

School-Age Child Guidance Technical Assistance Paper <u>#2</u>



School-age Child Guidance

High quality out-of-school time programs promote school-age children's emotional and social development as well as their academic achievement. School-age children who attend high-quality out-of-school time programs have better peer relationships, emotional adjustment, and conduct in school. To have this desired effect on children's lives, school-age programs must have thoughtful, consistent, positive approaches to child guidance that are appropriate to the age and individual needs of children. The purpose of this technical assistance paper is to help provide additional information and assistance about EECapproved child guidance practices.



EEC regulations require teachers/providers to develop and to use child guidance policies in a consistent, reasonable and appropriate way, based on an understanding of the individual needs and development of a child.¹

Developmental stages of school-age children



To provide positive guidance, school-age program staff must have sound understanding of the stages of children's growth and development. Staff needs to understand that children's growth and development occurs in stages that blend together to form a continuum of learning. Moreover, not all children develop at the same rate.

By the time they enter elementary school children have already learned many social

behaviors.

Between the ages of 5 and 14, children become increasingly independent and peeroriented, but continue to need direction, encouragement, and support from the important adults in their lives, including their parents, teachers, and school-age

¹ EEC Group Child Care Regulations 7.10(1).

program staff. Below are some age-appropriate norms of healthy child development. Remember that, within each age range, there is wide variation in children's understanding and behavior.

5 to 7 year olds may:

- Think through problems in their minds;
- Have Increased attention span;
- Have difficulty sharing and taking turns;
- Have difficulty controlling their behavior in group situations;
- Like teamwork and following rules; They may disagree about what rules say and what is fair;
- Become increasingly independent; and
- Hide their feelings, fears, and worries from adults.

8 to 11 year olds may:

- Negotiate and compromise with peers and have expanded reasoning skills for problem solving;
- Develop their own games with complicated rules and may argue when they think someone has broken the rules;
- Learn to use good judgment;
- Learn to accept responsibility for their actions; and
- Do more and more on their own, without the need for adult supervision or direction.

12 through 14 year olds may:

- Negotiate, compromise, and solve problems;
- Test program rules and adult authority and talk back to staff members;
- Mimic teen-age behaviors;
- Have their judgment tested by strong peer group influences;
- Use profanity in regular conversations with their peers (rather than in anger) to be "cool."
- Test the limits of their physical skills; and
- Begin to think in abstract terms and consider the consequences of their actions.

Prevent Problems from the Start

Research shows that attempts to punish or shame children into different behaviors are ineffective. In fact, shaming and punitive measures most often have the opposite effect—they escalate the very behaviors they seek to eliminate. What does work is positive, consistent, and firm guidance that both models and teaches these sought-after behaviors. A program's policy for guidance, discipline, and behavior management should outline:

- The program's philosophy for child guidance
- Strategies for preventing problems
- Techniques for intervening in problems
- Processes for setting program rules and consistency in applying them
- Routine communications with parents regarding children's behavior

• Teaching child guidance is not easy. It is complicated. At different times it involves preventing problems, taking immediate action, using new techniques, letting go of old techniques, giving choices, taking risks, changing attitudes, being firm, being understanding, having rules, being flexible.

Effective child guidance begins long before problems start. School-age staff should assess their program environment, their daily schedule of activities, the rules they expect the children to follow, and observe the children in their program on a regular basis. The program administrator should assess staff's ability to appropriately model the social skills they want children in their program to observe and participate in. The program should provide training to staff to enhance their abilities to do so. Staff should incorporate program activities that promote positive social interaction

and empathy for others into the curriculum.

Responding to Challenging Behaviors

Many school-age programs are serving children with challenging behaviors. Challenging behavior can take many forms, including physical or verbal aggression toward peers or staff, refusal to follow program rules, self-injury, property destruction, withdrawal from program activities, prolonged tantrums, and being disrespectful to staff. It is important that program staff recognize that inappropriate behavior may stem from underlying problems in the child's life.

Fundamental Expectation

- School-Age child care children should never be ordered around or shamed. SACC children should be offered the power to choose what they are going to do to correct a situation. The adult role is to guide, not to punish.
- This is true even with children who need a cooling-off period. Adults might say to a child, "You seem tired. Would you like to have some quiet time or do you want to keep working with us on this activity?" Adults should allow the child the power to choose what she really needs at that moment.
- If a child clearly needs a cooling-off period, limit the choices so that a cooling-off is unavoidable. The adult could say, "Would you like to cool-off out here or in the site director's office?" This gives the child the power to choose where the cooling-off will happen.

Some possible causes of challenging behaviors include:

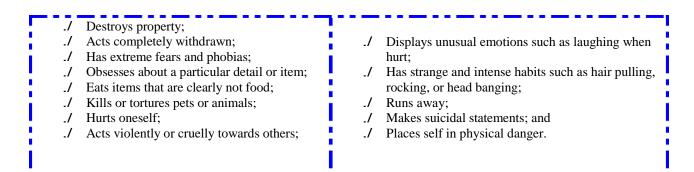
- A child is seeking more adult attention. By acting inappropriately, the child succeeds in getting more adult attention. To break this cycle of negative attention seeking, program staff should acknowledge the child's positive behavior.
- A physical condition can contribute to a child's behavior: Health problems and conditions such as illness, allergies, and disabilities, lack of sleep, poor nutrition, or hunger can adversely affect children's behavior. Learning disabilities and conditions such as attention deficit disorder (ADD) can cause a child to have both academic and behavioral problems. When a child frequently has difficulty behaving appropriately, the possibility of physical causes should be considered.
- A child's challenging behavior may indicate his/her desire to have more control over his/her life circumstances: A child may have few opportunities to make decisions or have control over his/her life.

When a child repeatedly exhibits challenging behaviors his/her parents, school-age program staff, and if possible, school teachers should meet to discuss the possible causes of the behavior and develop a behavior and safety plan to reduce the problem behavior and to encourage more appropriate behavior. The child should also be involved in creating the plan.

 Children with challenging behaviors should have a <u>safety</u> <u>plan</u> developed by the program and "in place" for that school-age child. All program staff should be made fully aware of the plan.

Severe Behaviors

Some children have behavior problems that seriously endanger themselves, other children, and program staff. Severe behavior problems usually reflect emotional problems. Some signs of emotional problems are the following:



Children, who exhibit these behaviors often over time, may have been traumatized by abuse, neglect, or a violent event.

Program staff should observe all children in their program daily and keep detailed, objective notes, which focus on factual statements about the child's behavior not opinions. Good objective notes can assist parents and other professionals in determining appropriate interventions to help the child. On a day-to-day basis, staff should discuss their concerns with the child's parents and request written permission to refer the child for an evaluation. If the parents refuse, program staff should continue to maintain written observations of the child's behavior and communication, and continue to routinely share information with the child's parents.

Emergency Situations

A basic expectation of an after-school program is to keep the children safe. Schoolage program staff have a great responsibility to ensure the safety of the children in their care. Adults should model positive behavior and supervise children with an eye out for potentially harmful situations. Adults need to respond appropriately if SACC children are engaged in behaviors that may lead to any dangerous activities. Adults should not raise their voices in anger to children. If a child is upset, staff should use a calm, steady voice, and try to determine what is needed to help Page 6 of 9 resolve the problem. Perhaps the best safety measure is knowing the children based on their adjustment to the program, intake information, information from others involved in the children's program plans, and communication with the children's parents.



Responding to children who place themselves or others in imminent harm requires a great deal of skill, tact, and calm on the part of program staff. In dangerous situations, staff must always consider the immediate safety of the child, other children in their program, as well as their own. Before responding to a school-age child who is out of control, program staff should consider the personality and habits of the child as well as the child's physical size and temperament to decide on an appropriate intervention. Adults should give children having a tantrum space while trying to deescalate the situation.

School-age programs should develop a safety response plan for such emergency situations that includes assistance by all program staff. All adult staff should be familiar with this

protocol. Adult staff can be the voice of reason and provide a safe space for an angry child as well as a safe program for all of the children.

Appropriate Interventions

Interventions with children should be safe and appropriate for the situation and should vary based on the age and needs of the child. Interventions should be limited to actions that are comforting or supportive to the child experiencing the difficulty. The school-age child care program's "Child Guidance Policy" should describe methods of appropriate interventions staff should use with school-age children in both routine and serious child guidance situations.

Physical Restraint

In accordance with EEC licensing standards, physical restraint **<u>must not</u>** be used as a means of controlling a child or in response to a child's behavior. School-age staff should never physically restrain a child for this purpose.

However, if a staff member determines that a child is about to harm himself or another, the staff may, for safety reasons, *supportively hold* a child to avert a child's imminent self-injury or injury to others, when the child is willing and able to be held. The manner and form of the supportive hold must be as gentle as possible and as *least restrictive to the child as possible*. Assess the situation. If the child cannot regain control contact the child's parents or guardian. Contact police if necessary. Remove other children from the area and monitor the child until parent/or guardian or police arrive.

Once in control the child and staff should process the incident. To process the incident the group leader or administrator and school-age child should go over what triggered the incident and discuss what could have been done differently to avoid the situation in the first place. Processing should be done without placing blame on the child or recreating the situation. Check with the child to make sure that s/he is not injured and decide with the child when s/he is ready to rejoin the group in their activity. The program should document all incidents in accordance with EEC regulations and the program's internal policy.

Referral for additional services

When approved child guidance strategies do not prove effective, seek outside intervention to help the child. Secure the help of a mental health consultant when the program's child guidance techniques do not appear to be effective



Fortunately, there are individuals and agencies that can support school-age child care providers in addressing the needs of children who have extraordinary behavioral challenges.

Children with mental health problems need to be referred for mental health services.

The following resources may be helpful for additional information about child guidance issues:

- Local community mental health agency related to educational testing, counseling services, therapy and/or behavioral consultation. The Department of Social Services when an abuse or neglect issue is suspected;
- Child witness to violence program and local battered women shelters;
- Local education authority for information regarding special education services, CORE evaluations and 504 Accommodation plans for the child;
- Local Child Care and Resource and Referral agencies for information about customized child care searches and placement information for parents of children with special needs, local training opportunities either facilitated by the CCR&R or another community resource, and information about their resource library and how to access it as well as information about other local resources;

 Regional EEC Child Care Licensing Specialist for technical assistance regarding child growth and development matters, licensing concerns, licensing regulation or policy interpretations; and Regional EEC Policy and Training Advisors or Regional Contracting and Monitoring Coordinators for information on subsidy resources including flexible funding for children with disabilities or a mental health diagnosis.