Fostering, Adoption and Social Work

Solihull Approach Leaflet Pack

For workers involved with fostering, adoption and social work

NHS

UNDERSTANDING YOUR CHILD

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Understanding your child

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Understanding your child

Leaflet for parents

Brain Development through childhood

The brain is a very complex organ and, with advances in medical science and equipment such as brain scans (MRIs), we now know much more about how the brain develops. In this leaflet we have put together some important information about the brain that we hope will help you think about the ways in which you can understand and respond to the baby, child or teenager in your family.

Before the baby is born

When a baby is in the womb important brain development is happening. For example, by the 18th week of pregnancy the baby will have developed between one and two billion basic brain cells. Only a small amount of these cells are connected to each other before birth. The connections that are formed before birth include the baby's hearing and some automatic responses such as the desire to search for food. This can be seen in a newborn baby when they recognise the mother's voice and search with their mouth for the breast or bottle when they are hungry.

When the baby is born

One of the most commonly asked questions about baby brain development is 'What has the most impact on a baby's brain development – nature (genes) or nurture (how a baby is looked after physically and emotionally)?'

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The answer is that genes (nature) and nurture (the way a baby is looked after physically and emotionally) work together in developing the baby's brain. Genes provide the building blocks or foundations and nurture (the interactions between a baby and its main carer) determines the way the baby develops. You can think of genes as the foundation for a house and nurture as determining the way the house is built.

The brain's task in the first three years of a child's life is to create connections between the different cells to enable a child to manage in the emotional environment they are living in.

Different parts of the brain develop at different times but there is an order to how this happens. For example, when a baby is born they will already be able to recognise rhythms of speech. They will be able to recognise their mother's voice as they have heard it from the womb. They will also be able to recognise their father's voice once they are born, especially if their father has talked to the baby while in the womb.

Immediately after birth the baby's vision begins to develop very quickly. Babies also recognise facial characteristics and expressions, usually of their mother, the person who is their main carer, or their father if their father talks to the baby. Together the development of hearing and vision allows the newborn baby to quickly match the voice and the face of the main person caring for them. These early experiences of communication give the baby an experience of language, and enable them to use and understand words in the right way later when they learn to speak.

In the first year of life the baby's brain will be very much affected by the emotional experiences they have with those caring for them.

A baby's brain is receiving information all the time, from how they are being cared for and what they hear, see, smell, feel and taste. Inside the brain lots of connections are being made so these messages and learning can be stored for the future. Just like any new learning this can take time.

To make the best connections from the experiences it receives, the baby's brain needs to shut off the stimulation from the outside world so that it can concentrate on this important task. When a baby is doing this they may look as though they are turning away, closing their eyes or even yawning. Once the baby's brain has made the connections they will once again return to what is happening around them.

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Many people may have seen a baby do this but may not have realised just how important the baby's actions are to their brain development. For example when an adult is talking to a baby, the baby might be smiling and cooing with the adult and then the baby may turn their head away or close their eyes for a few seconds. Adults often think that the baby is bored with the interaction but if they were to wait for a few seconds they might find that the baby turns back to look at the adult again for more stimulation.

Because babies' brains are receiving lots of messages, and are just beginning to make these kinds of emotional connections, babies will need to look away often to let their brain make the most of what they are experiencing. As the baby grows into a child, young person and adult their brain will continue to need this 'look away' time as they learn, so that the brain can make the best connections possible.

Once the brain is sure that it has made the connections that it needs to survive in the physical and emotional environment that the baby is living in, it will then hardwire some of the connections into the brain so that they can be kept. The brain cannot keep all the connections that it makes as there would be too many, so it will discard any connections that have not been used, or are thought to be unhelpful to the brain, by an action in the brain called 'pruning'.

Parents and people caring for young babies can do lots of things to help a baby's brain grow. Young babies love to communicate and enjoy interacting most through eye contact, smiling, babbling and touching. Adults have an important part to play by watching and responding to the baby's cues and the messages they are giving out. Simple games of smiling and 'chatting' are helping the baby to start to be part of a two way conversation, where they can take turns and learn to watch and wait for the other person to speak. Adults also have a very important role in recognising how vital the 'look away' phase is to a baby's development and respond sensitively to the baby by watching for signs when the baby is ready to re-engage.

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Childhood

By the age of two years a child will have as many brain connections as an adult. The brain will continue to make and prune connections through childhood. But the majority of the connections that form the foundation blocks on which later connections rely will have been made in the first three years of life.

In the years between three and about ten years the brain is storing information and reorganising the emotional and learning experiences of early childhood. The brain is growing at a steadier and slower pace than the first few years of life.

The brain will continue to need the 'look away' phase so that it can make connections from what a child has learnt. But a child may not need to look away as often as a baby and may develop other ways to cope with the information they are receiving. They may appear to be distracted for a moment, look at the floor or a wall, or simply stop what they are doing for a minute.

How many connections a child ends up with as an adult can be affected by the emotional and physical experiences they have as a small child. The positive emotional and physical learning they experience in the early years can increase their brain connections by 25 percent.

Teenagers

As a child enters puberty the brain and body undergo many changes and for a time this can have a noticeable effect on a young person, both physically and emotionally. The teenager's brain is experiencing a second period of rapid growth. The first growth spurt in their brain occurred in the first three years of life and then during middle childhood the brain settled into a slower pattern of growth.

One of the main changes that adults notice about teenagers is that their emotions can sometimes be reactive, extreme or challenging. The teenager's brain is not only growing quickly but it also experiences a period of chaos while it tries to reorganise itself more effectively.

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Some parts of the brain are still not fully developed such as the frontal part of the brain that controls reasoning. This might explain why some teenagers find decision making difficult, or why the decisions they make might not be the most advisable.

The speech area of the brain is also undergoing more development in the teenage years and, for a time it is controlled by a part of the brain that can be very reactive to 'gut reactions', fear or danger. It is not until the later teenage years that the control switches to the part of the brain that can reason more. This pattern of control is also the same for the way the teenager reads the meaning of facial expressions. These changes may explain why teenagers can be spontaneous, speaking without appearing to think and why they misinterpret facial expressions, especially those that might be linked to negative emotions.

Teenagers' body chemistry changes when they enter puberty and this affects the amount of sleep they need and the time their body tells them to sleep. Their body clock changes so that they go to sleep later, usually after 11pm and can easily sleep for 12 hours. During this time their body is releasing a hormone needed to grow. Up to 80 percent of growth hormone is released during sleep. When the teenager wakes up they are usually very hungry. This is very similar to a young baby who, having slept for a long period overnight, can be very hungry when they wake.

Most of the advice about teenagers' sleeping habits suggests a reasonable bedtime that takes into consideration the changes in their body clock. A bedtime routine can be useful, especially on week days when they need to get up for school or college. The routine should avoid activities that stimulate the body, such the use of computer games or drinks that contain stimulating caffeine such as coffee or fizzy drinks. It can also be helpful to agree a regular time to get up both in the week and at the weekend that again is not too early or late. This pattern of sleep changes again in the late teens as teenagers' growth pattern begins to slow. Once again teenagers' hormones re-programme their internal clock so that they begin to need less sleep and they find it easier to go to sleep and get up earlier.

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If a young child has had good enough emotional experiences in their early years, the challenges of brain development in the teenage years will have a good foundation. However, for some babies and children their early experiences may mean that their brain development has already had to cope with difficult circumstances. When the teenage growth spurt occurs they are likely to need extra support from sensitive adults, so that their brain is able to calm down the parts that have the potential to be very reactive, and mature other parts of the brain that help reasoning and decision making.

YouTube videos about the baby's brain

The Center for the Developing Child at Harvard University have made a series of excellent videos, less than 2 minutes each, about the developing brain.

The first, *Experiences build brain architecture*, is a general introduction to the development of the brain. The second one shows how important the interaction between the baby and his parents is for encouraging brain development.

Experiences build brain architecture (YouTube)

http://www.youtube.com/watch?v=VNNsN9IJkws

Serve and return interactions shapes brain circuitry (YouTube)

http://www.youtube.com/watch?v=m_5u8-QSh6A

Solihull Approach 'Understanding your child'

'It turns out that Sophia's brain was concentrating on learning a new skill. The old skill wasn't completely lost, it was just a little wobbly for a time.'

www.SolihullApproachParenting.com

Solihull Approach is part of the government's CANparent (Classes and Advice Network) parenting voucher scheme.

Handout

Triggers for referral: loss or separation

Warning signs that a child may need specialist help following loss or separation

Grief is very complex and diverse. Everyone responds differently and the length of time for individuals to integrate varies. However, if certain reactions continue for some time and appear to be increasing rather than diminishing, action is needed and the help of specialist services may need to be considered. Obviously, it is helpful to discuss concerns with foster carers or adoptive parents in order to view the whole picture.

The following warning signs should not be seen in isolation but should be taken together with the assessment and what else is happening in the child's life.

- Avoidance of friends and family
- Always tired and ill
- School problems/difficulties
- Self-destructive behaviour, desire to die
- Persistent feelings of worthlessness and guilt
- Continual denial of the reality of the death
- Experiencing prolonged depression/anxiety
- Aggressive behaviour
- Reliance on drugs/alcohol
- Eating disturbances

(Open University (2001) K260 course Death and Dying: Workbook 4, Bereavement: Private Grief and Collective Responsibility. Milton Keynes: Open University)

Handout for professionals

Working with a child who is experiencing grief

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

Check out the child's understanding before you or the carers 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 carers that it is OK to allow 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 carers encourage the child to use poems or drawings to help the child to express feelings. Suggest that they make a memory box, adding photographs and treasured items of the person who has died.

Carers should not feel that they have to do all the work themselves. A teacher, a school nurse or a relative may be able to offer support or an opportunity to listen to the child.

Discuss supportive measures for the carers. 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 culture and beliefs.

Promoting Children's Mental Health Within Early Years and School Settings

Introduction

This guidance has been written for Local Education Authorities, schools, early years settings and Child and Adolescent Mental Health Services. It has been produced as a result of increasing recognition of the importance of promoting all children's mental health and emotional well-being and the importance of working together to promote this.

Increasing numbers of children are experiencing mental health problems. A recent ONS survey showed that 10% of children aged between 5–15 experience clinically defined mental health problems. This guidance offers pointers and examples of good practice in the area of the early identification and interventions for children and young people experiencing mental health problems in pre-school and school settings.

Mental health is about maintaining a good level of personal and social functioning. For children and young people, this means getting on with others, both peers and adults, participating in educative and other social activities, and having a positive self-esteem. Mental health is about coping and adjusting to the demands of growing up. It does not all happen at one point in time, and appears to result from an interactive process to which we can all contribute, based on the child's environmental, social and cultural context[1].

This guidance is designed to help teachers and others, working alongside mental health professionals, to promote children's mental health and to intervene effectively with those children experiencing problems. It forms part of a joint approach with the Department of Health to promote health issues in schools and other mainstream settings. It is part of a wider strategy currently being developed through the NHS plan, the Children's Taskforce and the cross-cutting Children and Young People's Unit. This will improve the services to children and young people and their families and ensure that all children have the opportunity to fulfil their potential.

The case studies referred to in the text are taken from interesting examples of work that have come to our attention. Some, but by no means all, of the case studies have been evaluated. Nevertheless, they provide a range of models, which are being developed to address the mental health needs of children within early years and school settings. The examples within the text of individual children who are experiencing difficulties, do not relate to particular children, but are intended as helpful illustrations of the type of difficulties that children may encounter.

Questions about Mental Health

1.1 What is Mental Health?

Children who are mentally healthy have been defined as having the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them[1].

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined the problems that children and their families can be faced with as follows:

- emotional disorders, e.g. phobias, anxiety states and depression that may be manifested in physical symptoms;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive development disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care-givers;
- eating disorders, e.g. pre-school eating problems, anorexia nervosa and bulimia nervosa;
- habit disorders e.g. tics, sleeping problems, soiling;
- post-traumatic stress syndromes;

- somatic disorders e.g. chronic fatigue syndrome; and
- psychotic disorders e.g. schizophrenia, manic depressive disorder, drug-induced psychosis[8]. *(For a fuller description of these terms see Section 4)*

Many of these problems will be experienced as being mild and transitory nuisances to the child and their family, whereas others will have serious and longer lasting effects.

When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

1.2 Mental Health or Emotional and Behavioural Difficulty?

The terms mental health problems and mental health difficulties are not precise – with definitions ranging from the highly categorised still employed by some health service professionals, to those based on more descriptive terms which are prevalent in schools and school-support services.

Children experiencing problems (and predominately externalising problems) in schools have tended to be defined as having emotional and behavioural difficulties. EBD is a term to be understood within an educational context, to describe a range of difficulties that children might experience as a result of adverse experiences in the early years, difficult family relationships or ineffective behaviour management or means of engaging children effectively within the school.

Such a definition will include many children who experience or are at risk of experiencing mental health problems; such as those who are so withdrawn and anxious that it is significantly impacting on their ability to learn, or those whose behaviour is so extreme they are not able to sit and concentrate. However, not all children with mental health problems will necessarily have special educational needs. Some children, for example those who are extremely anxious and isolated, may be in need of additional help and support within the school in order to help them overcome their difficulties. Other children, for example a child with an eating disorder, may be in need of support outside school, but which the school with an effective pastoral and/or counselling service can help the child access.

For other children however, their behavioural difficulties, which often have a significant emotional element to them, may be so intertwined with their inability to concentrate, to learn and to get on with their peers, that an approach which does not include attention to the educational alongside their emotional, social and behavioural needs will fail to provide the range of support that they need. Such children may be defined as having an emotional and behavioural problem when seen within an educational context. By a medical practitioner, however, the same child may be defined as having a conduct disorder, a mental health term used to describe children with overly oppositional or defiant behaviour.

The challenge is to find ways in which the different approaches and frameworks and professionals can operate effectively together. In many pre-schools and schools there is currently a great deal of positive practice in developing such work – this is often not without difficulties and compromises amongst all those involved – often requiring the development

of new understandings and ways of working between the different professionals. The gains for all, however – those children experiencing problems, their peers, teachers and other school staff, often the school as a whole – ultimately outweigh the difficulties in initially developing this work.

1.3 What are the Causes of Mental Health Problems in Children and Young People?

Evidence has shown that it is possible to identify the factors that have an impact on children's mental health. Certain individuals and groups are more at risk of developing mental health problems than others, and these risks are located in a number of areas – risks specific to the child, to their family, their environment and life events. There are a range of factors in children's and young people's lives which can result in them being at increased risk of developing mental health difficulties:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships especially in adolescence, family breakdown that results in the child having to live elsewhere;
- life changes, e.g. birth of a sibling, moving house, changing schools; and
- traumatic events – abuse, violence, accidents, injuries, war or natural disaster.

Other children, against all the odds, develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient.

RISK FACTORS

Risk factors are those which increase the *probability* of a child developing a mental health problem. There is a complex interplay between the range of risk factors in the child's life, their relationship with each other and more positive resilience factors. Risk factors are cumulative. If a child has only one risk factor in their life, their probability of developing a mental health problem has been defined as being 1–2%. However, with three risk factors it is thought that the likelihood increases to around 8%; and with four or more risk factors in their life this increases to 20%.

We know therefore that the greater the number of risks, and the more severe the risks, the greater the likelihood of the child developing a mental health problem.

RISK FACTORS IN THE CHILD

Certain children have particular vulnerabilities, which have to be understood in relation to their 'assets' – their resiliences. For example, children who have a 'difficult temperament' and who are less likely to be able to adapt themselves to new social situations are more at risk of developing mental health problems than their peers.

Risk Factors in the Child:

- Specific learning difficulties
- Communication difficulties
- Specific developmental delay
- Genetic influence
- Difficult temperament
- Physical illness especially if chronic and/or neurological
- Academic failure
- Low self-esteem

Risk Factors in the Family:

- Overt parental conflict
- Family breakdown
- Inconsistent or unclear discipline
- Hostile or rejecting relationships
- Failure to adapt to a child's changing needs
- Physical, sexual or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss – including loss of friendship

Risk Factors in the Community:

- Socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Other significant life events

RESILIENCE FACTORS

> *'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches'.*[iv]

Research suggests that there is a complex interplay between risk factors in children's lives, and promoting their resilience, and that as disadvantage and the number of stressful life events accumulate for children or young people, more protective factors are needed to act as a counterbalance.

As with risk factors, those features that serve to reduce the impact of risk or promote resilience relate to characteristics within the child, family or wider community and can include any combination of these factors.

RESILIENCE FACTORS IN THE CHILD

Children who are able to establish a secure attachment to their parents in the first year of life are better able to manage stressful events later in life. Also those children who have effective communication skills, can problem-solve and have the ability to reflect tend to be more resilient.

Resilience Factors in the Child:

- Secure early relationships
- Being female
- Higher intelligence
- Easy temperament when an infant
- Positive attitude, problem-solving approach
- Good communication skills
- Planner, belief in control
- Humour
- Religious faith
- Capacity to reflect

Resilience Factors in the Family

- At least one good parent–child relationship
- Affection
- Clear, firm and consistent discipline
- Support for education
- Supportive long-term relationship/absence of severe discord

RESILIENCE FACTORS IN THE COMMUNITY

Support outside the family, e.g. close friendships or having access to a network of kin and neighbours, peers and elders for counsel and support, is an important factor in promoting resilience. Alongside this, schools that have a positive ethos, high morale and which support pupil's academic and non-academic achievement play an important role in promoting resilience.

Resilience Factors in the Community:

- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Schools with strong academic and non-academic opportunities
- Range of positive sport/leisure activities

As disadvantage and the number of stressful life events increases, more protective factors are needed as a counter-balance. Individuals are often able to cope, so long as the balance among risks, stressful life events and protective factors is manageable. But when risk factors and stressful life events outweigh the protective factors, even the most resilient individual can develop problems.

What is important is that protective processes are put in place for all children and young people. These include:

- reducing the likelihood of negative chain reactions arising from the risk;
- promoting self-esteem and self-efficacy through the availability of secure and supportive personal relationships, or success in achieving tasks; and
- opening up new and positive opportunities and offering turning points, where a risk path may be rerouted[v].

Handout for professionals

Here are some suggestions and ideas about what to look for during playful interactions and play between children, adoptive parents and foster carers.

What to look for when observing play and playful interactions

Containment

Does the foster carer or adoptive parent seem to understand the emotional aspects of what the child is doing? For example, he or she may comment on the likely feelings of the child or play characters.

Can the foster carer or adoptive parent acknowledge that the child has feelings about things that happen during play? For example, can he or she put into words that the child may be upset when a certain toy is broken, lost or unavailable, or a story is particularly scary or sad?

Can the foster carer or adoptive parent contain a child's disappointment or anger if play cannot proceed, or a child's anger or withdrawal if he is not winning?

Reciprocity

How well can the foster carer or adoptive parent follow the child's lead rather than making too many suggestions, instructions or interferences? For example, can they allow the child to experiment and be imaginative rather than structure the child's play with suggestions and commands?

How well does the foster carer or adoptive parent seem 'in tune' with the child's cues to initiate or end interactions or play?

Can the foster carer or adoptive parent allow children to try to work out difficulties for themselves but provide appropriate comments to acknowledge frustration? For example, *'You are really trying to put that piece in the jigsaw. You are annoyed that it doesn't seem to fit.'*

To what extent does the foster carer or adoptive parent attend to the child's explorations and experimentations rather than want to play with the toys him or herself? Children often like an adult to play with toys and activities with them, but may withdraw if this becomes competitive or controlling.

Does the foster carer or adoptive parent notice when a child needs a little assistance, suggestion or new idea to keep the play going? For example, an adult may notice the child's storyline has come to an end and so extend the theme to open new ideas: *'I wonder if that castle has anyone living inside it?'*

Does the foster carer or adoptive parent cope with feelings of dismissal or rejection if the child refuses to play with them or asks them to play somewhere else?

Behaviour management

How are boundaries decided upon during play? For example, is it the child, the foster carer or adoptive parent, or a joint decision that determines how long a play session lasts?

How are boundaries set within interactions and play? For example, does the foster carer or adoptive parent use warnings to let the child know playtime will soon be coming to an end?

What kinds of rules are asserted during the interaction or play? For example, will the foster carer or adoptive parent tolerate a child hurting someone else or breaking something without intervention? Is the child allowed to get so overexcited that he risks harming himself?

Handout for carers and adoptive parents

Loss and bereavement: making a memory box

Children often feel threatened or worried that they may forget an important person once they have been separated from them. This could be either following a permanent placement with no further contact or after a bereavement. They may also have lots of different memories of that person; 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 provides a personalised store for an individual child.

A child 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 their choice or personalised by photographs or drawings would make an ideal memory box.

What might go into the memory box?

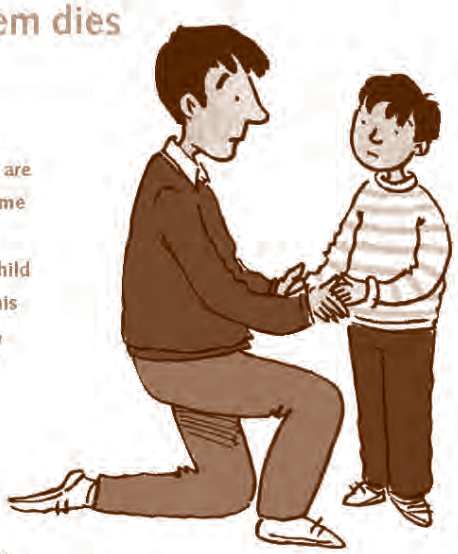
- Photographs
- Drawings or pictures showing important times together
- A poem the child might like to write about the person
- Items that remind them of the person
- Items that were important to the person
- A story written by the child about the person, what made them happy or sad, their favourite 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 of their last meeting, the date the person died
- 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 who it belongs to

The child may like to talk to you about important events and dates to help them remember. You may choose to do something special if they have told you that a particular day is important to them. Of course, adults can make memory boxes too.

Understanding Childhood

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

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

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.crusebereavmentcare.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

Written by Dr Dorothy Judd

ISBN 1 900870 12 6
Illustrated by Jan Lewis
Design by Susan Clarke for Expression, IP23 8HH

Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX

e **info@understandingchildhood.net**
w **www.understandingchildhood.net**

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Handout for carers and adoptive parents

Helping children develop emotionally and behave well

Build a positive relationship with your child

Building a positive relationship with a child is the best way to help them develop positive emotional wellbeing. You have a central role in helping them learn how to tolerate frustration, be able to calm down, know how to behave acceptably in society, and relate to others in a healthy way.

Show you are listening to them

Showing a child that 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.

Find support for yourself

There may be times when both you and the child might find feelings overwhelming. It is at these times that logical clear thought seems to be most difficult. Finding support for yourself is extremely important part of your own emotional wellbeing. In taking care of your emotions you may feel better able to help the child with his. Regaining a sense of calm may make what you thought was an unmanageable situation seem less difficult.

Stay calm and try to work out what the child is feeling

Carers have often commented that at difficult times it is hard to look past a child's behaviour and think about how they are feeling. Finding ways to stay calm can not only support you but also help you to look past the behaviour and see the message they may be giving and why they behaved in that particular way.

Accept angry and frustrated feelings and offer calm or comforting words and actions

Helping children to calm down so that they will eventually learn what it feels like to calm themselves is an important skill for life. For example staying close to the child and offering words of comfort and an affectionate gentle hug to let them know you are there for them and helping them to cope with their anger and frustration. As children get older, being able to tolerate frustration and cope with strong emotions may positively affect the way they behave towards other people.

Give children a way to back down without losing face

Children respond far more positively towards loving, predictable, behaviour and clear boundaries. Avoiding threats and harsh punishment and excessive shouting will help both you and the child 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.

Lay foundations by praising positive behaviour

Choosing behaviour techniques such as positive praise and encouragement, distraction, time out to calm down, or rewarding good behaviour instead of focusing on difficult behaviour, will help lay the foundations for later negotiations on acceptable limits to behaviour.

Rules and routines help children feel safe…

… but be flexible where necessary

Boundaries and rules are often an important part of family life. They can offer a sense of security and predictability for the child. Boundaries that are most effective are those that are appropriate to the child'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 a child is ill.

If boundaries are changed for other reasons it is best to avoiding 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.

You will have times when you feel helpless and useless. Although it is easier said than done, try and have some confidence in your ability as a carer.

Do not make unrealistic rules – make a few rules and stick to them

As children grow and develop there will be decisions to be made about changes in boundaries. Talking to a child about why new boundaries are planned will help them co-operate more readily.

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. A child may have little idea about why he is getting cross or upset and behaving in the way he is.

You will need to decide what you think is acceptable behaviour, so that if other people criticise you for the child's behaviour, you will be more sure of your ground.

Share one-to-one time with the child

Sharing time with the child 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.

Think about the things that shape you as a carer

It may be useful to spend some time thinking about the way you want to care for the child. You may choose to discuss this with your partner and family members. Each carer's experience of being cared for as a child may be different and can raise difficult issues for some couples who may feel they want to care for children differently. Children can feel confused by receiving different messages from adults in their lives, so it might be really useful to think about how you would like to be as a carer.

Handout for carers and adoptive parents

Fun interactions with baby are really important

Babies are individuals

All babies are different; some are calm, some are active. At first, it can be confusing to know what a baby needs and how to respond and this can be particularly difficult in the early weeks of placement. This leaflet has been designed to help you tune in to the baby. This will promote a good strong bond between you. We also hope you'll find the suggested activities good fun.

Building strong relationships

Bonding can sometimes take time, even for birth parents. There are lots of things that might influence the way your relationship develops, including:

- the experiences the baby had before coming to you
- baby's temperament
- how you look at, speak to and handle the baby
- how you are feeling
- how much support you are getting with the baby, particularly if their distress of previous experience triggers feelings in you related to your own life journey.

Your positive, calm interactions with the baby help him or her to be calm too. And using different ways to interact not only helps to build a strong bond between you, but also stimulates baby's brain development.

Developing healthy baby brains

A baby's brain development speeds up after birth so your interactions in these early months are very important. From day one, babies are learning about their adults' feelings, words and touches. All these experiences stimulate healthy brain growth, setting up strong connections for their future learning. Young babies who have had good experiences of interaction with their carers are more able to learn about how to communicate with others. These children are more likely to do better in school, make friends more easily and display fewer behavioural difficulties later on in childhood.

Babies love to communicate with you

Watch closely and you will see that baby is sending out signals. This is their way of saying 'Hey! Over here! Come and interact with me!' They often let you know they're ready to interact by looking for your face or turning round until you have eye contact. Once you are looking at each other babies often make more facial expressions, move their bodies and make more noises. They often follow this by increasing face and body movements and making more noises. Imagine this like a dance – by following your baby's lead you can join in the steps at a level baby feels comfortable with.

Babies also have ways to tell you when they've had enough. They might do this by turning or looking away, yawning, or putting their hands to their face.

Babies who have not had responsive care in the past may be harder to read as they may have developed other ways to connect with their adult. If their care has been hurtful or harming they may for a short time avoid contact altogether, becoming withdrawn or particularly quiet. This can sometimes be seen by adults as the baby being a 'good' baby.

Babies who have used these responses in the past to help them deal with difficult situations may need extra time to become familiar with the ways a new trusting and predictable adult communicates with them.

Most important of all: relax!

Most caring adults naturally provide all the right kinds of interactions with babies in their care so the most important thing for you to do is slow down, relax and spend time with the baby. There are hundreds of interactions between you and the baby occurring everyday during normal activities like feeding, nappy changing and bathing and these are real opportunities to get to know each other.

Here are a few carer-and-baby activities that we know are really helpful both for baby brain development and for developing healthy relationships.

Before starting these activities, why not have a go at watching baby closely and trying to work out the different ways he or she is trying to tell you something?

1 Taking turns to talk to each other

After spending nine months in the womb, babies can recognise their mother's voice as early as a few minutes after birth. When baby comes to you he or she may need time to learn your speech rhythms and patterns. Babies are biologically wired up to tune into the sound of a predictable voice and will soon begin to show a noticeable response when they hear you.

Talking gently or singing to baby stimulates brain development and helps them learn about communication and also that you are a safe, dependable carer. This helps build trust.

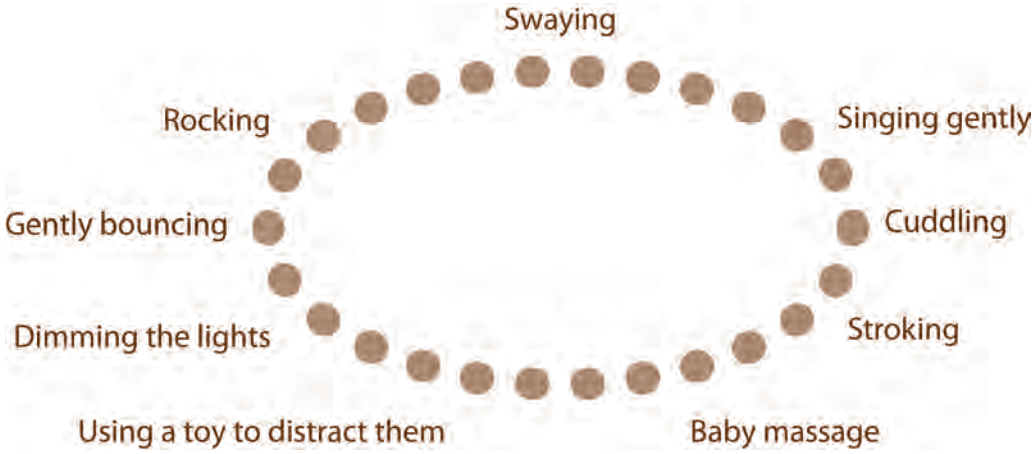
Try to spend a few minutes, several times a day, holding baby, preferably face-to-face if you think baby is becoming comfortable with this type of close trusting contact, copying their noises and expressions, or singing nursery rhymes.

Babies also have ways of 'talking' to you using body movements and sounds. Lots of wriggly arm and leg movements with excited noises is a baby's way of saying he or she likes what's happening. As you get used to the ways baby acts you will begin to recognise the way he or she appears to say different things. For example if they are turning away, arching their back or putting their hand to their face this may be his way of saying, 'I've had enough of that for now thanks'. Watch him closely and you will start to notice these baby ways of 'talking'.

2 Trying out ways to calm the baby

Babies use crying as one way of communicating. It's specifically designed to let the adult know they need something and to get us to respond as soon as possible! Sometimes they're saying 'I'm hungry', 'I'm too hot' or 'I've got a wet nappy'. But just like adults, all babies have times when they feel tired, irritable, bored, frightened or just need to have a little cry to feel better again. This is when they need their adults to help them become calm again and manage these tricky feelings.

You could try:



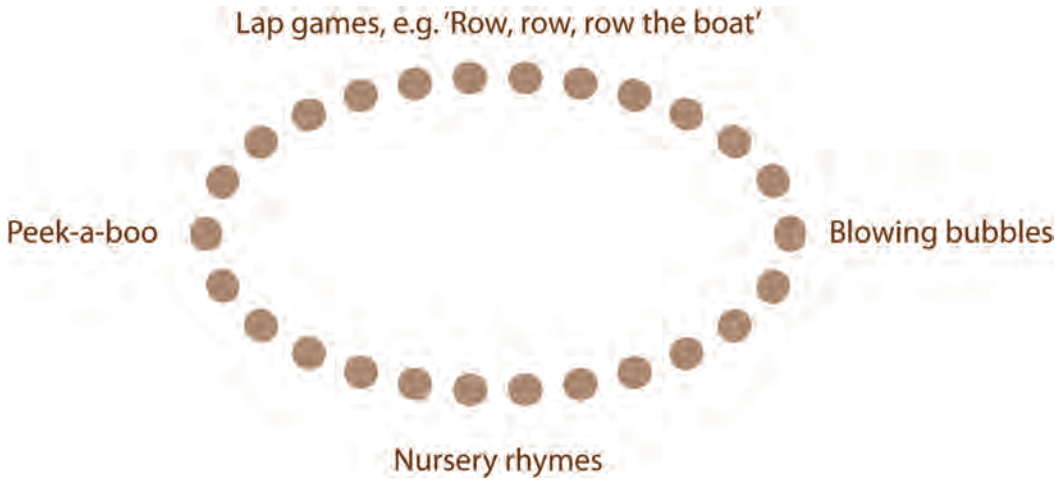
Babies often use objects to calm themselves, like blankets, soft toys or sucking their own fingers. It is important that if baby uses a comfort that his or her social worker tells you this and it comes with him or her. These activities are important parts of baby's emotional world so try to continue to use them for as long as he needs them, or think of other things that can replace them.

Scratch mittens can stop a baby using his or her hands to explore their own face and mouth and touching you, which is an important part of their emotional development. Try only to use mittens when your baby's hands might get cold outside.

3 Faces are fun!

Babies are especially interested in human faces. Looking at responsive faces helps stimulate social and emotional centres in the baby brain. Playing face-to-face activities with carers also helps them learn where sounds come from and how people use different facial expressions to communicate feelings. At first baby may only manage a little time. As you begin to understand and respond to his communications to you, he will manage a longer time.

You could try:



4 Copying each other

Babies love to copy you, and they really love you to copy them! When you watch closely you will see baby trying to copy your mouth and face movements. They often need 10 to 15 seconds to copy you, so be sure to wait for a while to give them a chance. You can also copy their actions and their sounds, which helps them to watch you closely, building concentration and promoting turn taking.

5 Become a sports commentator!

Babies are listening from day one. They have no idea what your words mean now, but they will in time. Babies do learn a great deal from the tone, pitch and quality of your voice so keep talking to them. Chatting along is just fine.

Babies also listen to you as a way of understanding how to interpret their own feelings and sensations. You can help by giving them a running commentary like a sports announcer. It might feel a bit silly but your baby will love it! You might say things like 'Hey, you're looking at Matthew to see what he's doing!', 'You're getting very excited looking at that toy!' It's a bit like imagining doing the voices to the film 'Look Who's Talking' – putting baby's experiences into words as if he or she could talk.

6 Learning about feelings

Babies have very strong emotional experiences and can seem to be full of sadness, rage or despair at times. From day one, they need you to help them learn about feelings and how to cope with them.

One of the first steps is for you to give baby's feelings a name.

This can be trickier than it sounds! It's difficult to know exactly how a baby is feeling, but using phrases like 'That's a happy face!' or 'You look like that's upset you a bit' do help even the tiniest baby to learn that you are trying your best to understand and help.

7 Looking at books together

Babies like looking at books from a really early age. This is a great activity for many reasons – it stimulates brain development in areas related to visual understanding, learning sounds, and facial expressions. This is a time when you can talk to baby about their history before they came to you – even though they will not understand it yet, it is an important rehearsal for the future.

Try to find a way to look at books where you can see each other's face.

8 Rhymes, rhythms and repetition

Simple rhythms and tunes will really help baby to learn about sounds and words – that's why we naturally raise the pitch of our voices and use a sing song tone when we speak to a young child. Babies need to hear rhymes and songs over and over again because it stimulates brain pathways to strengthen and grow.

Interacting with baby in these ways will help you form a healthy, strong relationship and will stimulate the baby's brain in all the right places.

Older babies start to get clingy

Around 8 to 10 months, babies have a tendency to become clingy for a while, although this might happen earlier or later for some babies. They may seem nervous of strangers and cry more if you leave the room. They may refuse to sleep on their own or try to follow you around more at this stage. He might continue in this stage for a longer period if his development has been delayed by moves of placement, but it is a stage and will pass in its own time.

This is a key time for baby to learn about trust; he needs short separations from you so that he can learn that you do always come back. You may need to be particularly sensitive and thoughtful at this time as he may have experienced traumatic separation in the past.

Try to gently encourage baby's first steps into independence by helping him cope with the strong feelings that arise when you are apart. For example, let baby know you'll be back after he or she has had a nap or a short stay with another caring adult. Sometimes babies like to keep a special toy or one of your belongings with them while you're away. It will take several times of being apart before he baby starts to learn that he can cope with his feelings while you are apart, but once this happens his confidence will blossom.

This is often a difficult time for parents and carers too, as you may be getting used to your own feelings of separation from the baby.

Handout for carers and adoptive parents

Play: a child's perspective

The words – possible alternative meaning for insecure child

I don't know how this works – Have you noticed me?

I can't do it – I need you

I like it when grandma plays with me – I need to like grandma because mummy says so

I want mummy to play with me – I am not sure who mummy is

I want to copy mummy – she puts things in the oven too – Are you my mummy or can you be my mummy?

I'm bored – This is too hard for me or this reminds me of something I don't like, or I'm bored

Why does daddy keep taking my bricks away? – Why doesn't daddy play with me right?

How come he can play with my toys? – What's mine to keep? Or why aren't my things special too?

I'm not as good at that as she is – I'm no good at anything

That's MINE! – That's MINE!

I wonder if that will hurt? – Is this a safe place?

I don't want to do it your way – I am used to doing things for myself because no one did them for me

But I like to paint the faces blue – I need to know what this experience is like

Who cares 'How many there are?' – I can't think because my feelings take over

How come it's time to stop – we're having fun! – I need more of this

I don't want to play – I always end up having to tidy up – I only get things when I am good

I wonder how far I can throw this? – How big am I, or will this carer stop me?

Look, I can paint the whole settee blue! – I don't know that this isn't OK because no one taught me

I wonder what happens when you eat this? – I don't know that this isn't OK because no one looked out for me

Now I've made two pencils out of one – Please don't be angry, I am trying to please you.

Handout for carers and adoptive parents

Play: carer's and adoptive parent's perspective

The words – possible alternative meaning for carer

This is going to be so much fun– I want to get it right – I want to make it fun

Why can't you just play quietly? – I need some space

Stop bothering me – I'm busy I need some space and you are in the way

Can't you ask 'daddy' to play with you – I'm too tired, I need some space, you are in the way, and you can find someone else

It's all very well other people playing with him – They don't have the tea to cook, the washing to do, the shopping to get – This child takes too much of my time

There's no way I'm playing with her after she's been so naughty today – I really don't understand why she punishes me like this

Stop putting things in the oven! – No exploring

I'm bored – I am overwhelmed by this child

I quite like building with bricks! – I would like to do that with you or this meets my need

Why can't you two just share nicely! – My expectation is that sharing is nice

Look! I can build a great castle! – Look how good your carer is

If you're not going to share then I'll take the toys off you – I don't understand that you may never have had your own things

It's your own fault – I told you not to climb up – I did not keep you safe enough

Why don't you listen! – I don't understand that adults have not taught you to listen so listening might be too scary or you are preoccupied by checking your environment is safe

I don't know how to play with children – Perhaps I'm not good enough

My parents never played with me, kids these days are so demanding – I don't know the pleasure of really being attended too

He'll never learn if he insists on painting everything the wrong colours – It should be done right (my way)

I don't have any good ideas, what if he thinks I'm dull – Perhaps I'm not good enough

This is a fun way to learn numbers and colours – I really like being with you

No matter how long I play with them, it's never enough for them – There is not enough of me to fill the hole in this child

If children get something out, they've got to learn to put it away again – Experiences are conditional

Oh no, look at all that blue paint everywhere! – I did not contain this play well enough

Will you just play nicely! – Don't be yourself

Stop eating/throwing/breaking everything – Don't be yourself

I'm not too good at reading – what if my child asks me to read her a book? – Perhaps

I'm not good enough

Handout for carers and adoptive parents
Let's play!

This leaflet is designed to help adoptive parents and foster carers understand why play is so important for children and includes suggestions for fun activities, which we hope you will enjoy doing together.

All children need to play

All children are different, but every child is born with a natural desire to play and explore. Play is like a child's job – it is how they learn about and understand the world around them.

What is play?

Babies start playing and communicating from the minute they are born. When a baby watches an adult's face or listens to an adult's voice, he is starting to learn about taking turns, having fun and being playful with another person. This develops into exchanging smiles and giggles, looking at things together and exploring toys and objects. A baby may not have had those experiences, so the times you can offer these will be of benefit to the child in the short and long term.

Young children don't need lots of expensive toys – the packaging of the toys is often more interesting for them – a cardboard box can become a car, a spaceship and lots of other interesting things.

The most important factors in play are your time and your joint imaginations. You can help by watching him play, waiting to see what catches his attention, and helping him to explore those things in his own unique way.

Children can lead the way!

When children play, they often like to lead the way.

The first step for you is to recognise what the child is interested in and to follow his lead. This is not a passive process of just watching, but following and encouraging the baby's or child's way of expressing himself. It is important to try and pick up on cues of wanting you to join in, wanting to change their focus of attention or wanting to stop playing a particular game. This isn't always easy and can be a case of trial and error – he will soon let you know whether you are wanted as an active play partner, or watcher, at any particular time.

Children's play can tell us a lot about how they are thinking and feeling. For children who are too young to 'talk' in words, their play will be like their part of a conversation. Early on in your relationship with the child, your attention and sensitivity to what he is trying to communicate is very important. Even if you are not sure what he is trying to say, trying to understand will show that you are interested in him and trying to make a connection. Children tend to be very

generous in their efforts to help us to understand them and so don't worry if you feel confused at first, you will get lots more chances!

Mirroring your baby's facial expressions, and imitation, can seem like just a bit of fun but this can really help baby to learn about himself and his feelings. The more secure the child feels, the more he will be able to explore and experiment with new things in a creative way.

Stimulation is important for a child and there are so many fascinating toys around for children to play with. Even though the child will be able to learn certain things from playing with his toys, if he shows you he would like you to join in too that will make playtime a much more meaningful experience. It will also encourage much needed social skills for when he joins nursery or preschool.

Play is an ideal opportunity for a child to learn to focus his or her attention, imitate actions and sounds, take turns, anticipate what comes next, recognise when something is hidden that it still exists, understand new words, say new words and pretend.

As well as this in playing the child will experience feelings and stimulation and while playing with you will learn important skills in how to enjoy and be part of a relationship

It is well known that the skills used in play are the basics for a child learning to communicate through language, so playing together is also teaching him language skills, such as taking turns in a conversation or recognising the beginning and ending of a conversation.

Children need to believe that their efforts are worthwhile and considered important enough to be taken seriously and to be given the time to be understood and listened to. Play really is a serious business.

Some children who are fostered or adopted will not have had many opportunities for play with their birth parents. Playing with them provides lots of opportunities for building trust and understanding.

Some children who have been in care may want to play in a way that seems too young for their age, or babyish. This is a normal way for children whose development has been interrupted by their experiences – don't worry if this happens. It shows that they feel safe enough with you to relive or 'redo' the experiences they have missed out on in the past.

The best way to teach children new skills like counting, learning shapes, colours and words is to for you to point out the things they are already interested in and playing with, and then say the words for them. For example 'That's the blue square you've put in', 'You've got 1, 2, 3 little ducks' or 'There goes the big ball'.

It can be surprisingly difficult to let a child take the lead in play. You might want to play too, or make suggestions, or ask questions so that they learn things. You might even feel that he is in control and worry that he may become spoilt. Remember there are so many benefits in play this is unlikely if you play too and

follow the child's lead. A child enjoys play best when you describe what they are already doing, rather than asking too many questions or making suggestions.

Sometimes a child will do things that aren't quite correct, like putting a water cup on their head, painting a face in green, or playing a board game upside down. You might be concerned that this could lead them into bad habits or stop them from learning about how to do things right. But don't worry, what might seem to you to be an incorrect use of a particular toy might actually be a clever and creative idea from the child exploring his imagination. Even better, the child will have great fun if you join in being silly.

The best kinds of play are sometimes the messiest!

It can be really hard to let children make a big mess, but what might look to you like a huge mess may actually be a child's most creative moment. There are a number of reasons why messy play is so helpful for children's development. They get to experiment and explore in exciting ways, helping them to learn lots of new things about the world. Messy play also helps children to understand that sometimes things do get to be a real mess, but it can be sorted out and made OK again with a little bit of help from other people.

This is the start of learning about coping skills. Children who have been allowed to explore messy play and have been helped to learn how to tidy up start to understand that they are able to cope with messy feelings too. As they get older, when they come across difficult situations, they are able to tolerate these difficulties and think about ways to sort it out. So try not to get cross if they make a mess, and try to have fun with them helping you clear up afterwards.

Young children explore objects by putting them in their mouths and this is an important part of their learning. Young children see food as a great play opportunity because squishing, mushing and mixing their food is such a great way to learn about textures, colours and touch. If you are worried about the mess, get a plastic sheet or mat to put underneath their chair during mealtimes. They will grow out of it eventually.

Play helps children learn about emotions

Children who have experienced positive play experiences with their carers, in which they have been able to take the lead, tend to develop better self-confidence and are better able to trust other people. This is because play helps children learn that they can have a positive impact on their surroundings and that adults will not intrude upon or control their imagination. You may need to help the child to learn this.

Carers are important partners in a child's world of play

Sometimes children don't want to play with their carers, and this can make the carer feel hurt or rejected. If this happens, it can be tempting to start avoiding play times with the child, but this will often just make matters worse. You might

try just sitting near the child watching him or her play, without making too many comments at first. Remember, the child values your positive attention and words more than your suggestions or directions at this stage. If the child asks you to join in, try to follow their instructions about what to do – he will love this sense of being in charge for once!

Some carers find it hard to play

It is not unusual for carers to find playing with their children a bit hard at times. This might be because they get bored at the child's need for constant repetition, or they might feel it is their responsibility to come up with all the ideas during play. Sometimes carers feel silly, or don't know what to do. There are times when carers might worry about allowing the child to play 'incorrectly' with things or be a bit silly. Don't worry if you feel like this as it is very common. Sometimes playing with a child may bring back memories from your own childhood, positive and negative. Occasionally these memories can get in the way of you and the child enjoying your play together. If this happens, you might find it helpful to talk it over with someone you feel comfortable with, for example your social worker, a friend or a family member.

We hope that this leaflet has shown you the importance of play. Given a few simple toys or objects and a bit of attention from you, most children will get to work imagining and pretending and having fun.

Here are some play and toy tips for playing with children from six months to four years.

Play tips

During the first 6 months, babies enjoy:

- You! You are baby's favourite plaything – your face to look at and touch, your eyes, your voice, your singing
- Brightly coloured, noisy objects like mobiles or rattles
- Playing on the floor looking at and reaching for toys – this will help them learn to reach, roll over, kick their legs and move their arms
- A wide variety of objects that feel different – hard, soft, squashy, silky

During these early months, baby is learning about him or herself, about other people, and how the world sounds, looks, feels and smells. He or she is still new to the world and needs you and one or two favourite adults to help them make sense of what's happening.

Play tips

Between 6 to 12 months of age, babies enjoy:

- Putting objects in and out of containers like boxes and tubs, and hearing you say the words 'in' and 'out'
- Grasping, banging, shaking and throwing and listening to you name the actions. This really helps a child learn about words even though he or she won't be able to say them just yet
- Water play, using sponges and plastic containers with holes in (never leave baby alone with water)
- Playing peek-a-boo with you
- Looking and pointing at things and hearing you say the names. It is really helpful for you to name things or copy the sounds he makes – don't worry about trying to get him to copy your words just yet
- Looking in mirrors, alone or with you
- Looking at simple books, holding the book, and putting it in their mouth. Letting him turn the pages will help him or her develop hand-eye co-ordination
- Enjoying nursery rhymes with you – it doesn't matter if you can't sing! It's all part of your baby learning to have fun with you
- Hide and find' games. For example, a saucepan with a lid can reveal a variety of different objects like a purse, a soft hairbrush, cotton reels. You can name each item as baby finds it, which helps him learn about words
- Crawling around on the floor, chasing after things that roll. Make sure your home is a safe place for a child to crawl

Babies of this age often want to do things over and over again because repetition is their brain's way of learning something well. They are interested in other children and may be curious and want to get close, but they still need you close by as a safe base to return to.

Play tips

Between 1 to 2 years of age, your toddler might enjoy:

- 'Push and pull' toys, which help them to develop co-ordination skills
- Games to help them learn about using their hands and co-ordination such as building blocks, shape sorters, simple jigsaws and shape puzzles
- Crayoning (chubby crayons), finger painting
- Pretend play – tea sets, plastic food, dolls and teddies, copying everyday activities like cooking, washing, going to bed, going to the shops. This helps children develop imagination and also to understand how the world works
- Climbing in and out of large boxes, dens made with a bed sheet, large baskets. Never let a child play with plastic bags
- Helping you do things around the house like dusting or washing up. Children love to pour water between containers in the washing up bowl
- Enjoying musical activities with you – music, shakers, drums, singing, dancing, nursery rhymes
- Picture books, very simple story books, holding books to look at, pointing to things in books and listening to you saying the words
- Finding things you ask for like 'Where is Big Teddy?'
- Games naming parts of the body like 'Heads, Shoulders, Knees and Toes'
- Looking at photos and pictures together, especially photos of themselves, friends and families

Between the ages of one and two years, children will be learning to think and solve simple puzzles, to co-ordinate their body and hand movements, to listen to sounds more effectively, to imagine things and to concentrate for longer, to pretend, to explore and to be creative. This is also a time of rapid language development when children often start to put two single words together, so keep talking to them! They usually play happily alongside other children but are not yet able to share or take turns easily.

Play tips

Between 2 and 4 years, your child might enjoy:

- Building with Duplo, Mega blocks, cereal packets, washing up liquid bottles and other scraps of junk
- Sticking, gluing, cutting using safety scissors
- Drawing, colouring and painting
- Cooking together
- Water play
- Making a scrap book together
- Playing in sand, water or making play dough with interesting things mixed in like glitter, dried lentils, vanilla essence, or food colouring
- Dressing up and simple role play like pretending to be a fairy or super hero
- Exploring being a baby – as if re-experiencing times that were not satisfying the first time round
- Playing in the park, looking for leaves, twigs, flowers or feathers outside, rough and tumble play, climbing
- Simple games with you like picture matching, magnetic fishing games
- Enjoying short stories with you

At this stage, your child is learning to think and solve problems, and is interested in the properties of things, where things come from and how they work. As a child gets older, play will help to develop concentration. This is also a time when children learn lots of new words, including new words for actions, as well as how to put sentences together.

Children may now be ready to play with others but will still need an adult to help sort out any difficulties.

Toy tips

- Children can sometimes find a large selection of toys too overwhelming so you don't need to have all their toys available at all times – you might try changing a smaller selection of toys around once a week
- Children tend to love libraries and many local libraries stock toys, books and story tapes
- The British Standard Kite Mark or CE Mark indicate product safety
- Most books and toys will state the age of child they are intended for
- Playing together in a quiet room helps the child learn to concentrate and to listen to sounds more effectively
- Television can give a child a lot of entertainment but watch together so that you can talk about what you have seen, join in with songs and make up pretend games.

Handout for carers and adoptive parents

Toilet training: a child's perspective

Look, I can pull my pants up and down myself.

The toilet is scary; it's a big hole and makes a noise.

I've only just started walking. I find it hard to squat.

If my poo's horrible, am I horrible?

Why don't they understand what I'm saying? Ooh too late!

I don't want to use a potty. I'm a big girl – I want to use the toilet like Mummy and Daddy.

The toilet/potty is too far away; I'll never get there in time.

It's dark in here – I can't reach the light.

Everyone is clapping – aren't I clever?

Don't take my nappy off; it's soft and warm and it catches everything that's mine.

My Mummy/Daddy looks upset, but at least they are with me now.

My poo will get lost down there – I'll hold on!

I'd rather carry on playing than bother with the toilet.

I like my potty. I helped to choose it.

It hurt last time I went; I'll hold on to it.

Why are they all watching me? I want some privacy behind the settee.

You said these are pants. They feel like nappies.

Handout for carers and adoptive parents

Toilet training: a carer's perspective

My mum had us all potty-trained at 18 months. What's wrong with my child? He must be naughty.

He's doing it to get at me.

I can't wash one more pair of pants.

She's asking for a nappy like the baby.

My friend's child can do it and she's 6 months younger.

If he can use the toilet once he can do it again. He must be doing it deliberately.

He just stood there and pooed his pants in the supermarket. It was so embarrassing.

I get so angry when she does. I know it doesn't help.

Handout for carers and adoptive parents

Toilet training – Wetting and soiling

When using this handout it may be helpful to consider the following questions:

1 What is the exact age and stage of development of the child or young person?

2 What changes have taken place in your lives recently?

3 How well can the child or young person communicate their needs to you?

4 Is there anything in the child's background that would influence their behaviour?

5 Is there anything in your background that would influence their behaviour?

6 What do you think the child's expectations are of you?

When thinking about the child's wetting and soiling it is important to think through any number of the possible underlying reasons.

A child comes to you with a history that is likely to have been difficult for them to manage. We can never be sure that a passing comment, something visual, a smell, a touch or a sound has not triggered memories from the past. We need to remember that early pre-verbal experiences affect us. We store emotional experiences in the brain even when we have no conscious memory in the first months of life.

Is the child feeling anxious? It may not be obvious, anxiety presents itself in many different forms and this may be the child's external way of expressing how they are not managing their anxiety.

Has the child had a recent move? It may feel like they have been living with you forever. A child who has experienced any move of main carer may not settle in what we as adults see as an adequate time frame. It is quite likely that a child may regress at any stage of placement.

Have there been any changes for the child at home, in school or change of routine?

Has the child experienced any loss because this will trigger any previous loss the child has experienced before coming to live in your family?

Have you experienced any loss or changes in your life? You may think that you have concealed this from the child. It is likely that the child will have picked up on something. Children who have experienced trauma in their life are very perceptive to any physical and emotional changes no matter how small or insignificant you think they are.

Think about all of the child's experiences. Imagine how hard it is for them to cope on a day-to-day basis fitting into a new family and new way of life.

There may be times when you think that you child is not doing so well but the reality may be very different.

The child may be managing their toileting the majority of the time and this is taking a lot of physical and emotional effort. The times when they lapse are possibly the times when their body is relaxed e.g. night-time or when they have no more physical/emotional energy to manage the situation.

Have there been difficulties with toileting in the child's past?

Has the child experienced neglect or chaotic parenting? This can have an impact upon the body's routines.

Children are inclined to wet themselves when feeling anxious or angry but they won't usually be able to tell you what is the matter. Talking to the child gently about their day may give you a clue as to what is upsetting them. Be mindful that a child may try to avoid talking about something if this is causing them to feel anxious. They could then display distress or anger.

Advice for carers – daytime wetting

Most children are ready to gain control of their bladder during the day somewhere between the ages of 2 and 3 years although this can vary in individual children. It is a big step in a child's life – toilet training is most likely to be successful when a child is emotionally and physically ready.

Although some children may go through the process of being toilet trained there may be times that they continue to wet during the day. This can happen for a variety of reasons either physical or emotional. If a child is unwell or has a urine infection you may find they are more likely to wet themselves. If you think that the reason may be physical it is advisable to seek medical advice.

Other reasons that children may wet themselves during the day are that they are worried or upset. It may be that the wetting is a sign that something, possibly an event or a change in their life is affecting them. You may take some time to work out what is worrying them but in that time they will be less stressed if you are able to be calm and relaxed about the wetting.

Here are some helpful tips if a child is wetting in the day

- A child may worry how other adults or children will react to their wetting. It can be helpful to explain to the child that you will talk with a trusted adult and identify someone they can go to if they are wet or upset.

- Encourage the child to use the toilet at regular times although this does not mean they should sit on the toilet every hour. It can be helpful to suggest they sit on the toilet after main meals or after a snack.
- Daytime wetting can be a worrying time for a child and they may fear that they will be told off. You can help reduce their worry by being calm and explain that they are not 'in trouble' because of what has happened.
- Think about how much the child is drinking. In the day children need to drink a reasonable amount of fluid for their age so that their bladder recognises when it is full and needs emptying. It can seem like cutting down the fluid will stop the wetting but this is not helpful.
- Alongside going to the toilet it is helpful to check if the child understands the best way to wipe themselves, shake their penis or wash their hands. If the child has not been taught how to do it they may need you to teach them.
- Children may put off going to the toilet if using the toilet is not comfortable. So it can be useful to check they are able to sit on the toilet easily. Do they need a footrest or support seat. This will include toilets they may use regularly outside of the home.
- If the child is at school, nursery or childminder you may need to think about the type of clothes they are wearing. Are they easy to take off? Avoid dungarees and belts. You may need to send extra clothes and tell the child that you have done this, so they feel secure telling an adult who will help change their clothes.
- Becoming dry can take time and there may be times when it seems as though the wetting has stopped. If the child starts to wet again these are the times when you can remind them that you understand and that it will improve with time.
- Some children find it helpful to receive praise, along with a reward of some kind, such as a star on a chart or spending time with you reading a book. These may help the child make sense of the small steps they are achieving. It is important not to let the rewards become a punishment if they are unable to meet their goal. So you should never take stars away or refuse to read a book if it has already been promised.
- If you are able to remain consistent most of the time the child will be able to start to settle in to a pattern and will know what to expect. This can be helpful, for example if they go to the toilet regularly after a meal they are more likely to remember this as time goes by.
- Eating a healthy diet can also help the child in their general health.

If you think that the child's wetting is because of a physical reason such as an infection it is always best to seek medical advice before trying other approaches.

If you think that the reason for the wetting may be for another reason you may find the following helpful to think about.

Handout for carers and adoptive parents

Toilet training – What to do about bedwetting

When using this handout it may be helpful to consider the following questions:

1 What is the exact age and stage of development of the child or young person?

2 What changes have taken place in your lives recently?

3 How well can the child or young person communicate their needs to you?

4 Is there anything in the child's background that would influence their behaviour?

5 Is there anything in your background that would influence their behaviour?

6 What do you think the child's expectations are of you?

Bedwetting is more common than many people think and a lot more is known about it now than in the past. The majority of children will have become 'dry' at night by the age of 5 years however, there are some children who continue to wet the bed after this age and a few that will continue to wet into their teenage years.

What is wetting?

It is a lack of bladder control.

What causes it?

There can be a number of causes.

Can my child help wetting the bed?

No! Children who wet do not do it on purpose and are not naughty or lazy. It may be that something is worrying them or they could have a urine infection.

Is it common?

Yes. One in every six children starting school wet the bed. For children who have experienced loss and trauma it is very common.

Is it my fault?

No! All children are individuals and develop at their own pace.

Can it be cured?

Yes. Most children can be helped by giving them support and encouragement.

Helpful hints

Do not take wetting personally. Many looked-after and adopted children experience wetting. Family and friends mean well but speak with your social worker because of the complexity of the child's emotional needs.

- A child should drink at regular intervals during the day.
- Milk or water is recommended.

At all times avoid

- Tea
- Coffee
- Chocolate flavoured drinks
- Fizzy pop

- Encourage the child to use the toilet before bed and again before going to sleep
- Praise the child for any dry times and ignore wet times.

Handout for carers and adoptive parents

Toilet training – Soiling

When using this handout it may be helpful to consider the following questions:

1 What is the exact age and stage of development of the child or young person?

2 What changes have taken place in your lives recently?

3 How well can the child or young person communicate their needs to you?

4 Is there anything in the child's background that would influence their behaviour?

5 Is there anything in your background that would influence their behaviour?

6 What do you think the child's expectations are of you?

Introduction

Soiling can be a very difficult experience for families. It can trigger a number of different emotions within the adults. Every child is unique with his or her own set of experiences. We would advise families to speak with their social worker about soiling. Soiling can range from a child not wiping itself properly to smearing or concealing dirty underwear.

1 Use a record or diary sheet of:
   - any medication taken
   - going to the toilet and the results
   - food and fluid intake.

2 Try for regular toileting, at least once a day at the same time.

3 Ideally the child should go the toilet 20 minutes after a meal, as this is the time they are most likely to be successful.

4 It helps if there is warmth and comfort. Allow the child privacy if this is his wish or stay with him if he prefers.

5 Provide a step for the child to push against, if he cannot reach the floor.

6 Even if a small stool is passed she should be encouraged to keep trying.

7 A child's 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 the child is eating sufficient fibre, ideally one fibre-rich food should be eaten at every meal.

11 Ensure that the child has an adequate fluid intake. Seek advice from your health visitor or school nurse to ascertain how much the child should be drinking each day.

12 Encourage the rest of the family to praise the child appropriately and offer support and help with filling in the record sheet.

13 Regularly review progress with your health visitor.

Adapted from Herbert (1996)

Handout for carers and adoptive parents

Toileting chart

This chart can be used to check whether and when a child is using the toilet. This can give you a better idea of how to help a child. It can then be used to track progress. You can change the chart depending on what is useful to you. For example, you could put the times when the child goes to the toilet.

Name: .... Record beginning: ....

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							

Key: / Sat on toilet * Sat on toilet and emptied bowel

Handout for carers and adoptive parents

Toilet training – Bedwetting

- It is a common problem; one in every six children starting school still wets 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.

Handout for carers and adoptive parents
Bullying

When using this handout it may be helpful to consider the following questions:

1 What is the exact age and stage of development of the child or young person?

2 What changes have taken place in your lives recently?

3 How well can the child or young person communicate their needs to you?

4 Is there anything in the child's background that would influence their behaviour?

5 Is there anything in your background that would influence their behaviour?

6 What do you think the child's expectations are of you?

- Bullying can be:
  - Verbal: name calling, persistent teasing, mocking, taunting and threats.
  - Physical: any form of physical violence, intimidating behaviour, theft or the intentional damage of possessions. This includes hitting, kicking and pushing.
  - Emotional: excluding, tormenting, ridiculing, humiliation and spreading rumours.
  - Cyber: the use of the internet of a mobile phone to cause harm. This can include abuse messages, sharing personal pictures or information without consent, impersonation and creating websites or social media profiles which intend to humiliate or threaten someone.
  - Racist: bullying based on ethnicity, skin colour, language, religious or cultural practices.
  - Homophobic: bullying based on sexuality and/or gender identity.
  - Sexual: unwelcome sexual actions or remarks that are intended to cause offence, humiliation or intimidation.

(The above text was used with permission and was taken from the Kidscape website 'Advice: Facts about bullying' www.kidscape.org.uk)

If bullying is not reported and stopped, it can lead to low self-esteem, anxiety, isolation, lower academic achievement, depression and in severe cases, threatened or attempted suicide.

- Watch out for signs that the child is bullying or being bullied. This may not be immediately obvious.

Possible signs of bullying:

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

Understanding the child's behaviour

It may be useful to think through some of the following questions in order to enable you to build up a more informed picture of what is happening for the child. This will enable you to get in tune with the child.

Is there anything in the child's background that could influence their behaviour?

- Think about the child's early caregiving experiences
- Do they view adults as being trustworthy?

This may impact on how able the child is to communicate their worries/anxieties to you or other adults.

What were the dynamics of their early caregiving environment?

- E.g. physical abuse, chastising, scapegoating, ridiculing, unpredictability, being overlooked/neglected? – This may impact on the way the child views themselves and others and their expectations of adults.

How able is the child to form and maintain friendships?

- This may impact on how they present in a group or the role they take on in a group, e.g. are they the class clown, do they dominate other children, are they very withdrawn and get very left out?
- It may be useful to observe the child's interactions with other children to gain a more comprehensive picture of the dynamics of the relationship.

How does the child view themselves?

- This may impact on the way they relate to others, e.g. if the child has low self-esteem and does not feel good about themselves, they may expect they will not be accepted by others or they may try and compensate for this by bullying others in order to feel powerful.

What changes have taken place in your life recently?

- E.g. child moving to a new placement, change of school, new teacher, parental stress or change/friction, change in family lifestyle
- Changes can impact on the child and lead them to feeling unsettled, anxious or out of control
- It is useful to think about even small changes that, whilst on the surface, may not seem of particular significance, can impact on the child.

Is there anything in your background that may influence your thoughts/responses about bullying?

- What messages do you communicate to the child about bullying, e.g. if a carer experienced bullying as a child, they may encourage the child to stand up for themselves, or become over-protective of them
- Being able to recognise your own triggers will be important in determining how you respond to the child.

Handout for carers and adoptive parents

Bullying – Advice

- 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 the child, e.g. support for the child at break times
- 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.

What 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 carers and have been given advice for support for the child.

Advice for victims:

- stay with a crowd – you are less vulnerable
- try to ignore or laugh at comments or teasing, or shout GO AWAY
- always tell a teacher or your carers or another safe adult – it is never WRONG to tell.

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

Further reading

Kidscape (2001) *Preventing Bullying: A Parents' Guide*. Small charge for leaflet, see website for details: https://kidscape.org.uk/our-shop/booklets-and-leaflets/preventing-bullying/

Kidscape (2005) *Stop Bullying: Practical advice for everyone*. Available at: http://www.beyondbullying.com/uploads/stopbullying.pdf

Handout for carers and adoptive parents
Bullying

Helpful organisations

- **Childline**: 24-hr helpline 0800 1111 for children in distress. Website: www.childline.org.uk
- **Parentline**: Open Mon–Sat 09.00–18.00. 01702 559900/554782
- **The Samaritans**: 24-hr helpline for suicidal/depressed. 08457 909090
- **Young Minds**: 0800 018 2138. 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**: 152 Buckingham Palace Road, London, SW1 9PR. Helplinr for parents/carers: 08451 205204. Counselling line 020 7730 3300 available 10.00–16.00. Website: www.kidscape.org.uk
- **DCFS Parentline Plus**: helpline on 0808 800 2222. Website: www.parentscentre.gov.uk or www.antibullying.net (also useful for teachers and professionals)
- **Exploring parenthood**: Advice line for issues parents face. Open Mon–Fri 10.00–16.00. 020 7221 6681
- **Black Mental Health Resource Centre**: Help in English, Punjabi and Urdu. 0113 237 4229
- **Asian Family Counselling Service**: 020 8997 5749 (any issues)
- **Pace**: 020 7700 1323 counselling service for lesbian and gay people
- **Anti-bullying Alliance**: www.anti-bullying.org.uk
- **Your local learning disability service**.

Handout for carers and adoptive parents

Sleeping difficulties: a child's perspective

'Me no wanna sleep!'

My bottom is cold/wet.

My nose is blocked.

I'm not tired – I had a long nap earlier.

My ears/teeth/tummy hurts.

I want mummy.

I'm too excited.

Look at me!

I've had a bad dream.

Mummy and daddy shout at night.

It's too quiet.

Teddy's gone.

I'm scared.

I'm hungry.

I'm too hot.

I'm cold.

All the fun is down stairs.

I don't like the dark.

I like my cot, not this bed.

Where am I? I fell asleep on the settee.

No nipple. No dummy. HELP!

It's too noisy.

It's strange here.

I can't remember where the toilet is. I don't know where anything is.

It doesn't smell the same here.

Bad things happen at night.

Who will be here in the morning?

Will I get any breakfast?

Who will come to me in the morning?

Will I see mummy tomorrow at contact? I'm scared. Will I see mummy tomorrow at contact? I'm excited.

Handout for carers and adoptive parents

Sleeping difficulties: a carer's perspective

Every time I think he is asleep and I go to leave the room he wakes up and cries. He is doing it deliberately!

My mum used to leave us to cry ourselves to sleep but I can't bear to hear her crying.

Perhaps I should keep her in the room with us for a few more months.

If I try to put him in the cot on his own I think that he will be lonely.

She will only go to sleep on the settee.

She will not go to sleep in her cot.

He had bad nightmares so I let him sleep in my bed and now he won't go back into his bed and I'm too tired to keep putting him back.

I'm tired.

I'm frustrated.

I feel helpless.

I'm terrified – that there is something wrong.

I'm no good at this.

I'm making a rod for my own back.

I'm sure he's doing it on purpose.

She doesn't like me.

Handout for carers and adoptive parents
Preventing sleep problems

When using this handout it may be helpful to consider the following questions:

1 What is the exact age and stage of development of the child or young person?

2 What changes have taken place in your lives recently?

3 How well can the child or young person communicate their needs to you?

4 Is there anything in the child's background that would influence their behaviour?

5 Is there anything in your background that would influence their behaviour?

6 What do you think the child's expectations are of you?

Children may not have had the experience as babies of a safe and secure environment: one where they would have been able to develop the ability to separate from the adults at night, soothe themselves when falling asleep or waking up in the night and develop the ability to relax and calm down in order to go to sleep. In the case of older children you will need to consider their early life experience and whether they have had the opportunity of a relationship where they could learn this. They may need to regress with you to an earlier stage in order to build up this experience. So it can be helpful for you to think about a baby's experience.

During the first year a baby will begin to develop a sense of themselves as separate from you. By the end of the first year she will begin to manage some independence, first crawling away from you to explore a bit, each time coming back to you. The process of becoming separate and independent is a theme that will continue throughout her childhood and into young adulthood. It is part of normal growing up.

The key to how well we manage separation is how much confidence we have that the separation is temporary. A baby needs to know that if she crawls away from the carer she will be able to crawl back and find the carer again. If the carer is there for her the first few times then she will be able to tolerate being further away, even out of sight, without becoming too anxious, because she will trust that she will find the carer again. The baby is learning that it is okay to be by herself for short periods of time. The carer's presence and the baby's trust in the carer are what make separation possible.

With separation comes anxiety, and this is normal. Anything new and frightening will activate a babies inner alarm system, the 'cure' for which is seeing, hearing

or touching you. In order to grow and develop and learn about the world a baby will need to be exposed to new things and this will also help her to learn that a certain amount of anxiety is not the end of the world.

Think about how you feel when you are not close to your baby or child. It takes two to separate, and some carers will find it hard to manage their side of the bargain, either for themselves or because they worry about what it might feel like for their child. It may be that carers are reminded of other losses or separations that felt unbearable for example. The fostering/adoption social worker or the adoption support social worker can help you think about this if you feel it might be relevant to you.

So what does this have to do with sleep? Well, sleep is a time of separation. We leave others to go into our own world and this is something we cannot do with anyone else. A baby will be very sensitive to any messages from you about whether it is safe and okay to go to sleep. If she learns in the day that being on her own, and perhaps even being a bit anxious, is not the end of the world, then when she wakes up in the night she will be able to tolerate being on her own and will drift back off to sleep.

Some children have more energy than others and they wake up wanting something to do. It can help to make sure that there is a safe toy in easy reach of the child so that they can amuse themselves when they wake up without waking you. Some children also take time to settle. A favourite soft toy can help. It can comfort the child, as you are not there. They can also be part of a story the child tells himself, just as you sometimes read before he goes to sleep.

If you are feeling tired you are likely to be feeling overwhelmed. You may have memories of being left to cry as a child. You might feel guilty about how angry and frustrated she makes you feel. In fact there may be all sorts of reasons why you might struggle to manage the separation from the child at night, all of which will make it difficult to convey to the child that sleep and separation are safe and manageable. Remember the worker can help you think about these ideas if you think it would be helpful.

4-6 months

Babies will need you to be responsive in a fairly immediate way early on. The part of the brain that helps them to cope with a little bit more frustration has not yet developed. Don't worry too much about trying to build in a routine, just go with the natural rhythm of the baby's sleep/wake cycles.

Try to start a simple short pre-bedtime routine, which is relaxing and calming.

Make sure that during the 15 minutes before the baby goes to sleep, he does the same things in the same order, every night.

If this includes looking at a book, having a drink besides the cot and saying goodnight to a few toys in the same order, this routine can be done on holiday or wherever you are. Make sure the toys you use are small.

Try to work towards encouraging your baby to fall asleep independently of you. This will help them learn that being alone whilst falling asleep is manageable.

Try to move away from rocking, feeding to sleep, musical mobiles or light shows. Your baby will need to learn to soothe herself rather than become dependent on you or something while she is waiting to fall asleep.

Avoid letting your baby fall asleep anywhere that he is not going to spend the whole night e.g. the settee. Imagine how disorientating it would be for us if we woke up in a different place.

Try to discourage waking by making a clear difference between day and night, keep lights low, don't play, don't change nappies or move the baby out of the bedroom unless it is necessary.

Over 6 months

A baby who had previously had a good night's sleep regularly, may develop a wakeful pattern after his routine has been broken by a holiday or by a period of illness. If this happens and you are sure your baby is well; you can discourage waking by using 'controlled crying techniques' (see leaflet). The age that a baby will respond to this technique varies but it is usually around 6-9 months.

Sleep programmes

Make sure the child has a good meal at teatime/suppertime so that he is not waking because he is hungry

Make sure that he is dressed so that he is warm enough if he kicks off the bedclothes. Cold is a stimulant and will make a child more wakeful.

Avoid overheating. The child should not be so hot that he sweats, especially if he is unwell.

Have a set routine at bedtime as much as possible. The last hour should be a quiet period. Exciting play, physical activity, exciting/frightening television programmes, should be avoided during this wind down period.

A ritual of a bath/wash, drink, story, bed is suitable. Do not allow the child to over-extend this ritual, set a reasonable time limit.

The child should be taken gently to bed, tuck him in and say goodnight.

At this point the day is finished. Try to convey a confident expectation that he will stay in bed, reading a book or playing with a toy if he is not sleepy.

He may cry, get out of bed or come downstairs after being put to bed. Try to allow yourself to feel confident at this point. It helps if carers use the following approach at this time:

- Take the child back to bed without giving him attention such as playing with him so that he is aware that it is bedtime. The aim is to be boring and uninteresting.
- Tuck him in and whisper 'night-night'.
- If he becomes increasingly distressed and screams out you will need to offer him some comforting words of reassurance in order to calm him.
- If he refuses to lie down, continues to cry and you are finding it difficult to leave the room, try the 'disappearing chair routine'. (See leaflet).

Handout for carers and adoptive parents

Sleeping difficulties

The Solihull Approach to the disappearing chair routine

Before you try this technique it may be helpful to think about the following questions:

1. What is the exact age and stage of development of the child or young person?
2. What changes have taken place in your lives recently?
3. How well can the child or young person communicate their needs to you?
4. Is there anything in the child's background that would influence their behaviour?
5. Is there anything in your background that would influence their behaviour?
6. What do you think the child's expectations are of you?

The disappearing chair routine is not intended to be used as a first approach. First you need to try to understand what is happening emotionally and practically for you and your baby. You may find talking to your social worker or health visitor helpful. As part of a way of thinking about helping your baby to settle the disappearing chair routine may be suggested.

As part of helping the child to develop a healthy sleep experience it is important to also think about what happens during the day. Routines are important during the daytime so if you can help the child settle separately from you, this can be practice for the child to separate more easily at bedtimes.

The disappearing chair routine can be used for the child who tries to keep you with them at bedtime, or who wakes during the night.

- Put the child to bed with their usual routine.
- Sit in a chair beside the bed reading a book (pretend if necessary). If the child is very upset you may need to sit on the bed or lie beside her.
- Every night the distance between you and the child should be increased. This may be sitting beside her if you have been lying beside her or moving the chair gradually towards the door. When the chair is outside the bedroom door you have completed the programme.

This process can take as long as you and the child need, several days to several months.

Be prepared for the problem to get worse for a night or two. In some cases this just means that she is testing you to see if you are really serious.

Making a new sleep routine is best started on a Friday night, or a time that convenient to you, so that you are not under pressure and can outlast the child's attempts to sabotage the new routine.

This is only an outline. Each child is different and changes may need to be made before the routine is totally successful.

It is important to continue to be aware of the child's response to this programme.

Handout for carers and adoptive parents

Sleeping difficulties

Encouraging healthy sleep patterns: School age children

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 the 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 the 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 the 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 a 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.

The child's chronological age is not a guide to judge where the child is at developmentally in terms of their sleep routine. They may have missed out on the early parenting experience of a safe and secure bedtime routine. An older child may need a much younger child's bedtime routine in order to be able to settle. This may be an opportunity to use the new relationship to develop a sleep routine but also use the sleep routine to contribute to the development of a deeper relationship.

The child may not have had a secure bedtime experience, possibly due to a chaotic or unpredictable environment. For some children bedtime will have been the opposite of a safe time. Perhaps it was a time when they were abused or abandoned. It may take many years for a child who has been emotionally damaged, abused or traumatised to develop a sleep routine. At times of change in their lives they are likely to regress and their disturbed sleep pattern may remerge.

Carers usually 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 a 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 the child re-establish their sleep pattern.

Handout for carers and adoptive parents

Feeding: a child's perspective

She keeps shoving that spoon in my mouth. I'm going to spit it all out!

Blah! Blah! I'm not eating that muck!

I'll stop crying if she dips my dummy in the sugar.

Look at the lovely pattern I've made with my ketchup.

Why is mum so upset I haven't eaten anything?
I'm not hungry.

If I stick my fingers down my throat
mum will come running!

If I make a fuss out shopping
she will give me some sweets.

YUCK! YUCK! LUMPS! Does he
expect me to chew and swallow?
I wish I were still a baby

Handout for carers and adoptive parents

Feeding: a carer's perspective

The bottle doesn't seem enough anymore – he's a big baby for 10 weeks. I think I should put an extra scoop of milk in the bottle.

She screams if I don't give her a bottle, she just throws the beaker at me.

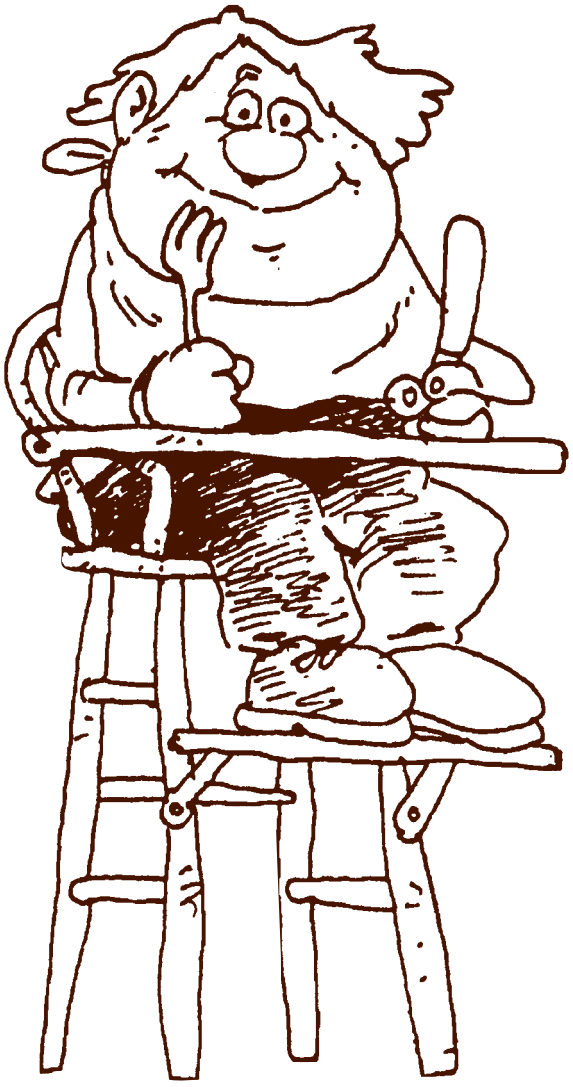
Every time I give him lumpy food he just gags, I don't know if I should go back to puréed food.

He keeps making himself sick and I panic in case he's going to choke.

If I give her the spoon she just makes a mess everywhere.

Nursery says he eats everything they give him, but at home he only eats chocolate biscuits and crisps.

I'm worried he's not eating enough healthy food.



Handout for carers and adoptive parents

Introducing solid food and feeding

Introducing solid food

Introducing solid foods (or weaning) is the name given to the change from the baby drinking only baby milk to introducing other foods. It can be a very special time and not only signals a change in a baby's physical and brain development but also a big shift in the development of your relationship with the baby. When babies are small, we have to do everything for them, but as they grow they take many little steps towards independence.

Some carers may welcome their baby moving on from a total reliance on milk, but for others the transition might feel more difficult. It might feel like the baby doesn't need you so much and this could leave you with a mixture of feelings. Just like other big changes, there'll probably be some good days and some more difficult days. Your baby will be experiencing new tastes and textures, and is likely to be a bit unsure about it at times. Introducing solid food can sometimes leave you both feeling a bit 'lumpy' just like the new foods you will be introducing! Your heath visitor appreciates this is an important time for the whole family and she would be willing to listen to any concerns you might have and provide you with information about how to wean your baby.

It can feel like there's a lot to think about

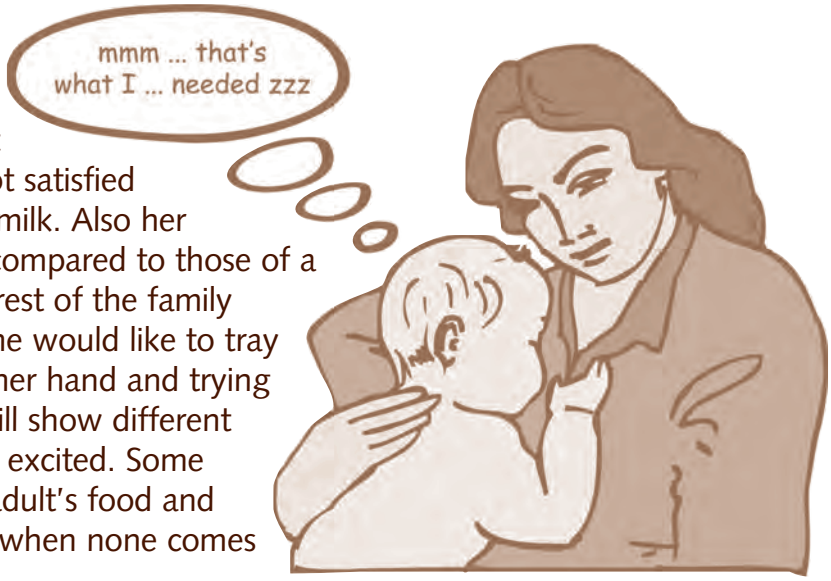
It is not unusual to feel anxious about the different aspects of introducing solid food. You may feel that you're just getting to know your baby and you may be unsure if your baby is ready to start introducing solid food. You might worry that your baby will choke or gag, you might not know which foods to cook, or worry that you'll get this wrong somehow. You might feel that all your friends' babies are starting solids and can't understand why your baby doesn't seem interested. Introducing solid food can be seen as a pressure and a rush to have babies on three family meals a day. However, if introducing solid food is not taken at the baby's pace it may result in unhelpful attitudes to food later.

You might feel uncertain or confused about introducing solid food. This might be a good time to talk to someone understanding, like a friend, family member or health visitor. Your might feel OK about these changes but notice your baby seems reluctant to be weaned, and so you might be worried whether you're doing the right thing or not. These are all common concerns that many carers or adoptive parents can identify with. Whatever your concerns, it's very unlikely that you're the only one who has ever had these thoughts, and talking about them to someone understanding might help you find a way to move forward.

There is good news

The good news is that as you get to know your baby more you will see that she has ways of telling you when she is ready for the next step and what she likes and dislikes. It can sometimes take a while to figure out what she wants and when. But you will see that even though she cannot speak she has ways of communicating with you and letting you know when she wants milk, when she needs to stop for a break and also when she has had enough.

During the first 6 months the baby's physical and thinking capabilities have improved so you might be noticing different behaviours, particularly related to mealtimes. She might be getting hungrier sooner in the day or waking more at night for food or perhaps she is still not satisfied even when she has finished her milk. Also her visual skills are vastly improved compared to those of a newborn. She is able to see the rest of the family eating and may signal that he/she would like to tray some solid food by holding out her hand and trying to grab food. Different babies will show different signs but some may appear very excited. Some may seem visually fixed on the adult's food and some may become a little upset when none comes their way.



The fact that your baby can hold her head up when sitting on your lap may also be a sign that she is physically more ready for the next stage towards being able to feed herself. This may all be accompanied by your baby putting her hands into her mouth, feeling her own fingers and tongue. It is really important to 'listen' to your baby's communications and treat her as the individual that she is.

Introducing solid food includes other people too

Eating is an everyday activity that we enjoy through the taste of nice foods and the social interactions that we have with others. Eating with your baby can help them learn about how they can enjoy food socially, something they may not have had an opportunity to do before. Just like all your baby's experiences, mealtimes can also be fun learning making an increase in your baby's skill and growing independence. She can really enjoy eating at mealtimes with you and other members of the family, even if this requires a bit more patience from you. Babies can grab food, make a mess and take their time when they are learning a new skill.

If we are presented with something we have not tried before we probably approach it in a curious or cautious manner, babies may do this by holding new foods in their mouths and experiencing the taste and texture before swallowing it or perhaps spitting it out. Try to remember that your baby may need several experiences of a new food before they can decide if they like it or not. It can be

even harder to relax about introducing solid food if you think that she may sleep better if she eats well or you have been worried about her being poorly recently, or she seems to be spitting a lot of food out at the moment. Try to keep in your mind that your baby is good at communicating with you and is asking you to read these signs even though she can't use words. As you and you baby get to know each other these signs will become clearer and this will help you feel more confident about what the signs are saying.

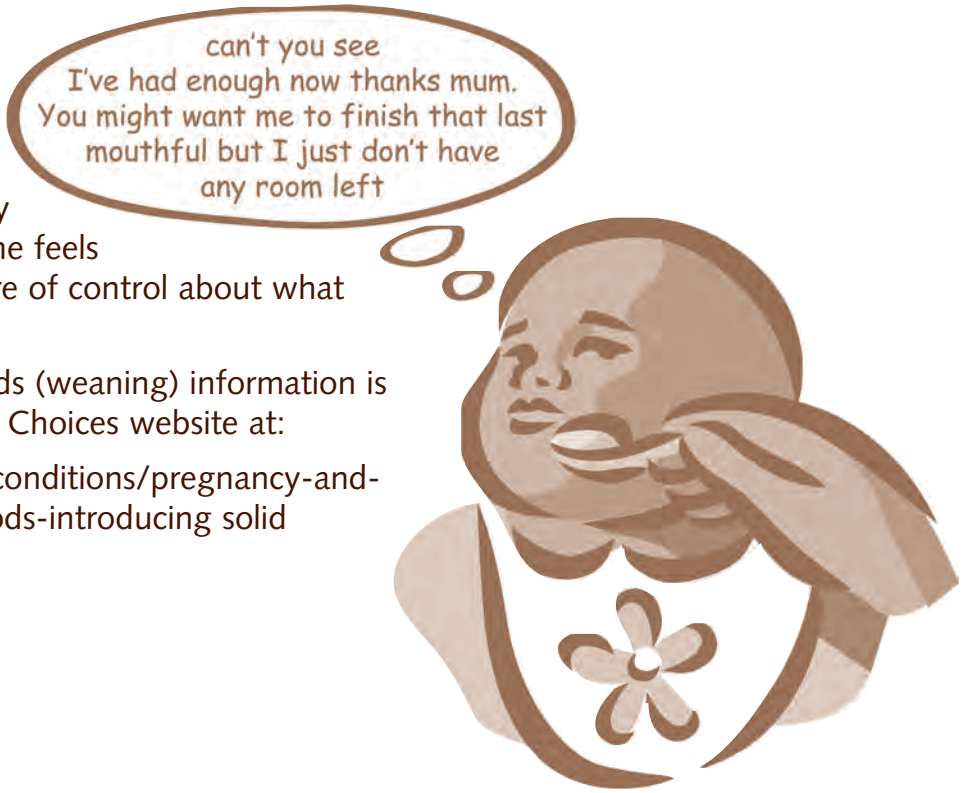
As you would expect with any important change, there might be times when your baby seems to be finding introducing solid food a bit tricky. For example, your baby will be learning to wait for the next spoonful to be loaded, Your baby might try to go back to relying on bottles as a comforter. When you are first introducing solid food you may need to think about whether this is a sign that your baby is not yet ready to wean or your baby needs a few more chances to become more familiar with this new step in their feeding. This is when another person such as a friend, relative or health visitor can help you to think about what is right for your baby so that you're able to keep going in a way that is sensitive to your baby's signals.

Think about how you would want to be fed

The things that are important to us as adults at a mealtime are not that dissimilar to a baby's desires. We like to see our food in front of us. We need to be able to reach it and be in control of what we put in our mouth next. At times it can be nice to eat alongside someone else. We like to be comfortable in order to feel relaxed and enjoy the experience and we like to have enough time so that it doesn't feel like a race towards indigestion! We also generally stop when we are full up.

However we have all had different experiences of mealtimes and it might be worth taking a moment to think about your own experience of food and eating. Would you think of yourself as someone who likes most things and is willing to try new tastes or do you think your likes are limited? How do you think this might have a bearing on what you give to your baby or indeed how you present food to him? Remember the non-verbal cues we can give can be more powerful than what we actually say so it's important to look positive about food you offer – even if it is something you yourself aren't particularly fond of. Your baby's non-verbal cues are important and so look out for those gestures that mean she wants more or that she's had enough. These might be as simple as opening her mouth or looking towards you, turning her head away, clamping her lips together or even blinking hard.

Trying to see feeding from your baby's perspective is an important step towards appreciating how she might be feeling in a given situation rather than sticking to your own agenda about how much you feel she should be eating at this particular time. Your baby will gain so much from knowing your are listening to what she is trying to tell you. Your recognition of her signs to indicate that she has had enough and wants to stop now, builds up a real sense of trust and understanding. She is more likely to enjoy future mealtimes if she feels she has some measure of control about what and how she eats.



Introducing solid foods (weaning) information is available on the NHS Choices website at:

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/solid-foods-introducing solid food.aspx

Handout for carers and adoptive parents

Introducing solid food and feeding

Useful ideas for mealtimes

Here are some useful ideas to think about when it comes to mealtimes.

Tips for toddlers

Eating together regularly as a family can offer the child an enjoyable social experience. This often begins as the baby start to take solid food and continues as they grow and join the family in eating 'family food'. For some children learning that food can be an enjoyable social experience may take longer than others. You may need to think about the different ways you can help the child understand what it feels like to eat with others and enjoy the experience. It can take time and they may not understand it first time.

As the child is testing out ways of experiencing food he might want to put his hands in their food. Sometimes the way they act can seem messy or seem stressful for adults. Many of these behaviours that young children show can be examples of a natural stage in a child's development. Some children may not have had an opportunity to experience these steps in their development or the experience might have been different to what would be thought of as helpful. Depending on a child's experience some stages such as the messy stage may go on for longer especially if a child has not been able to see or be guided to the next step. You can help the child by helping them to put into words how a food might feel. If they put their fingers in yoghurt you might say 'Does it feel sticky and feel nice'. Later when you think they are ready to use a spoon, you could give the child a spoon and you might say some thing like 'Look at your yoghurt, it sticks on your spoon. Can you put it in your mouth? Does it taste nice?'

There may be other behaviours around food that the child might think are 'normal' and they may not realise there is another way to be around food. By gently showing them how the family eats together as a shared experience they can start to change what they understand about food and learn that eating together can be fun.

Toddlers are also going through a time of change with their food as they start to notice the colour, amount, new taste or how it makes people react. Their feeding patterns may also change from when they were a baby. Babies often settle into a regular pattern where they eat roughly the same each day (although things such as illness that can affect this). As they become toddlers they can eat more solid food that has more calories packed into a smaller amount. They also do not necessarily need to eat the same amount each day so they might eat a lot one day and less another. But if you watch what they ate over a week it would

probably add up to what they need. They will also have times when they are growing more and at these times their appetite can increase to match how much food they need to grow.

Here are some helpful ideas that can help the child learn to enjoy the experience food and social eating.

- Toddlers like adults are affected by how food looks so you might find that using colourful or patterned plastic plates and cups of contrasting colours is appealing especially if they have a favourite colour or picture. It may help to keep the child's interest in what they are eating.
- As adults most of us have become used to thinking that we must eat three meals a day and while this is a reasonable idea for adults, children may need extra snacks or small meals when they are hungry especially when they are having a growth spurt.
- Children can take different times to eat their food, some eat it quickly and others can take much longer. You will get to know how long the child takes to eat certain foods and this may be different in particular situations. However you may occasionally need to think about the signs the child is giving you when he is tired, not very hungry, uninterested or bored. In these situations you may find it helpful to think about when it is best to finish the mealtime. The child may later become hungry or more interested in food and you can either give him the rest of the meal or a snack that you think is suitable.
- It can be very helpful to offer encouragement and to praise the child when they have eaten their food, even if a small amount is eaten and not to make a fuss if a small amount of food is left. The child may be full up or just had enough of a particular food.
- Children naturally prefer sweet foods and biscuits and sweets can be very appealing to children however, it is healthier to offer snacks such as fruit or bread sticks. That is not to say children should never be given biscuits or sweets but it is better to avoid filling up on biscuits and sweets as snacks especially before a meal.
- If you are going to give sweets, dentists advise that they are given at the end of a meal so that the number of times the child's teeth are exposure to sugar is kept to a minimum. You just need to avoid using the sweets as an incentive to try to get the child to eat their main meal because children can very quickly see the sweets as the 'good' food and the main meal as the 'bad' food. To develop a healthy attitude towards food it is best for us not to see food as good or bad but just part of our normal daily life.

Handout for carers and adoptive parents

Eating disorders

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 the 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.

Useful organisations

Beat, beating eating disorders
103 Prince of Wales Road
Norwich NR1 1DW
UK

Adult Helpline: 0845 634 1414
Youthline: 0845 634 7650
Website: www.b-eat.co.uk

Young Minds
102-108 Clerkenwell Road
London EC1M 5SA
UK

Telephone: 020 7336 8445
Fax: 020 7336 8446
Parents' Information Service: 0800 018 2138
E-mail: enquiries@youngminds.org.uk
Website: www.youngminds.org.uk
A range of useful leaflets about eating disorders.

34 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.

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.

Handout for young people
Panic attacks and stress

The following may help you to cope with, and reduce, stress.

- 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, adoptive parent/carer, teacher, school nurse, social worker – they may help put the current problem in proportion. You may find that you want to talk about some thoughts and feelings from the past

Handout for carers and adoptive parents

Panic attacks and stress

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

- 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 the child to relax if they appear to be working too hard
- Talk with the 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 its cause, and will worry
- Unreasonable parental expectations or ambition will cause stress for children who do not share their goals
- Prepare a child for potentially stressful situations, e.g. changing class/school, visiting the dentist, a new baby, parental illness
- Does the child need some time to talk about their past?

Handout for young people

Panic attacks and stress

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 re-sits 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 carers, teachers, friends, school nurse (at the lunchtime drop-in) or call Childline free of charge and in confidence (0800 1111)

Good luck!

Handout for young people

Panic attacks and stress

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
    - Relax
2. Legs
    - Lift your legs up about 30 cm
    - Point your toes and straighten your legs so that all the muscles in your legs are tense
    - Relax
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
    - Relax
4. Neck
    - Press your head against the back of the chair
    - Relax

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
    - Relax

Remember

With each part of your body

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

Handout for young people
Self-harm

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

Handout for carers and adoptive parents

Addictions and substance misuse

Information and resources

www.drugscope.org.uk

in-depth information on drug use

www.adfam.org.uk

resources for people with a family member who takes drugs, including local support groups

www.rcpsych.ac.uk

The Royal College of Psychiatrists publish a range of free leaflets on mental health issues on their website

Handout for carers and adoptive parents

Drug Use Screening Tool (DUST)

ALTHOUGH many young people will try drugs at some time, most do not progress beyond experimentation. However, research indicates that many factors can increase the risk of a young person moving from 'drug use' to 'drug misuse', whilst some protective factors can reduce these risks. Unless you are a specialist drug worker it can be difficult to distinguish between use and misuse, and to accurately assess these risk factors. This tool should help.

To complete this form you do not need a comprehensive knowledge of drugs but you may need to know how to contact your nearest drugs service for young people (see opposite page). This service will be able to provide appropriate information, leaflets and guidance.

DUST is designed for use with young people about whom there may be concerns regarding drug/alcohol use.

- It will not provide a comprehensive substance use assessment.
- It will indicate when specialist advice should be sought.
- It will help identify risk factors.

Defining the terms

Drug The term 'drug' is used to refer to any psychotropic substance, including illegal substances, illicit prescription drugs and volatile substances (eg. Solvents).

Substance Young people's drug use is often linked together with alcohol use. Drugs and alcohol together are collectively termed 'substances'.

Drug use The consumption of a drug by a young person. When the term 'use' is contrasted with 'misuse', 'use' means the consumption of a drug that does not cause any perceptible immediate harm - even though it may carry some risk of harm.

Drug misuse Use of a drug or combination of substances, that harms health or social functioning - either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour.

Vulnerable group Young people are at increased risk of drug misuse if they belong to certain groups and this risk increases if there is membership of more than one group.

Protective factors Increase a young person's resilience to the development of drug misuse problems.

Risk factors Increase the likelihood that drug misuse will occur.

Protective factors	Risk factors		
• Positive temperament • Intellectual ability • Supportive family environment • Social support system • Caring relationship with at least one adult • In education/ employment/ training	**1 Belonging to a 'vulnerable' group** • Young sex workers • Young offenders • Looked after children • Mental health problems • School non-attenders • Substance misuse by parents • Abuse within the family • Homeless	**2 Social & Cultural Factors** • High levels of neighbourhood crime • High levels of poverty & decay • Easy drug availability • Areas where there is widespread social acceptance of drug use • Lack of perception of the risks from drugs	**3 Interpersonal and Individual Risk Factors** • Physiological & psychological factors • Family dysfunction • Behavioural difficulties • Academic problems • Association with peers who use drugs • Early onset of drug or alcohol use

The Under 19's Drug Strategy in Solihull	
Every Child Matters: Change for Children Reducing drug use by young people, particularly the most vulnerable, is central to Solihull's drug strategy. Choosing not to take drugs is an aim within Every Child Matters Outcome, Be Healthy.	**Within Solihull there are 4 themes to our strategy:** 1 To ensure all young people receive effective drug education. 2 To focus on prevention and early intervention for those most at risk. 3 To provide effective and timely treatment services. 4 To ensure parents and carers are involved and supported.

Handout for carers and adoptive parents
Sexual health and sexuality

Stages of development

This handout includes indications of sexual development throughout the age range, with more detail for the 12–14 and 15–17 age range. It draws on the Tavistock Books *Understanding Your Child* series published by Jessica Kingsley.

4–6 years

This is a time where children begin to compete with the same-sex carer or adoptive parent for attention. This is important for later sexual identity.

They become aware of differences between the two sexes and begin to compare themselves.

6 years

This is a period where children are quizzical about the physical differences, and children may make explorations of each other's bodies. This can, within limits, be normal. However, if a more persistent pattern emerges it may be beneficial to review the activity.

Ideas about where babies come from and sexual intercourse may be confused. Often babies are put there from the outside with the daddy often involved in the scenario in some way. Being given too much information can raise anxieties and embarrassment for some children. Honesty and straightforward explanations are important, but some thoughts may be too strong and disturbing for a young child to cope with.

7 years

The seven-year-old is gaining an increasingly abstract awareness, although still fairly concrete in some areas. Questions about sex and adult relationships are less intense if they have been answered adequately.

There continues a sense of sexual identity about being boys or girls. Curiosity and interest will continue but it may appear subdued for this age.

8 years

For the eight-year-old it is the period before the emotional and physical changes of puberty begin to assert themselves. The middle years of childhood are where girls and boys reinforce their identity as different from each other. Boys play with boys and girls group with girls. However, sex and sexuality are not as evident in their behaviour as when puberty takes hold.

For this age, jokes about sex are of the lavatory type; giggling, with a 'curtain' drawn temporarily over the sex in the adult sense.

9 years

As with the eight-year-old, sexual matters remain less in the forefront. However, it is a time where exposure to general reference and information in the media can lead to misunderstandings about sex as half-truths can manifest themselves. Talk in the playground can provoke questions that may, if not dealt with sensitively, create anxieties. Explanations may need to be repeated, as feelings and understanding may vary as they try to put together the 'facts of life' into a manageable format!

For some nine-year-old girls menstruation may have started and for this reason talks about menstruation need to be given to both boys and girls. However, it is important to remember that although children of this age may appear to have a more developed sexual language, their understanding of the deeper meanings may be questionable.

10 years

For ten-year-olds the issues of sex for boys and girls can be quite different. While boys are still in the giggling and joke stage, girls may have started to menstruate and be more physically developed than boys.

Boys and girls can appear to have a greater knowledge of sexual matters, but their deeper understanding can be less clear. Anxieties can start to emerge perhaps more in girls, as bodily changes become more obvious and periods start.

It is a time when it is important for them to have someone who they can talk to. For boys and girls there may be many common issues relating to sexuality. However, from this age onward there will be an increasing number of feelings and experiences that will be different and individual for boys and girls.

11 years

Developing a sense of gender identity becomes increasingly significant for this age and the differences between girls and boys can be considerable.

Physical and emotional development in girls, while varied, become visible as breasts grow and hips widen. In boys growth is minimal with some broadening of the shoulders and enlargement of the scrotum.

12–14 years

The period between 12 and 14 years is a particularly active time for many children as hormonal changes in their bodies produce physical differences and new emotional experiences, highlighting issues relating to their sexuality. The physical changes that happen are out of their control, occurring whether they are ready for them or not. It is a period of sexual curiosity, sexual urges and sexual anxieties that have powerful influences on their relationships with themselves, friends and their family.

The time between 12 and 14 is one of confusion and puzzlement of the child's evolving sense of identity for the adult they are yet to become. Adoptive parents and carers, too, witness and experience changes as they try to adapt to the intense and yet distant relationship with their child.

Children of this age often have a preoccupation with their bodily changes as males may produce semen and girls may begin to ovulate. There is a sense of what is happening to their body running alongside a feeling of excitement or anxiety.

Masturbation appears to be a common experience amongst this age group for both boys and girls. Most common worries expressed are: How often? Is it healthy? They may feel guilty about the experimentation while finding it intensely gratifying.

Boys may have the additional worry of how their urine and semen can be produced by the penis.

Adoptive arents and carers, too, may find the subject disturbing and the way they respond to this part of their child's development may be influenced by their own experiences and knowledge.

Making new relationships that include both their own sex and the opposite sex gathers momentum during this period. Girls will often be drawn towards intense relationships with other girls while having more distant and negative relationships with their adoptive/foster mother. Boys, too, form close groups of similar friends and loosen their bond with their adoptive/foster mother, especially when surrounded by other males.

Homosexuality is often a subject of discussion for this age group as they try to sort out their own sense of identity alongside the confused desires and urges they may sometimes experience toward their same sex. For some adolescents the anxiety felt about their sexuality can be a significant source of worry for them.

15–17 years

Adolescence is the period of transition from childhood to adulthood and is defined by the biological changes of puberty. Puberty encompasses the cycle of rapid growth during which individuals become capable of sexual reproduction; 9–17 years in girls and 10–18 years in boys.

This is a time of great physical growth and change. Teenagers may be obsessed by their appearance, judging themselves against their peers. They have a strong desire to be 'normal', 'perfect', and any imperfections – even a few spots – may be seen as a huge problem that lowers self-esteem and confines them to their room.

Most girls will have started their periods by this time and secondary sexual characteristics such as breast development and increased body hair are well established. Although girls are able to physically carry a baby by this time, their emotional growth is only just beginning.

Sexual changes in boys are linked to deepening of the voice, increased body and facial hair, enlargement of the penis and testicles and production of semen. Their bodies become more muscular and a massive increase in growth is likely. The onset of maturation may also play a factor in development. Early or 'precocious' puberty in girls may be linked to low self-esteem and dissatisfaction with body image, and late onset in boys is linked to feelings of depression and low self-worth.

Young people are very curious about sex. It is very common for many adolescents to masturbate and fantasise about sex. It may be hard for adoptive parents or carers to acknowledge that their child may be sexually active and easier not to discuss it. However, experimentation is a natural part of life and it is important that teenagers have access to good-quality, reliable information. Sex is a high-risk activity that can result in unwanted pregnancy, sexually transmitted diseases and emotional upheaval without recourse to necessary information. Young people can also find themselves in situations where they are unable to cope, and vulnerable to abuse without the right levels of support.

Some adoptive parents and carers may find it hard to cope with the child's emerging sexuality. It emphasises that the child is moving away, becoming their own person. For the young person, their changing body and preoccupation with sexual thoughts may be at some times fascinating and at others overwhelming.

Teenagers may also experience confusion about their sexuality. Relationships with friends may be very intense, especially with the same sex and they may even find themselves attracted sexually to that person. This is all part of ordinary development and whilst young people may go on to develop homosexual relationships, this is not usually the case.

Sexual behaviour in girls and boys is very different. In boys sexual drive is strong and easily satisfied by masturbation. In girls it is much more romantic and emotional and less physical. Girls usually fantasise on distant crushes such as pop stars or actors and masturbation usually starts later than in boys. Boys usually start having sex earlier than girls. On average, by the age of 17, half of boys and a third of girls will have had sex. By 18 these figures rise to half of girls and three quarters of boys. Early sexual intercourse may not necessarily be considered as deviant, especially if the young person's behaviour at home and school is unproblematic, they have used precautions and have a good relationship with life in general. However, peer pressure may sometimes encourage adolescents to have sex before they are ready and may result in 'risky behaviour'.

Handout for carers and adoptive parents

Understanding behaviour:

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 anymore.
- 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 in a minute if I keep on screaming.
- I don't 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.

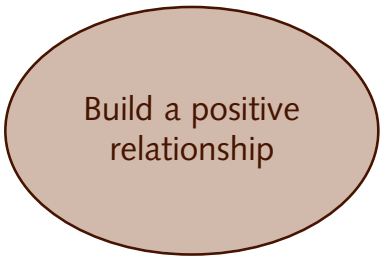
A parent's perspective

- What am I doing wrong? It must be my fault.
- He's so naughty; he keeps throwing the toy out of the pushchair when I'm shopping.
- She screams when I'm on the phone.
- 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 SUCH hard work!
- I'm so exhausted. I could really do without this right now.
- He's doing it to wind me up.
- I know he's only little, but I just need him to get on with it so I can get on with all these jobs.
- Everyone else is managing. Why do I feel like I'm losing the plot!
- I'm a Dad. I'm meant to be in control. This is just humiliating.
- The house is a mess. I'm a mess. I can't get her to do anything. I feel so out of control!
- Why does it have to take so long for us to leave the house?
- I hate having to repeat myself and then I end up shouting. If only they'd listened the first time. They drive me crazy.
- Sometimes, it's just easier to give her my phone for some peace and quiet.

Handout for carers and adoptive parents

Preventing and managing challenging behaviour

How to help a child develop emotionally and behave well



Building a positive relationship with a child is the best way to help the child develop positive emotional wellbeing. As a carer or adoptive parent you have a central part in helping the child 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 the child that 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 the child 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 wellbeing. In taking care of your emotions you may feel better able to help a child with his. Regaining a sense of calm may make what you thought was an unmanageable situation seem less difficult.

Carers have often commented that at difficult times it is hard to look past a child's behaviour and think about how the 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 the child may be giving and why they behaved in that particular way.

Accept angry and frustrated feelings and offer calm or comforting words and actions

Helping a child to calm down so that they will eventually learn what it feels like to calm themselves is an important skill for life. For example staying close to the child and offering words of comfort and an affectionate gentle hug to let them know you are there for them and helping them to cope with their anger and frustration. As children get older, being able to tolerate frustration and cope with strong emotions may positively affect the way they behave towards other people.

Children respond far more positively towards loving, predictable, behaviour and clear boundaries. Avoiding threats and harsh punishment, smacking and excessive shouting will help both you and the child 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.

Give a child a way to back down without losing face

Lay foundations by praising positive behaviour

Choosing behaviour techniques such as positive praise and encouragement, distraction, time out to calm down, or rewarding good behaviour instead of focusing on difficult behaviour, will help lay the foundations for later negotiations on acceptable limits to behaviour.

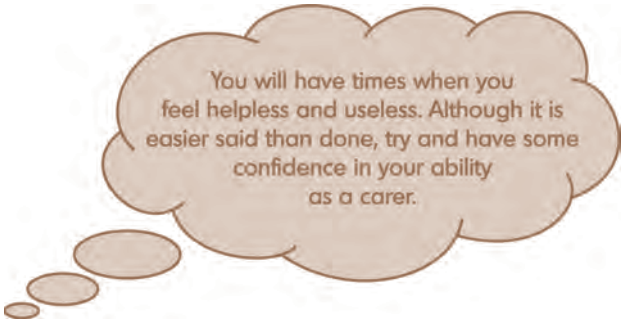
Boundaries and rules are often an important part of family life. They can offer a sense of security and predictability for the child. Boundaries that are most effective are those that are appropriate to the child's age.

Rules and routines help children feel safe…

But be flexible where necessary

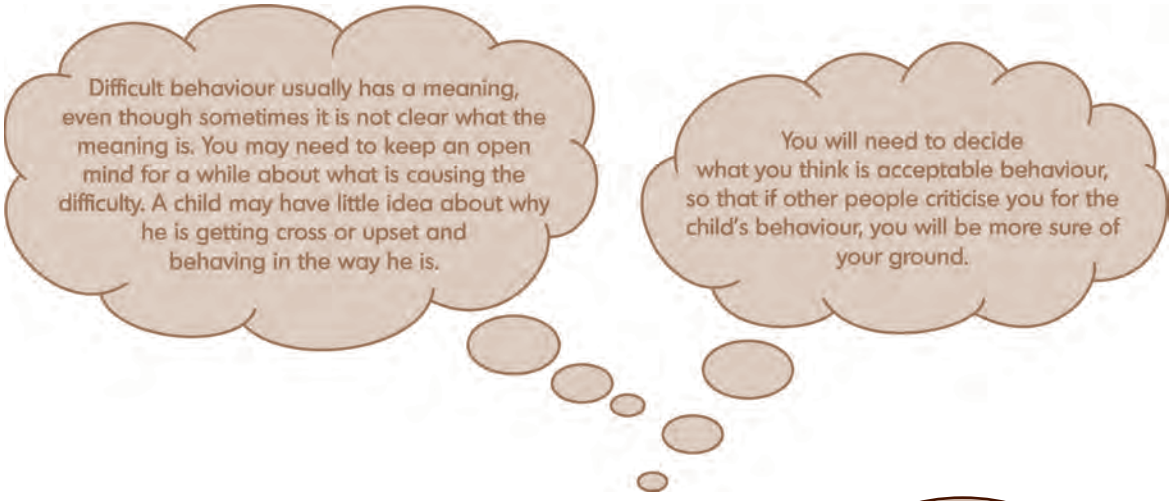
While it is good to be consistent in putting agreed rules and boundaries into place, it is also helpful for a degree of flexibility. There may be occasions when it is appropriate not to stick rigidly to the rule such as when the child is ill.

If boundaries are changed for other reasons it is best to avoiding 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.



Do not make unrealistic rules. Make a few rules and stick to them

As the child grows and develops there will be decisions to be made about changes in boundaries. Talking to the child about why new boundaries are planned will help them co-operate more readily.



Sharing time with the child 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.

Share one-to-one time with the child

Think about the things that shape you as a carer

It may be useful to spend sometime thinking about the way you want to care for the child. You may choose to discuss this with your partner and family members. Each carer's experience of being cared for as a child may be different and can raise difficult issues for some couples who may feel they want to care for the children in their care differently. Children can feel confused by receiving different messages from adults in their lives, so it might be really useful to think about how you would like to be as a carer.

Handout for carers and adoptive parents

Preventing and managing challenging behaviour

Before, during and after

Trying to understand a child's difficult behaviour

Why is the child behaving like that? Sometimes it is very hard to understand why a child is suddenly having a temper tantrum. Why is she trying to break things or hurt another child for apparently no 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 the child's behaviour.

This leaflet explains one way of trying to understand a 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 the 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 the 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 if the behaviour of the child is rewarded in any way. This will make it more likely that the behaviour will happen again. For example, if the 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 (the ABC chart) at the end of this leaflet.

Before

Think about what was happening before 'it' began. What were you doing? What was the 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 the child was thinking and feeling.

During

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

After

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

A more complicated example is the everyday story of brothers Lee and Jordan. 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 his carers 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 their carers were telling one or both of them off.

The carers 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. His carers were telling Jordan he was a naughty boy, they were cross with him. Lee said 'it wasn't my fault'.

Having noticed these things the carers 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 the carers 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 angrier. 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 the carers were thinking about this event like this they were able to try to find ways of dealing with the cross feelings they were all experiencing. Competition is normal between brothers and sisters, but sometimes children (and carers!) 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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Describing Behaviour, the 'Before, During and After' chart (ABC chart).

Name _____

A Before	B During	C After
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? How did you feel? How did you think the child was feeling?	What time of day was it? What did the child do exactly?	What happened as a result of the behaviour? How did the episode come to an end?
Date		

3.13

Handout for carers and adoptive parents

Preventing and managing challenging behaviour

Guidelines for the use of star charts

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

There are various charts available but carers usually like to design their own to suit the child. Instead of using a star chart, you can use a drawing of a child's favourite character, divided into sections. One section is coloured in instead of using stars. So the pathway on the journey to the castle would be coloured in.

It is important to explain to the child exactly what must be done to earn a star/smiley face and that she understands. E.g. '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 gentle hug'. 'You let Amy sit on the horse/go on the trampoline first'.

- Keep the chart in a place it can be easily seen by the child.
- Tell people who see the child regularly about the star chart so that they can also encourage her to earn stars. Success at an early stage is vital to keep her interested.
- If she 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 her when she earns a star and let her stick it on the chart at once.
- If she 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 the child. Never use the chart in a negative way.

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.

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Carers have noted the following have been important for 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 carers, water play/swimming.

When to stop using a chart

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

Stop giving stars but always continue to praise the child.

Gradually decrease the number of stars you give the child.

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

Monday ◆	Monday ◆	Monday ◆	Monday ◆
Tuesday ◆	Tuesday ◆	Tuesday ◆	Tuesday ◆
Wednesday ◆	Wednesday ◆	Wednesday ◆	Wednesday ◆
Thursday ◆	Thursday ◆	Thursday ◆	Thursday ◆
Friday ◆	Friday ◆	Friday ◆	Friday ◆
Saturday ◆	Saturday ◆	Saturday ◆	Saturday ◆
Sunday ◆	Sunday ◆	Sunday ◆	Sunday ◆

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Journey to the castle

Child's name _____

Understanding Childhood

tempers and tears

in the twos and threes

It's a long way from being a helpless baby to becoming a relatively independent three or four year old, ready to go to playgroup or nursery. It can be an exciting journey of discovery – but it can also seem like a very bumpy ride for both you and your child.

As children move towards their second birthday, they want to take part in what is going on around them – exploring and playing, watching and imitating others, using their first words. They now feel that they are a person in an interesting world of other people and they want to join in.

What it is like to be two or three

Your two year old is discovering all sorts of things that they can't do or mustn't do. They are waging a constant battle with their own passionate wants, hopes and fears.

They have feelings that they can't yet manage by themselves without tempers or tears. They are still struggling to sort out who they are and what they feel about the people who care for them – why they love them one moment and hate them the next. They can't just ask for your help. Instead, they mess you around with contradictory demands because that's how helpless and confused they feel.

Young children react very differently to the triumphs and setbacks of their second and third years so they need different kinds of support from their parents.

Being bossy

Some children can't bear to feel little and helpless. They refuse to accept that there are things they can't yet manage. Being bossy can be a way of covering this up and trying to make others feel small. They can be so convincing that, as parents, we may sometimes come to believe they don't need us or may feel so irritated that we want to cut them down to size.

But bossy two year olds really need someone to offer them love and care even when they don't seem to want it.

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

Being fussy

Many children of two or three develop all sorts of fads and rituals that they absolutely insist on. From a parent's point of view it can seem silly and tyrannical, but how does it look to a small child?

Everyone is expecting them to give up being a baby and become more independent. But they may feel as if the grown-ups are always interfering and bossing them around. When they insist on wearing something strange, or doing things in a particular order, they may be trying to get you to recognise that they have their own choices and preferences.

Sometimes it's probably helpful to give in gracefully over things that don't really matter. That way they will get the chance to learn how to back down themselves. And, of course, there are going to be plenty of times when they want something impossible or dangerous. So there will still be opportunities for them to learn about 'no' and for you to learn to cope with their tears.

Sometimes fussiness is to do with worries that your child can't name or tell you about. Then their determination to avoid certain objects or situations may be their way of controlling their fears.

What's worrying them may not have any obvious connection with the things they're making a fuss about – but it's easier to control what you let your mum put on your plate than to control anxieties you don't understand.

These sorts of fears tend to come and go, but if your child's behaviour becomes especially difficult it is worth wondering if they are under some particular stress.

Being clingy

Some children seem to be saying 'I'd rather be small'. A child who is clingy and fearful can be very trying to parents in a different way from one who is bossy.

As parents, we need the reassurance of seeing things move in the right general direction. So 'babyish' behaviour is hard to bear because it makes us worry that things are going backwards. It's also very exhausting not knowing if you've got a baby or a big girl or boy on your hands.

When you have the feeling that you can't get it right, the chances are that your child is feeling in a tremendous muddle too.

Being fearful

New situations can be frightening. Children of two or three sometimes feel quite scared about new situations, especially if they think it means being left with other people. It is worth being truthful about new situations – such as the birth of a baby or different childcare arrangements – so that they don't feel taken by surprise or tricked. Allow plenty of time for settling in and a certain amount of fussing. And be prepared to take your child seriously if they really feel they are not ready for a new step forward.

But some of the frightening things are inside them.

It is at this age that children first complain of bad dreams or night terrors. Sometimes the dreams may be connected with worrying events that happened during the day, but quite often they seem to grow from feelings within the child.

You may never really know what's troubling them, but it's very comforting for a child who can't yet understand themselves if they feel that a grown up is trying to do the understanding for them.

Useful Understanding Childhood leaflets
Sibling rivalry
Separation and changes in the early years

Temper tantrums

Your child is coping with strong feelings all day long. If they're managing to keep on a reasonably even keel they're doing well, but there are bound to be times when they can't cope.

When your child throws a temper tantrum they are showing you what it feels like inside them when they can no longer cope. This could simply be because they are exhausted or overwhelmed.

They are not doing it just to get attention. They have a tantrum because they can't tell you in words. They scream and throw

themselves around because they feel their big self has exploded.

They are probably scared, as well as angry, because their rage seems so powerful and dangerous and they have lost their picture of Mummy and Daddy as helpful or friendly.

They don't need you to come up with a solution or to buy them off with treats (though every one has done that at times). They do need to see that you can feel upset and helpless but still keep them safe from hurting themselves, take care of both of you and go on loving them.

Is there a real problem?

Sometimes parents feel that their child's temper tantrums are not just the ordinary sort that they will grow out of.

Perhaps they feel that their child has never really started talking or doesn't enjoy playing or being with other people. They may be restless and destructive as if they can't take pleasure in anything. And – most painful of all – parents in this situation may feel that there is a barrier between themselves and their child.

If you have concerns of this sort, it is important to ask for specialist advice. It is not a good idea to just leave things in the hope that they will sort themselves out.

How can parents cope?

Coping with your child's tantrums doesn't mean trying to stop them being angry – it means coping with how angry they make *you* feel. In the heat of the moment it is easy to become just as angry as your child and to scream back. You are not expected to be perfect parents but you *are* expected to be able to control your own feelings when your child's feelings are out of control.

As parents we feel helpless, embarrassed or exposed if our children have tantrums in public. Even at home there are going to be times when they drive us too far.

Firmness is important, but so are understanding and tolerance. Simply telling a child to behave better doesn't give them the strength to control their feelings. They can only learn slowly how to share with other children and to accept people saying 'no' when they want something.

Children learn by example, so they learn that it is possible to be distressed or angry without throwing a tantrum through seeing us struggling to cope with our own frustration or worry.

Getting to the end of your tether

Sometimes parents feel they are no longer able to keep going. They may become frightened that they will injure their child physically or emotionally.

You may feel you don't have enough help and support. You may have too many worries on your plate. You may feel depressed or unwell.

If you feel this is happening to you, for the sake of your child and yourself, you should seek help to sort out what's wrong.

Useful Understanding Childhood leaflets
Postnatal depression

Some helpful practical tips

- Unless they are doing something dangerous, or could accidentally hurt themselves, count to 10 before doing anything at all.
- Try not to get drawn into an argument about exactly what started it – they really are beyond reasoning with.
- Don't ask more of them than they can manage.
- Try to avoid saying things just to hurt them back – especially threats of leaving home or having them put away. You may not mean it but they don't know that.
- Don't worry about them growing up to be a monster. The temper tantrums of a two and three year old will start to tail off – but only slowly. It may take two or three years.
- Try to remember that through their tempers they're learning important lessons about themselves – and both of you are practising for when they're a teenager!

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

Sure Start
There are a number of Sure Start programmes in the UK offering services and information for parents and children under four. To find if there is one in your area contact:
Phone 0870 0002288
Web www.surestart.gov.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 and early years services 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

Written by Judy Shuttleworth

ISBN 1 900870 01 0
Illustrated by Jan Lewis
Design by Susan Clarke for Expression, IP23 8HH

Enquiries to:
The Administrator
Understanding Childhood
PO Box 235
Hythe
Kent CT21 4WX

e **info@understandingchildhood.net**
w **www.understandingchildhood.net**

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

It's not just the hormones...

Scientists are discovering the real reasons for the hell of adolescence, writes Vivienne Parry

Thursday March 3, 2005 The Guardian

Something very strange happens at puberty, when truckloads of hormones begin arriving by the day. Children who were once sweet, helpful and good fun to be around turn, almost overnight, into grunting creatures, who wear nothing but black, lie abed until noon and consume 5,000-calorie snacks (followed immediately by saying that they are still hungry).

They are spotty, frequently smelly, and grow out of every item of clothing they have in the space of a few months. Their boredom threshold plummets and they do not seem able to concentrate on anything for more than five minutes at a time. You begin to wonder whether your child is a changeling, swapped with your own by an alien from the Planet MTV while you weren't looking.

Teenagers are trapped in limbo, neither children nor adults. An excruciating mix of vulnerability and potential, which by turns engages, inspires and alienates adults – everything they do has a high intensity feel about it. We know this because our own adolescent experiences - our first kiss, the first time we fell in love, the first time we drove a car alone - still burn brightly 30 or 40 years on.

There is a darker side, too - soaring rates of serious accident, illicit use of drugs or alcohol, risky sexual behaviours and their consequences and the first signs of emotional disorders which may be lifelong. Teenagers seem to be the very embodiment of hormonal mayhem – or are they? The truth about teenagers and hormones is not what you expect.

Puberty is an extraordinary hormonal event and humans are lucky in that they only have to go through it once -not the norm in the rest of the animal kingdom. Most animals do not become sexually active, and then remain so as we do, but go through the trauma of multiple hormone onslaught every new breeding season.

Human puberty is also unusual, because unlike all other animals, there is a gap between the time reproductive hormones first appear and the prime reproductive age. Boys become fertile at around 13, whilst they are still puny and unappealing. Girls on the other hand, acquire a womanly shape at puberty yet are relatively infertile for several years thereafter. It's not as far out of sync as it appears; the conjunction of top male specimen at around 20 and fully reproductive female at 18, is reflected in the average age of first birth across all cultures of 19 years of age.

The first hormone event which will lead to puberty is largely hidden from us. Between the ages of six and eight, the adrenal glands on top of each kidney start to step up secretion of androgens such as DHEA (dehydroepiandrosterone), which the body uses as construction material for the manufacture of other steroids. These androgens prime hair follicles for pubic hair growth and make the skin greasier. Body odour is also a key feature. Parents first notice this change at their children's parties, when 20 rampaging seven-year-olds are noticeably whiffy in a way that they were not when younger.

The next big change involves the reproductive hormones. The hypothalamus, a part of the brain located roughly behind the eyes, is the grand vizier of the hormone system in the body and is connected by a stalk to the pituitary gland, which dangles beneath it. In adult men, and in women of reproductive age, it is its constant pulses of gonadotrophin-releasing hormone (GnRH) that tell the pituitary to secrete its hormones, which then act on ovary and testes to produce eggs and sperm, and also the hormones oestrogen and testosterone. These have a profound influence on behaviour as well as body shape, turning a child into a sexual adult. During childhood, there is no production of GnRH, almost as if a brake had been applied. Only when that brake is released – and no one is quite sure what the signal for this is – does puberty start.

In boys, luteinizing hormone (LH) from the pituitary stimulates production of testosterone by cells in the testes. Simultaneously, levels of the substances that keep testosterone under lock and key in the bloodstream (sex hormone binding globulins) decrease, thus making even more testosterone available - in total, up to 50 times more than was experienced before puberty. That is some hormone rush.

Once oestrogens and testosterone begin to appear, it is their impact on body form which provides the most dramatic expression of adolescence. Oestrogen stimulates growth of the womb and breast but also determines the shape of the female figure by re-arranging the deposition of fat. In boys the consequence of testosterone is also to sculpt the body, increasing lean body mass and shaping features as well as to promote body hair and beard growth.

One minute, teenagers behave like adults, the next, like a retarded chimpanzee

Teenagers get a rush from intensity, excitement and arousal. Loud music, big dippers, horror movies? That's where you'll find teenagers. In some teens this thrill-seeking and quest for novelty is subtle and easily managed. In others, the reaction is more severe and can become out of control. This is reflected in the statistics for teenager deaths, three quarters of which result from accident or misadventure.

It is tempting – indeed it has always been assumed - that such behaviours are entirely hormone-driven. After all, aren't teenagers hormones on wheels? From all that I have said so far, it seems logical. But links between hormone levels and poor behaviour in teenagers are either weak, or non-existent.

Nevertheless, if the number one risk factor for homicide is maleness (as it is) and the second is youth, and given that boys have loads of testosterone, and girls don't (or certainly not nearly as much), surely this must put testosterone in the dock as the cause of aggressive adolescent behaviour?

Actually not. First, there is no consistent relationship between normal circulating testosterone levels and violence in teenagers. In fact, there is a rather better correlation between high testosterone levels and levels of popularity and respect from peers. One hypothesis is that teenage boys pick up cues from the environment and use them to determine "normal" behaviour. This is illustrated by recent work from the MRC unit at the Institute of Psychiatry which shows that it is not testosterone levels that determine your waywardness as a teenager, but basically, the people you hang with. Keep the company of bad boys, and you will take your behaviour cue from them. Hang out with sober sorts and your behaviour will be like theirs. As we all remember, being split up from your best mate is a peril of adolescence. "They're a bad influence on you" is the general gist of parental or teacher wisdom on this one. Oh dear. The ignominy of the Institute of Psychiatry proving Miss Mansergh, year nine form teacher, right.

Deprivation may be a more important determinant of teenage violence. The theory - and there is a wealth of literature on this subject - is that if low-status males are to avoid the road to genetic nothingness (the words of neuroscientist Steven Pinker), they may have to adopt aggressive, high-risk strategies. If you've got nothing, you have nothing to lose through your behaviour. Certainly, in humans, both violence and risk-taking behaviour show a pronounced social gradient, being least in the highest social classes and most in the lowest ones. This is surely not what you would expect if testosterone were the only driver of violence.

Another clue that testosterone is not the whole story here is that teenage girls, while not as violent, certainly rival boys for downright bloody-mindedness during their adolescent years. Worse, I can hear some parents say.

The thing that is really irritating about teenagers (and by now you will have guessed that I have two teenage boys) is that one moment their behaviour is that of adults, while the next it is that of a not very bright three-year-old, or possibly, a retarded chimpanzee. Or an amoeba. The rapid oscillation between child and adult is one of the hallmarks of the teenager.

In fact teenage brains are going through a process of maturation, and it is this maturation which many now believe to be responsible for much of the behaviour that we classically attribute to hormones. These changes are independent of hormones and are a function of age.

It has only been discovered very recently that there are two main features of brain maturation that happen to coincide with puberty. Previously it was believed that the brain was pretty well set by adolescence but only in the last couple of years, and to everyone's surprise, it has been realised that maturation is not completed until late teens or even early 20s. One feature is that myelin, a sort of fatty insulating material, is added to axons, the main transmission lines of the nervous system, which has the effect of speeding up messages. The other feature is a pruning of nerve connections, the synapses, in the pre-frontal cortex. This is an area of the brain which is responsible for what is called executive action, which is a shopping list of the things that teenagers lack - such as goal-setting, priority-setting, planning, organisation and impulse-inhibition. During childhood, for reasons that are not clear, a tangle of nerve cells sprout in this brain area, which lies behind the eyes, but during puberty, these areas of increased synaptic density are then reduced by about half, presumably to increase efficiency.

These changes in the adolescent brain that occur around the time of puberty primarily affect motivation and emotion, which manifest themselves as mood swings, conflict with authority and risk taking. This new information has altered thinking about the effect of hormones on teenagers, because it has been realised that what we would call typical adolescent behaviour is not actually the result of hormones alone. For example, it is not just testosterone that drives risk taking, but the inability of the immature brain to assess risk properly that gets them into trouble.

This has particular implications for sexual behaviour. Female adolescents have, thanks to their hormones, the body shape of a woman. In male adolescents, testosterone is driving them to think of sex every six seconds (as little as that?). Meanwhile, their reasoning is temporarily disabled while their brain sets up the "under reconstruction" sign. It's a recipe for disaster.

The remodelling of the cortex helps explain another feature of teenagers: their astonishing level of self-centredeness. For a while, as their brain is undergoing changes, they find it hard to recognise other's emotions. If you show teenagers pictures of faces, they will be some 20% less accurate in gauging the emotions depicted, not recovering this ability until they are 18 or so. This may be one of the reasons why they seem unable to read the signs, when treading on thin ice with their behaviour, with no appreciation of the impact of what they are doing on those around them. Teenagers exist in a universe of one.

Is there any hormone link to high-risk choices in teenagers? It is likely not to be testosterone, at least not initially, but the stress hormone, cortisol which returns us to deprivation. Stress during early life raises cortisol levels, so increasing behavioural problems (such as hyperactivity), tending to make children more aggressive, less affiliative and more likely to perceive others as threatening. Stress in either pregnancy or in early life permanently resets the stress response of the child, so that there is an increased reaction to stress - it's called hyperarousal. A stressed child, for instance, when meeting someone new (even in a familiar environment) will withdraw and refuse to make eye contact, rather than chat happily. This increased stress response plays out in reduced life expectancies because cortisol affects almost every body system. It is also closely linked with depressive illness in later life.

Their reasoning is temporarily disabled while their brain is 'under construction'

So testosterone plays a part here only after the fact. Aggression and stress raise testosterone levels. Aggression and stress also reinforce each other at the biological level. Animal work reported in the journal Behavioural Neuroscience recently suggests that there is a fast feedback loop between stress hormones and the hypothalamus, which allows aggressive behaviour to escalate.

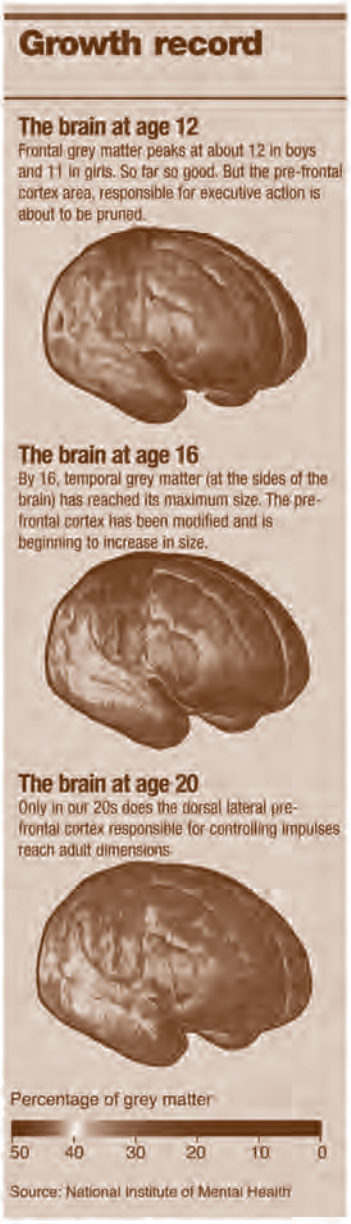
Another example of how hormones

play only a minor role in the drama of adolescent life is to do with sleep. As every parent knows, teenagers find it very hard to get out of bed in the morning and to go to bed at night. Compare and contrast with what they were like as five-year-olds, when you had trouble keeping them in bed beyond six in the morning. Actually, this isn't just your teenagers being difficult, for a subtle biological shift in sleep patterns occurs during puberty, probably to ensure more sleep during rapid growth. There is an increase in the level of the hormone melatonin, which is the slave of the body clock, released during hours of darkness and intimately involved with sleep patterns. The effect of this change is similar to that of shifting the hapless teen through several time zones on a transatlantic flight, resulting in their classic school holiday sleeping pattern of 2am until noon.

Come term-time, the teenage body is in disarray as it is forced by a 7am wake up call - while still on Planet MTV time - to gather itself together, even though it thinks it's four in the morning. These jetlagged teenagers have come around by the end of the week to Parental Time Zone hours, only to wreck themselves with another bout of 2am to noon sleeping at the weekend. Many become chronically sleep-deprived, with all the implications for behaviour that implies - irritability, inability to concentrate, poor attention span – which is inevitably reflected in their school performance.

For all their maddening traits, teenagers are still glorious creatures. Full of promise and potential. The truth about hormones may help us understand them a little better.

Growth record



Teenage myths, so hard to beat

Fried food gives you spots

Acne is common in both sexes during adolescence. Mums tell their teens that their spots are the result of eating too much chocolate or fatty food. Not enough fresh air (as in, you've been in your room too long) is also proffered as a cause. Actually, it is the fault of your hormones, not your diet. There is an abnormal response in the skin to normal levels of testosterone in the blood. This has a profound effect on appearance for some unlucky people. The response is self-limiting and goes away with time, but there is no way of predicting how long it will take - it can be a couple of years or decades.

You won't grow up to be a six-footer if you don't sleep at night

Adolescence is marked by a huge surge in growth hormone production. The secretion of growth hormone is carefully timetabled in a pattern that persists through puberty. Growth hormone is released principally at night during sleep, short bursts, every one to two hours during the deep sleep phase. So when your mum says "if you don't go to bed now, you won't grow up to be big and strong," she's right. If onset of sleep is delayed, so is onset of growth hormone release. Children who are deprived of sleep are smaller than they should be.

The surge of GH follows that of increasing levels of GnRH. The relationship between these two hormones is not a direct one, however, but an indirect one, involving oestrogen. The idea that a female hormone is driving growth in boys as well as girls, is counterintuitive at first, but it explains much about the gender differences in growth. Before the onset of the teenage growth spurt, boys grow very slightly faster than girls, but a girl's growth spurt starts about two years before that of boys between 12 and 14. For some four years, girls are, on average, taller than boys. But by adulthood, men are on average 14cm taller than women. This difference is almost entirely due to what happens at puberty – for boys grow on average for two years longer after puberty. It also helps explain why girls grow earlier and faster than boys - it's because they have oestrogens which pump up the production of growth hormone.

The age of puberty is falling

The age of puberty (or rather first period) was 17 in the mid 19th century and is now about 12. This is largely due to better nutrition: a hormone produced by fat, leptin, seems to permit puberty in girls when body fat reaches a certain percentage of body weight. It is probably not the trigger for puberty. The sedentary nature of many children may also have contributed to a lowering in puberty age. Hower, after many decades of fall, it seems to have stabilised, and indeed, some European countries, including the UK, have seen a modest rise in the age of girls at their first period.