationships need to be established between caregivers and children, to enable children to talk comfortably about their feelings and concerns.
- Caregivers can encourage children to talk about their feelings by:
 - showing interest in their activities, schoolwork, friendships etc.;
 - being a good listener, not an avid questioner;
 - asking leading questions to prompt discussion;
 - reading books and telling stories about school to start discussions (particularly about their own personal school experiences);
 - using role play in games to start discussion.
- Caregivers can help children to adjust to the school routine by ensuring children receive adequate sleep, providing a nutritionally balanced diet and a substantial breakfast, planning a relaxing after-school time and encouraging children to be independent in their self-help skills.
- Caregivers can assist children to learn reading and writing skills by establishing a routine homework time. In the early school days, caregivers can read to children, listen to children read, play sound games, help children to write etc. If older children are having difficulties with schoolwork, discussion with teachers will determine the appropriate assistance and support that is needed. Establishing a homework routine and being able to listen and help children with homework is essential.
- Avoid other situations of stress for school beginners. If children regress in their self-help skills, toileting skills etc., caregivers should not cause further anxiety by losing patience or becoming angry with them. They need loving support, understanding and patience from their caregivers. Such regression is usually only a temporary reaction to the bewildering experience of starting school.
- Caregivers must ensure they do not have unrealistically high expectations for school children. They should praise children for what they can do, help them to learn new skills and love and accept them as they are.
- Caregivers can help children to find their own solutions to anxieties or problems by using a problem-solving process. This helps children to develop self-confidence, rather than relying on, or blaming others.

Discussion with the child's teacher is beneficial when the child needs extra help in class or has a particular fear or concern. Teachers are experienced in dealing with children's emotional upsets and anxieties

and can give children some special attention if they are aware of any difficulties.

Helping children to cope with teasing

School-age children can be very frank and (unintentionally or intentionally) unkind about other children's appearances or problems. Children who have protruding ears, are overweight, have a disfiguring birthmark, speech disorders or learning difficulties are often subject to teasing at school. This can be very distressing for children and their families.

What to do

- If children have a physical abnormality or difficulty, they should be prepared for comments at school. It is best to explain to children that everyone is different and special in their own way and there is no need to worry or respond to unkind remarks.
- If children are upset about teasing from others, they should be given loving reassurance and advised not to react to teasing, as this is the most effective way to stop it. Running away or teasing back will only fuel further hurtful and unkind remarks.
- It will help children to rehearse a simple explanation of their difficulty to tell their friends. If the children are teasing others, caregivers should discuss with the group the hurtful effects of teasing and the need to be caring to each other. Teasing is unacceptable behaviour.

Bullying

Bullying includes any form of intimidation. In school-age children, bullying often involves physical fighting, pushing others, tearing clothing and stealing lunches. Although bullying has never been accepted in school, in the past it was often regarded as part of the schoolyard pecking order. Nowadays, any form of bullying is considered unacceptable behaviour. Accordingly, assistance and guidance toward socially acceptable forms of behaviour is given to children as soon as they display any form of intimidating behaviour to others. This is essential, because every child has a right to feel safe and secure.

What to do

A. The child who is a bully

- Often children learn bullying from their home environment, where they may be exposed to fear and intimidation.

Caregivers should explain to children that bullying others is not acceptable behaviour.

- The child that bullies usually has a low self-esteem and desperately needs love, understanding and positive attention from caregivers. Praise and encouragement must be given for acceptable behaviour.
- Aggressive behaviour should not receive any reinforcement. The caregiver's attention should be given to the intimidated child at the time of any incidents, rather than to the bully.
- Discussion should occur between the child, teachers and caregivers in order to form a behaviour modification programme, which reinforces positive behaviour and deals with bullying by a predetermined disciplinary method. Good behaviour charts and contracts can be used.

B. Helping children to cope with bullying from others

- Caregivers should explain to children that bullying is never acceptable behaviour. They can also help children to discuss their fears and develop strategies for responding to bullies. A problem-solving process can be used. Role playing is helpful to work through various responses.
- Children should never be encouraged to use physical violence as a response to bullying, as this usually only leads to injuries.
- Caregivers should encourage children to think for themselves and develop self-confidence. They should never consider themselves victims of bullies, but should feel confident that they can respond effectively and protect themselves.
- Reading stories and watching films about coping with bullies is useful. *The Wizard of Oz* is a delightful example. Caregivers should encourage children to develop an effective network of friends for support and assistance when dealing with bullies.
- If children are very intimidated by a school bully, caregivers should seek advice and assistance from the teachers.

Swearing

School children may use swearing as a result of peer group pressure.

What to do

- Caregivers and family members should be good role models with their speech, ensuring they do not swear in front of children.
- Caregivers should discuss with children words that are acceptable and unacceptable. A list can be made of these words.
- A good behaviour chart can be used, with rewards given for not using swear words.

Lying

School children may lie:

- to create a big impression;
- to gain attention;
- to avoid punishment.

Occasional lying by children is not unusual and causes little concern. However, frequent lying can become a problem, with the child's word losing credibility. It can potentially endanger the safety or wellbeing of the child, others, or the environment (remember the little boy who cried wolf).

What to do

- Caregivers should determine the cause of lying. If children are fearful of punishment, caregivers will need to check that the expectations for the child are realistic and that the methods of discipline used are appropriate. Modifications may need to be made. Caregivers would also need to re-establish trust with the child, so that the child feels comfortable telling the truth.
- Caregivers should explain to children that lying is unacceptable behaviour and discuss the importance of telling the truth.
- When children tell the truth they should receive positive reinforcement by being given praise and loving attention. Attention should not be given to known lies that do not endanger the child, others, or the environment.
- Caregivers can create opportunities for children to tell the truth by asking questions that will have a positive answer (e.g. asking children if they have cleaned their teeth, after they have done this). Praise and encouragement can then be given to increase the child's confidence and desire to tell the truth.
- A good behaviour chart or 'no lying behaviour contract' can be used, with rewards given for not lying in a given time. These methods are effective in breaking the habit of lying and in helping children to think about the need to tell the truth.
- If it continues there may be an underlying problem that the child needs help with.

Stealing

School beginners

Five- to six-year-olds often bring home other children's possessions or school property, to play with or show their families. At this age children do not understand the concept of stealing, often considering their actions as borrowing.

What to do

- Caregivers should respond in a calm, kind manner, with clear instructions that the object must be returned to the owner as soon as possible. Advice should be given to never take anything without asking the owner.
- It is best to keep the response low-key to avoid giving children attention for stealing, which can reinforce the behaviour.

Repeated stealing

Children who steal repeatedly are often desperately seeking attention. They frequently have other problems such as aggressive behaviour, disobedience, poor peer relationships, difficulties at school and low self-esteem. Children with low self-images and lack of self-confidence may gain satisfaction from their successful stealing and from impressing their peers with the stolen goods. After a while, they steal for the attention that accompanies being caught.

What to do

As soon as stealing is discovered, the caregiver and child should discuss the incident. It should be made clear that stealing is unacceptable behaviour and has serious implications, i.e. prosecution. When close, trusting relationships exist between caregivers and children, children will express their reasons for stealing, enabling caregivers to give the appropriate guidance and assistance.

- Caregivers need to ensure that children who steal are given plenty of positive attention and praise for acceptable behaviour. Children who feel loved and special for being themselves, who can talk freely to their caregivers with confidence that they will be listened to, understood and supported, will have little need for attention-seeking behaviour such as stealing.
- Caregivers should check that older children have sufficient pocket money to buy small things. Sometimes children steal because they have no access to money. A small allowance each week teaches children about money and saving.
- If peer group pressure or lack of friends has led to stealing, caregivers can help children to develop new friendships and use problem-solving methods to deal with peer group problems.
- A good behaviour chart or 'no stealing behaviour contract' can be used, with rewards for not stealing in a given time. These methods are effective in breaking the habit of stealing,

giving children an incentive to discontinue stealing and helping them to think about the consequences of their actions.

- If it continues the child may need more help with dealing with the cause.

Nail-biting

Children often turn to nail-biting for comfort in times of stress. The habit of nail-biting is not only unhygienic; it can cause serious long-term damage to the nail beds, with bleeding, permanent shortening and thickened ridges.

What to do

- Once a nail-biting habit develops, it is difficult to stop.
- Caregivers should discuss with children in a caring and supportive manner the importance of stopping the habit of nail biting.
- As children must have the incentive to stop nail-biting, a 'no nail-biting behaviour chart' or contract may be successful.
- Bitter tasting ointments, available at chemists, can be applied to the nails to help children to stop nail biting.
- The caregiver should ensure that the child who nail-bites is given plenty of love, attention and security and should endeavour to reduce stressful situations in the child's life.

Thumb sucking

Often a thumb-sucking habit develops as a comfort in times of stress. It is estimated to be a problem in 10% of six- to twelve-year-olds. The main concern with thumb sucking in school-age children is the serious dental damage that it causes, i.e. severe malocclusions of the teeth, which require orthodontic treatment.

What to do

- Caregivers should discuss with children in a caring and supportive manner the importance of stopping the habit of thumb sucking.
- A 'non-thumb-sucking behaviour chart' or contract may be successful.
- Unpleasant tasting ointment, available at chemists, can be applied to the thumb to help children stop thumb sucking.
- Children must be given praise when they refrain from thumb-sucking. Suggestions for alternative hand actions include interlocking fingers or clasping the hands.

Truancy

Children who play truant do not want to be at school for some reason. Junior primary truants usually want to be at home, whereas older truants want to be with their peers in the city, video arcade, at the movies etc.

What to do

- Truancy needs to be discussed with the child and the teacher to determine the cause. Children experiencing difficulties with schoolwork or peer group pressure, need appropriate guidance and assistance.
- Caregivers can help children to work through their problems using a problem-solving process.
- The caregiver may need to work on developing a closer, more trusting relationship with the child to promote better communication.
- It is often helpful if the caregiver shows more interest in the school or becomes involved in the school activities such as the tuckshop, classroom help or sports coaching. Children feel loved and special when their caregivers show interest in their activities.

Left-handedness

It is estimated that one in ten children are naturally left-handed. Children are born either left-handed or right-handed. Nowadays, child experts advocate that children must be allowed to use their natural hand. In the past, adults made children use the right hand because left-handedness looked awkward, resulted in untidy writing and was thought to be a disadvantage in a predominantly right-handed world. It is now known that preventing children from using their natural hand can cause problems in walking, reading, writing and speaking as all these actions, like the use of the natural hand, are controlled by the dominant side of the brain. Making children change hands confuses the brain pathways, which cross over from the dominant side of the brain to the opposite side of the body. Left-handed children, who are forced to change to using their right hand, frequently become awkward and clumsy, with emotional problems and a lack of self-confidence. Nevertheless, there is some evidence to suggest that children who learn to use both their left and right hands develop both the left and right spheres of their brains and can become highly analytical, reasoning and creative.

What to do

- Caregivers should encourage children to use their natural hand. They should be reassured that left-handedness is a normal variation and not a handicap.
- Writing is easier for left-handed children if they slant the top of the paper to the left, instead of the usual right.
- There are many items designed for the left-handed person, including left-handed scissors, musical instruments and sporting equipment.
- Left-handedness can be an advantage in sport due to the unexpectedness of the throw or hit, of the left-handed person. There are many left-handed sporting legends to support this.

Learning difficulties

This is the general term used for difficulties in learning to:

- read;
- write;
- spell;
- sit still;
- pay attention;
- coordinate movements;
- use language.

Learning difficulties cause anxiety, fear of ridicule, lack of self-confidence, low self-esteem, and problems in forming relationships, poor school performance and failure to reach full potential. It is therefore essential that learning difficulties are recognised and appropriate assistance is given to children as early as possible.

What to do

- Once a learning difficulty is determined, the teachers, caregivers and family must work together to help the child overcome the problem. The child needs love, support and encouragement.
- It should be understood that the learning difficulty is not the fault of the child, caregiver, parent, family, teacher or school. It is also important not to label the child as a 'poor reader' or 'clumsy child' etc., as this is extremely damaging to the child's self-esteem. Emphasis should be placed on the child's strengths, building the child's confidence that the learning difficulty will be overcome.
- Depending on the type of learning difficulty, the child may need special learning assistance at school, private tutoring, medical consultations and treatment, glasses, hearing aids, physiotherapy, speech therapy and diet modifications.

- Many activities can be done at home with children, to help overcome learning difficulties. Advice should be sought from the child's teacher and health professionals. Examples of activities to assist children overcome some common learning difficulties include:

Reading difficulties

- reading to children;
- listening to children;
- endeavouring to develop in children a love and interest in books and a desire to read;
- encouraging children to select books that appeal to them at the library;
- surrounding children with books, magazines and comics.

Handwriting difficulties

using the fingers and hands in:

- cooking biscuits;
- finger painting;
- playdough moulding;
- playing with blocks and construction toys;
- colouring-in and tracing activities.

Spelling difficulties

make spelling enjoyable by:

- using spelling tapes;
- writing on blackboards or magic slates;
- tracing words;
- using a typewriter or computer.

Number difficulties

- using everyday objects such as fruit, blocks or toys for counting games;
- reciting numbers while jumping on a trampoline or skipping.

Speech difficulties

- activities which involve listening to correct speech and practising speech in talking, reading and singing.

Coordination difficulties

activities that help develop coordination such as:

- ball games;
- playground climbing and exploring;
- gymnastics;
- swimming;
- tennis;
- trampoline play;
- ballet;
- bike riding;
- movement to music.

Attention difficulties

- seating the child close to the front and centre of the class;
- seating the child away from other children, passageways and other distractions.

Suggested reading list

Child and Youth Health website <http://www.cyh.com>

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Adelaide, South Australia.

Kaz Cooke (2003) *Kidwrangling Babies. Toddlers & Pre-Schoolers*.

Penguin.