[Research Paper]

Middle childhood and adolescent development

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Research question: What are the patterns of typical development through middle childhood and adolescence? What are the typical stages of functional ability?

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1. Contents

2. Summary

Children face different challenges at different age stages of their development; therefore, this research is divided into middle childhood (6-11 years) and adolescence to late teens (12-18 years). Research for early childhood (0-5 years) can be viewed in the TAB research paper Research - Expected abilities and challenges for children under 5.

Middle childhood is the period where formal education is started. In Australia, most children have started primary school by the time they turn 6 years old. Factors that influence a child's academic achievement include school readiness, the child's motivation and learning orientation, parental attitudes, and the classroom and school environment and policies. During middle childhood, children begin to develop independence by spending greater amounts of time away from home while they are at school, with peers or participating in extra-curricular sporting and social activities, however parents and family still play a key role in their overall development.

In Australia, most children have started secondary school the year they turn 12 years old. At this level, students typically spend 7 hours each weekday and just over 1 hour each day on the weekend to complete their educational activities. This includes going to classes, participating in extracurricular activities such as sport or music, and their homework. Some children find the transition from primary school to secondary school difficult and become disengaged from their learning, which can result in long term negative consequences for their academic performance and their health. Through adolescence, many teenagers will start a part-time job either around school hours or over the school holidays. Having a job can boost independence as they learn commitment to a new task, have the opportunity to learn new skills, get ideas for their future vocation, and earn some money for things they would like to purchase. Teenagers can apply for their driver's learner permit by time they turn 16 years old.

3. Middle childhood (6-11 years)

3.1 Social-emotional development and relationships

Children in middle childhood spend less time with their parents than during early childhood but continue to make many demands on parents (Louw & Louw, 2020). This includes parents transporting children to activities, supervising and assisting with homework, and supporting the child's behavioural learning in different contexts (e.g., school, community). During these years, children gradually become less dependent on their parents and want opportunities to make decisions affecting their life (Louw & Louw, 2020). As children demonstrate increased capacity to complete activities and make thoughtful decisions, effective parents gradually allow the child to have greater responsibility (Louw & Louw, 2020).

Self-regulation.

Self-regulation is the ability to manage behaviour and reactions to things happening around you, and includes (Raising Children Network, 2021a):

- Regulation of reactions to strong emotions like frustration, excitement, anger and embarrassment

- Calming down after being excited or upset

- Focussing attention on a task by ignoring surrounding distractions

- Impulse control to enable turn taking in games or sharing stories

The brain area responsible for self-regulation, the prefrontal cortex, is not fully developed until around 25 years of age. This means that while children in middle childhood have better regulation than when they were in early childhood, they can still struggle at times with impulsivity and an inability to regulate strong emotions (Bertoldo, 2020; Raising Children Network, 2021a). Children in middle childhood need the opportunity to learn how to self-regulate in different challenging situations, which can be provided through observing how parents or carers deal with frustration or their modelling of coping strategies during stress (Bertoldo, 2020), such as going for a walk or mindfulness (Raising Children Network, 2021a), and at their school through explicit social and emotional learning programs.

Raising Children Network (2021a) suggests the ability to self-regulate can be impacted by tiredness, illness and changes to routine. Additionally, some environments may be more difficult to self-regulate in than others (e.g., noisy crowded areas are often more difficult). It may be beneficial to seek professional help if a child has more tantrums or difficult behaviour than their peers, behaves in a dangerous manner for themselves or others, if positive behaviour strategies parents implement are not working, if they have difficulty interacting well with others, or if they do not have as many communication and social skills as other children their age (Raising Children Network, 2021a).

Emotional development.

During middle childhood, children show an increasing ability to understand complex emotions such as pride and shame and they can understand that more than one emotion may be experienced in a particular situation (Louw & Louw, 2020). There is greater ability to suppress or conceal their negative emotional reactions, which is associated with greater social competence and lower problem behaviour. Parents can support their child's emotional development by talking about emotions of characters in books or movies, help children recognise emotions and how their body feels at the time (e.g., nervousness = butterflies in tummy), teach their child to count to ten or breathe when feeling strong emotions (Raising Children Network, 2021b). Additionally, parents influence emotional development through children observing their reaction to difficult situations and through explicit instruction to their children; parents need to be aware and in control of their own feelings and non-verbal language when communicating with their child (Louw & Louw, 2020). Some children may need extra support with emotional development, for example if they make poor decisions due to frustration or feel strong emotions that are out of proportion to the problem (Raising Children Network, 2021b).

Influences on social development.

Children are exposed to many social learning experiences in middle childhood that can influence their development.

- Parents and carers can contribute to child social development in the following ways:

  - Direct instruction – explaining values and attitudes to their children; explicitly informing and advising on specific social situations; scaffolding/building social skills through different experiences according to the child's current level of functioning (Louw & Louw, 2020).

  - Indirect socialisation – through everyday actions with their child, parents model skills and communicate social information and rules. Parents' response to social situations, such as being understanding and helpful or aggressive and intolerant can model social behaviour to their children (Louw & Louw, 2020)

  - Social manager – parents manage children's social experiences and social lives, including exposure to different people, activities and information. Parents can choose certain types of environments, such as home, neighbourhood and school. Parents actively select their children's activities, set rules around children's friendships and whereabouts, and monitor children's behaviour from a distance. This can create a burden on some children who need to adapt to new routines and social scripts, and to changing parental expectations about their behaviour (Louw & Louw, 2020).

- Sibling relationships – siblings are an important source of support for children in middle childhood, however sibling rivalry also tends to increase as children get older (Louw &

Louw, 2020). Sometimes children feel that their sibling gets more attention or more material resources than themselves, triggering resentment. Occasionally sibling bullying can occur, which is linked to competitive and hostile sibling relationships.

- Peer relationships – in middle childhood children tend to interact more with other children of their age and gender, which tends to give an opportunity for social skills development including cooperation, negotiation, and compliance with peer-group rules that lead to acceptance (Louw & Louw, 2020). As children are becoming better at controlling their emotions, they play games that involve rules, winning and playing fair (Raising Children Network, 2022a).

- Friendships – middle childhood sees the emergence of loyal and faithful friendships built on personal qualities. Friendships at this age are becoming more complex, and it is normal for children to have fewer friends than in early childhood due to the selective nature of friendships at this stage (Louw & Louw, 2020). Friendships are fairly stable over middle childhood, and through this relationship children learn about emotional commitment – friendships can survive disagreements and tolerate criticism when friends are secure in their liking for each other (Louw & Louw, 2020).

Challenges.

- Bullying – being bullied can affect a child's confidence and self-esteem.

- School refusal – some children may become upset and agitated at the thought of going to school. This may manifest as emotional dysregulation, complaints of physical illness, and/or anxiety symptoms such as sleeplessness. Understanding the reason for school refusal can help parents and teachers work out a solution (Raising Children Network, 2021c).

- Difficult behaviour – challenging boundaries and rules is normal through pre-teens and adolescence as children test out independent ideas and ways of behaving (Raising Children Network, 2021d). This can involve disrespectful behaviour towards parents or risk-taking behaviours. If it extends to mood changes, school absenteeism or withdrawal from previously enjoyed activities then seeking professional support from school counsellors and/or their general practitioner may beneficial (Raising Children Network, 2021d).

- Understanding and managing difficult emotions – strong emotions can be overwhelming for children and they may need support from those around them to help calm them because: they are still developing self-regulation skills, they don't always have the words to express how they feel, they may have a temperament that makes them feel things more strongly, or they might find it hard to calm down in certain environmental (such as busy, noisy shopping centres) (Raising Children Network, 2021e). Parents and carers can support their children to calm down by staying calm themselves and supporting their child while they calm down. Some children with aggressive behaviour, such as children with autism spectrum disorder or attention deficit hyperactivity

disorder, may need extra support to manage their strong feelings and control impulses – this support can be guided by their therapist/care team (Raising Children Network, 2021e).

- Body image and eating problems can emerge in middle childhood as children become more aware of their body and changes due to puberty (Centers for Disease Control and Prevention, 2021a).

3.2   Mental health

Mental health is described as how children think and feel about themselves and the world around them and can impact how children manage challenges and stressors in their life (Raising Children Network, 2021f). Raising Children Network (2021f) suggests that good mental health in this age group looks like:

- Children feeling happy and positive about themselves *most* of the time

- Children are kind to themselves when times are difficult or when things do not go as planned

- Children appear to enjoy life, learn well and get along well with family and friends

- Children can manage their sad, worrying or angry feelings and bounce back from tough times

- Children are prepared to try new or challenging things.

Mental health is linked to resilience, the ability to 'bounce back' after a challenging event or adapt to changing circumstances (Raising Children Network, 2021g). To support a child's mental health, parents can: tell their child they love them unconditionally, use positive and consistent approaches for behavioural learning and consequences, be available to talk and listen each day, and take time to enjoy doing activities together regularly (Raising Children Network, 2021f).

Mental Health Disorders.

Data from the *Young Minds Matter* survey, a household survey conducted in 2013-14, estimated that almost 14% of Australian children aged 4-11 years experienced a mental health disorder in the preceding 12 months. Of these 72% were considered a mild mental health disorder, 20% moderate and around 8% were considered severe (Australian Institute of Health and Welfare (AIHW), 2022). The most common disorder was attention deficit hyperactivity disorder (ADHD), followed by anxiety, conduct disorder and major depressive disorder (AIHW, 2022).

Diagnosis of a mental health disorder places the child at risk of school absenteeism, with the greatest amount of school missed for children with major depressive disorder (average 14 days per year). On average, children with ADHD miss around 4 days per year of school

(AIHW, 2022). Additionally, average NAPLAN scores in the 2013-14 survey were lower for children with mental disorders (AIHW, 2022).

3.3   Speech and language

Children in middle childhood develop their language skills through watching others and by practicing their reading, talking and listening at home and at school with teachers and friends. Play provides the opportunity for children to practice their language skills, however parents who can take the time to read with their child, sing songs together, tell jokes, discuss the day and ask open ended questions, and chat while doing activities with their child can help to further develop their child's vocabulary and language skills (Raising Children Network, 2021h).

Speech.

At around 5-6 years old, a child's speech should be mostly clear and easy to understand however some immature sounds may still be evident; by 7-8 years old there should be no noticeable errors in speech sounds when talking and an unfamiliar person should understand almost everything the child says (Kid Sense Child Development Corporation, n.d. a; Raising Children Network, 2022b).

Language.

Raising Children Network (2021i) suggests a child at 5-6 years old will know many sounds that go with different letters of the alphabet and start to understand these sounds make up words. By 6 years old most children have started to read simple stories based on high frequency (e.g., and, the, that) and phonetic words (e.g., dog, cat, bin). Children this age can start to combine words to form active sentences (e.g., the cat chased the dog) and understand passive sentences (e.g., the dog was chased by the cat) (Raising Children Network, 2021i), however word tense and grammar can still be challenging (Raising Children Network, 2021h). The ability to form correct sentences will continue to improve over the next few years (Raising Children Network, 2021i). By 6 years old, most children can understand and follow three-step directions they are given (Raising Children Network, 2021i).

Children aged 6-7 years start to understand that single words can have different meanings depending on context (e.g., 'cool' as in cold and 'cool' as in awesome). They start to use longer words by joining two together (e.g., whiteboard) and understand that adding prefixes and suffixes to words can change the information (e.g., wrap and unwrap, teach and teacher) (Raising Children Network, 2021i).

At 8 years old many children will understand most of what they are reading and can read their grade-level texts on their own (Raising Children Network, 2021i). Children start to understand non-literal language, sarcasm and jokes that use language in an abstract way (Louw & Louw, 2020). They can express ideas, explain their thoughts and describe in detail what happened through the day (Raising Children Network, 2021h). Children at 8 years old will start to form compound sentences using words such as 'but' or 'because' to join sentences together. At this age, children start to get better at telling and writing stories by adding more details, using more

interesting vocabulary and making them longer with a logical sequence (Raising Children Network, 2021i).

Challenges.

Raising Children Network (2021i) suggest seeking professional help for language development if:

- At 6 years old a child is difficult to understand or does not speak in full sentences, has trouble following two step directions or has stopped using language they once had, or

- At 8 years old a child has a stutter or lisp when speaking, has difficulty following instructions or has stopped using a language skill they once had,

- If a parent/carer or teacher suspects a learning difficulty such as dyslexia or a disorder such as auditory processing disorder.

Children who have ongoing speech errors/difficulties may experience problems with socialisation due to their language delay. The speech errors may impact fluency and clarity of speech, result in trouble with spelling due to articulation errors, and impact expressive language development (Kid Sense Child Development Corporation, n.d. b).

Self-regulation and temperament can affect a child's conversation skills. Some children interrupt other people when they cannot control their own urge to speak, which can affect their social network. When children are 6-7 years old, children should know they can interrupt if something urgent or dangerous is happening but in other situations they should be taught to wait by being reminded about not interrupting, teaching them to say 'excuse me' and then waiting for their turn, and praising the child as they develop the ability to wait (Raising Children Network, 2020a).

Children may talk back or back chat after being given limits, instructions or consequences. Some strategies to manage these situations include: responding calmly and remind the child of family rules, give a consequence for the rudeness, and avoid laughing or giving a lot of attention that may encourage back chat in the future (Raising Children Network, 2020a).

3.4   Cognitive development

At around 7 years of age, children enter a new phase of cognitive development called the 'concrete operational stage' (Louw & Louw, 2020). This phase enables children to develop a better understanding of cause and effect so they can see how their actions affect other people and events (Raising Children Network, 2022a). Children are very inquisitive and ask a lot of questions, and at times might do small experiments to test how things work or 'what happens if'. The advancement in cognitive ability leads to problem solving and reasoning skills based on logic, however at this age children still have difficulty with hypotheticals and understanding abstract information (Louw & Louw, 2020).

Working/short term memory improves during middle childhood, helping children with learning tasks such as reading, understanding language, building vocabulary, and use of mental

imagery (Louw & Louw, 2020). Long term memory also improves at this age, meaning larger amounts of information can be recalled at a later date. Between 9-11 years old, children become more strategic and learn memory techniques from teachers and parents, leading to improved organisational skills as they use their own memory aids (Louw & Louw, 2020).

Other cognitive abilities, such as attention, processing speed and automatic processing, also improve through this developmental stage (Louw & Louw, 2020). However, because so much is happening in life at this age, it can be normal for children to get distracted and forget small requests and directions from others (Raising Children Network, 2022a).

Some of the common milestones children may reach in middle childhood are (Children's Health of Orange County (CHOC) Primary Care, 2021a; Healthline, 2019):

- 6-7 years old: understand the concept of numbers, know daytime from night-time, differentiate left and right, copy complex shapes such as a diamond, understand time, understand commands with three separate instructions, explain objects and their use, repeat three numbers backwards, read age-appropriate texts.

- 8-9 years old: can count backwards, know the date, decipher to read more words and read for enjoyment, understand fractions, understand the concept of space, draw and paint, name the days of the week and put into order, enjoy collecting objects.

- 10-12 years old: can write stories and letters, see events/opinions from different perspectives, can use common devices such as phones, tablets and gaming stations, maintain a longer attention span and sit for longer periods than when they were younger.

Pre-teens are building their independent decision-making skills. Parents can support their child in this process by discussing pros and cons of different options, discussing what can be done if things do not go to plan, and give advice and feedback when their child does make an independent decision (Raising Children Network, 2021j). Pre-teens with additional needs may take a bit longer to reach independence than other children, but parents can be guided by their child's professional care team about when and how to support the child to independently manage decisions (Raising Children Network, 2021j).

Challenges.

Poor working memory is associated with problematic classroom behaviour such as inattention and distractibility (Louw & Louw, 2020). Poor working memory can also impact a child's ability to complete tasks as they are unable to follow multiple verbal instructions given at once and invariably miss some steps (Tyler, 2020).

Learning disabilities often present in middle childhood as children start school and do not achieve the same level of academic performance as their peers. Learning disabilities are defined as a specific impairment of academic learning that interferes with a specific aspect of schoolwork that significantly reduces the student's performance in that domain (Tyler, 2020).

Common learning disabilities are dyslexia (reading), dysgraphia (writing) and dyscalculia (maths).

3.5   Physical health and mobility

Nutrition.

It is typical for a child's appetite to vary day to day. As a parent, it is important to support healthy eating habits by providing healthy food and the opportunity to eat it – it is then up to the child to decide how much they would like to eat (Raising Children Network, 2021k). Encouraging healthy eating habits starts in the home; strategies include (Raising Children Network, 2021k):

- Getting the child to help with meal planning and food preparation

- Eating healthy meals as a family

- Turning screens off during mealtimes

- Stocking the house with a variety of healthy foods

- Teaching them to pack a healthy lunchbox for themselves

Beginning to involve children in family cooking during middle childhood has the benefit of helping them to build maths skills and vocabulary, follow stepped instructions, and develop food preparation skills that will promote independence as they get older (Raising Children Network, 2019a). In middle childhood, children should have the ability to help with dishes, clean up the table, and prepare some foods such as peeling vegetables and mixing ingredients, but they may still need support and supervision around the sharp knives, the oven, hot-plates and hot liquids (Raising Children Network, 2019a).

Physical ability.

During middle childhood, children enjoy pushing themselves physically and developing more complex mobility skills, such as running in a zig-zag pattern, jumping downstairs and doing cartwheels (Raising Children Network, 2022a). Gross motor skills like kicking a ball and skipping are improving, however skill development depends on how often these activities are practised. Similarly, fine motor skills are more refined than the early years and children should be able to brush their teeth and tend to hygiene needs without help (Raising Children Network, 2022a).

Encouraging children to be physically active each day is important to improve cardiovascular health, boost immune system, develop strong muscles and bones, improve posture, maintain a healthy weight, and promote good mental health (Raising Children Network, 2022c). From the age of 5 years old, Australian guidelines recommend at least one hour of moderate to vigorous physical activity each day, and several hours of light physical activity each day; at least three times per week this should be activities that strengthen muscles and bones like running, jumping, climbing and lifting (Raising Children Network, 2022c). Physical activity is important

for children with additional needs, even if activities need to be modified to enable participation (Raising Children Network, 2022c). Providing an opportunity for children with additional needs to get outdoor physical activity will enable them to get vitamin D and also help build movement skills (Raising Children Network, 2022c).

Puberty and sexual development.

Puberty is considered early if it starts before 8 years in girls or 9 years in boys, and late if it has not commenced by 13 years in girls and 14 years in boys (Raising Children Network, 2021l). Many physical changes occur during puberty and parents can support this phase by openly talking about and explaining concerns around puberty and encouraging healthy eating, physical activity and healthy sleep routines (Raising Children Network, 2021m). Children with additional needs typically go through puberty the same as other children, however those with chronic health problems may cause a delay in the onset of puberty (Raising Children Network, 2021m).

Most sexual behaviour in middle childhood is typical and a healthy part of development. In middle childhood, this may involve wanting to touch their genitals, wanting privacy, kiss or hold hands with other children, or wanting to talk to others (including children) about sex (Raising Children Network, 2019b). Being open and honest about sex, bodies and relationships will help children to develop healthy sexual behaviours and relationships later (Raising Children Network, 2019b).

Sleep.

During middle childhood, children need 9-11 hours sleep per night (Raising Children Network, 2020b). Children who do not sleep well are often more susceptible to depression, anxiety and low self-esteem; inadequate sleep is also associated with overweight, possibly due to disrupted hormone function that regulates hunger (Louw & Louw, 2020). Good quality sleep improves cognitive function, helping the child to concentrate, remember things, and regulate their emotions and behaviour (Raising Children Network, 2020b). Parents can help their child get a good night sleep through implementing a bedtime routine (e.g., put pyjamas on, clean teeth, go to the toilet then bed at a set time), practice mindfulness before bed to relax, and consider turning off screens and dimming light an hour before bedtime (Raising Children Network, 2020b).

Challenges.

- Bedwetting – some children wet the bed after toilet training because they sleep very deeply, and other children may have bladder spasms overnight. Children who continue to wet the bed at 7-8 years old may benefit from assessment by their general practitioner (Raising Children Network, 2020b).

- Obstructive sleep apnoea – some children may occasionally stop breathing while asleep, evident as snoring, an audible pause, or a struggle to breath at night. The poor quality of sleep may cause the child to be tired the next day, impacting their functional

capacity (Raising Children Network, 2020b). Assessment by a general practitioner is recommended.

- Night terrors – night terrors are less common than nightmares, and often stop occurring by puberty. Nightmares are common for school age children and often wake the child up. As children get older they become more aware that it is just a dream (Raising Children Network, 2020b).

- Sleep walking – occurs when a child's mind is asleep but their body is awake. It usually doesn't need any treatment, and children often grow out of the behaviour during their adolescence (Raising Children Network, 2020b).

- Problematic sexual behaviour – some sexual behaviour isn't typical and might be a sign of something more serious that requires professional support. In school age children, this might include persistently rubbing or touching genitals in public, persistently flashing their genitals or bottoms to other children, persistently using coarse sexual or explicit language, wanting to play sexual games with much older or younger children, forcing or tricking other children into playing sexual games, and/or repeatedly wanting to look at or touch the genitals or other children or adults (Raising Children Network, 2020c).

3.6 Self-care

Self-care skills are activities of daily living that need to be undertaken to participate in life activities. In the early stage of middle childhood, many of these activities are typically supported by adults until the child develops the skill to successfully complete the activity on their own (Kid Sense Child Development, n.d. b). It is important to note, however, the age children can independently complete activities of daily living will depend on the learning opportunities they receive. For example, if an 8-year-old child wears shoes that use Velcro then they are not receiving the opportunity to practice and learn shoelace tying so it would be expected they would continue to need parental support if shoes with laces were worn.

Screening checklists obtained online through therapy clinic websites (Kid Sense Child Development, n.d. b; Skills for Life Paediatric Therapy, 2021) suggest that, given the learning opportunity, by the age of 8 years old many children can independently:

- Open lunch boxes, zip lock bags and food packaging
- Pack a bag for school or other outing with little prompting
- Self-regulate in busy or noisy environments
- Shower, wash hands and face
- Brush their hair and teeth
- Toilet themselves through the day and night
- Dress themselves, including tying shoelaces, doing up buttons and zips

- Help with some household chores such as making their bed, tidy their playroom

- Follow the classroom routine, such as putting their bag away and swap readers

- Tell the time and display some time management skills

- Feed themselves using utensils

- Prepare simple meals such as cereal or a sandwich

- Settle independently for sleep

The mid-to-late middle childhood stage is an important time for parents and caregivers to reinforce personal hygiene habits in preparation for adolescence and puberty (Raising Children Network, 2021n). Parents and caregivers can role model these habits and explain to their children the importance of maintaining good hygiene habits as they grow up. The Raising Children Network (2021n) highlight the following situations:

- Body odour – teaching children they need to change their underwear and clothes that sit next to the skin every day is important as these clothes collect sweat and body fluids that promote body odour. As puberty approaches, children develop a new type of sweat gland in their armpits and genital areas, so learning how to use antiperspirant deodorant can help stop body odour.

- Dental hygiene – parents and caregivers need to encourage children this age to brush their teeth at least twice a day, floss their teeth and take them to the dentist regularly.

- Periods – some girls will start getting periods through middle childhood. They will need parental support to learn how often to change their menstrual products and how they should dispose of it or clean it hygienically.

- Shaving – some children may want to start shaving through middle childhood. They will need parental support to learn how to safely use shaving products.

- Young people with additional needs will need extra time and support as they learn how to maintain good personal hygiene through middle childhood and into adolescence. To support learning and skill development, tasks can be broken down into smaller steps – such as shower, brush hair and clean teeth. A written routine schedule may make it easier for some children to learn what they need to do each day for their hygiene.

Learning how to maintain good personal hygiene is important for a child's health and confidence. Washing hands before eating and after the toilet can fight off germs and potential sickness. There is also a social benefit to maintaining good hygiene – if a child's body and breath smell okay and their clothes are clean, they will usually feel more comfortable around their peers and other people (Raising Children Network, 2021n). The earlier a parent or carer begins to have conversations around hygiene and encourages good habits the more likely these habits will be continued into adolescence (Raising Children Network, 2021n).

Fire safety.

A literature review completed in 2022 by the Technical Advisory Branch Tactical Research Team, titled 'Effectiveness of standard and specialised smoke alarms to wake children and adults', found that children aged 5-12 years old do not have a reliable waking response from deep sleep. Consequently, this age group have a higher reported fatality rate in residential fires than teenagers or adults as they are more likely to sleep through an alerting fire alarm (He & Nelson, 2007; Smith et al, 2022). It was also found that when children this age do awaken, they often become disorientated and afraid, and may hide which further increases the risk of perishing in the fire (Fire and Rescue New South Wales, 2017; Willoughby, 2009). Due to the unreliable waking response of children in this age-group, they are still reliant on parental and caregiver support to escape a house in the event of a fire (Willoughby, 2009).

Challenges.

Successfully learning and completing activities of daily living requires explicit skills training and structured practice, including gradually increasing the difficulty of tasks, provided in natural contexts such as the home and school environment. Caregiver and family involvement to both model skills and provide the opportunity for practice is essential in supporting children in the early and middle years to develop skill mastery to complete activities of daily living independently (Beisber and Cahill, 2021).

Professional advice is recommended if a child struggles with the self-care activities at 8 years old (Raising Children Network, 2022a):

- Dressing and undressing independently
- Daytime wetting or soiling
- Regular night-time wetting the bed

4. Adolescence to late teens (12-18 years)

4.1 Social-emotional ability and relationships

Social and emotional development.

Children between 12-14 years old are starting to show more interest in, and influenced by, their peer group, and express more concern about body image, their looks and the clothes they wear (CDC, 2021b). Adolescents respond well to social rewards during activities and prefer to be around others their age (Tyler, 2020). Nonetheless, at this age adolescents also display an increasing need for privacy (Healthline, 2019). It is common during this developmental stage for children to be very focused on themselves, and alternate between high and low confidence (CDC, 2021b).

The adolescent years can be a time of increased moodiness (Healthline, 2019). They may often feel strong emotions and can be overwhelmed by a sense of shame or humiliation, but

still might not have the skill to express and manage their emotions (Raising Children Network, 2021o). Some will feel stress and anxiety from the increasing challenge of schoolwork (CDC 2021b). This may lead to sadness or depression for some adolescents, increasing the risk of poor academic achievement and/or risky behaviours (CDC 2021b; CDC 2021c). Having friends who are high-achieving, motivated and engaged at school can promote the same feelings in the adolescent, whereas friends who are unmotivated, disengaged and low achieving can compound these feelings (Tyler, 2020).

As children mature through their teens they may struggle with their identity and question who they really are. This may lead to questioning about their appearance, vocational choice, education, relationships, sexuality, social views, personality and interests (Raising Children Network, 2021o; Tyler, 2020). As teens develop their self-concept, their self-esteem can also change.

Parents and carers can help their adolescent's social and emotional development through (CHOC, 2021b; Raising Children Network, 2021p):

- Encouraging them to try new challenges

- Talk with their adolescent about not losing themselves in their group relations

- Encourage positive friendships

- Talk about how behaviour can affect other people

- Encourage their adolescent to talk to a trusted adult about their problems or worries

- Discuss strategies to handle stress

- Provide consistent, positive discipline with reasonable boundaries

- Spend time together

Relationships.

As children enter adolescence, they may start to show less affection towards their parents and may sometimes seem rude or short-tempered (CDC, 2021b). Around 15-17 years old, many teens show more independence from their parents as they choose to spend time with friends (CDC, 2021c; Healthline, 2019). Conflict with parents may decrease in late adolescence, as the ability to have a deeper capacity to empathise with others develops (CDC, 2021c; Healthline, 2019).

More intimate relationships and more interest in romantic relationships and sexuality typically emerges through the middle to late teenage years (CDC, 2021c). Parents and carers can help adolescents build respectful relationships through conversations about how people behave in a respectful relationship, being a role model with their own relationships, giving praise for respectful behaviour and teaching or showing conflict management strategies (Raising Children Network, 2021q).

Challenges.

- Rule breaking – as teenagers try to increase their independence they may go through a stage of breaking family or school rules. Ignoring the rule breaking may help avoid conflict in the short term but may highlight to children that there is no point following rules. Calmly discussing the broken rule with positive discipline and consequences can reinforce expectations of behaviour (Raising Children Network, 2022d).

- Bullying – can be emotional or physical. During adolescence, cyberbullying becomes more common and can occur in text messages, emails, online games and social media platforms. Cyberbullying can lead to low self-esteems, disengagement from school, low academic achievement, and mental health issues such as depression, anxiety, stress and suicidal thoughts. Adolescents with a disability or mental health issue can make them more vulnerable to cyberbullying. Placing rules around technology use at home such as only 'friending' people they know, thinking before they post online, and limiting time on technology can reduce the chance of cyberbullying (Raising Children Network, 2022e).

4.2 Mental Health

Good mental health supports healthy development, strong relationships, and adaptability to change and challenges (Raising Children Network, 2021r). Adolescence is a risky time for mental health problems as teenagers go through many changes and challenges through this period.

Signs that may be a warning for mental health problems include (Raising Children Network, 2021r):

- Feelings of hopelessness, being tearful or lacking motivation

- Difficulty coping with everyday activities

- Sudden changes of behaviour for no apparent reason, including being aggressive or antisocial

- Changes to eating or sleeping patterns

- Suddenly doing less well at school or refusing to attend

- Avoiding friends or social contacts

- Regularly saying they have physical pain, such as headaches, stomach aches or backache

- Being aggressive or antisocial

- Being very anxious about their weight or physical appearance, including losing weight or trying not to gain as they grow.

Professionals that can help teens with mental health problems include the family general practitioner, counsellors, occupational therapists to manage daily living activities, and psychiatrists if the mental health concern significantly impacts the teen's life such as severe mood disturbance, debilitating anxiety or psychotic disorder (Raising Children Network, 2021s).

Body image.

Body image is how we think and feel about our body and relates to how happy and satisfied we are with how we look (Raising Children Network, 2019c). A good body image is associated with good self-esteem and mental health. Body image is influenced by factors such as family environment, ability or disability, peers, social media, and cultural background. Puberty also influences how adolescents view their body. Parents and carers can support their teen by focusing on them as a whole and praising their achievements, not discuss their physical changes unless the teen starts the conversation, point out unrealistic images on social media, and being a positive role model by avoiding fad diets, having a healthy lifestyle and not commenting on how others look (Raising Children Network, 2019c).

Mental health disorders.

The *2013-2014 National Youth Information Framework indicators,* a survey of mental health for adolescents, reported that 14% of adolescents between 12-17 years old had a mental disorder in the 12 months prior to the survey; males had a higher prevalence (16%) than females (13%), although this was not a statistically significant difference (AIHW, 2015).

The most common disorders reported were anxiety disorder (e.g., social phobia, generalised anxiety disorder, obsessive compulsive disorder, and separation anxiety disorder), accounting for almost half of all the mental disorders in this age group (AIHW, 2015). This was followed by ADHD (6.3%) and major depressive disorder (5%). For 44% of 12–17-year-olds with a mental disorder, the impact of the mental disorder was considered mild, 33% had moderate impact and 23% experienced a severe impact (AIHW, 2015).

4.3 Speech and language

By adolescence, teens should be able to understand word meaning and contexts, punctuation and form complex sentences and texts (CHOC, 2021b). When queried, the explanations they provide may become more figurative than literal, and they have a greater capacity to understand abstract and figurative language such as similes, metaphors and idioms (CHOC, 2021b).

As children progress through adolescence to young adulthood their language skills become more complex, such as (Healthline, 2019):

- At 12-14 years old, teens can use speech that is not literal; they can use their tone of voice to communicate intentions, e.g., sarcasm

- At 15-17 years old, teens can speak, read, listen and write fluently and easily; have complex conversations; speak differently in different groups/to different audiences; write persuasively; understand proverbs, figurative language and analogies

4.4   Cognitive development

At around 12 years old, children enter what is called the formal operational stage of cognitive development. During the formal operational stage, adolescents start to understand abstract principles that have no physical reference, and contemplate abstract constructs as beauty, love, freedom, and morality (Tyler, 2020). During earlier periods of development children solve problems through trial and error, however adolescents begin to demonstrate hypothetical-deductive reasoning – developing hypotheses based on what might logically occur (Tyler, 2020).

Studies have found that executive functions (attention, increases in working memory, and cognitive flexibility) steadily improve from early childhood through to adolescence (Tyler, 2020). However, self-regulation, or the ability to control impulses, may still be immature in certain situations such as during high stress or high demand on mental functions (Tyler, 2020). The limbic system, the brain area that regulates emotion and reward, is linked to the hormonal changes that occur at puberty and is related to novelty seeking and a shift toward interacting with peers. In contrast, the prefrontal cortex, involved in the control of impulses, organization, planning, and making good decisions, does not fully develop until the mid-20s. The different rates of regional brain development can create a challenge for teens with respect to risky behaviour, poor decision making, and weak emotional control (Tyler, 2020).

Although the exact timing for cognitive maturity varies among children, it is expected the following characteristics are evident during the following age ranges (CDC, 2021b; CDC, 2021c; CHOC, 2021; Healthline, 2019):

- 12-14 years old:
  - develop own opinions different to their peers and parents
  - develops awareness that parents or carers are not always correct
  - have a better understanding of figurative language
  - greater ability for complex thought, logical thinking is improving but still maturing
  - better able to express feelings through talking
  - has developed a stronger sense of right and wrong
- 15-17 years old:
  - learn more defined study habits
  - show more concern around future school and work plans
  - sets long-term and short-term goals

- o better able to give reasons for their own choices, including about what is right or wrong

- o think more abstractly

- o shows greater concern for politics and social issues

4.5   Physical health

Nutrition.

During puberty, children are often hungrier because they go through a major growth spurt and require extra energy to support this growth (Raising Children Network, 2021t). It is common for teenagers to want to eat fewer healthy foods such as fruit and vegetables in preference for fatty and sweet junk foods. As teenagers get more independent with their food choices, parents and carers can encourage healthy nutrition by (Raising Children Network, 2021t):

- Being a healthy eating role model and showing how to make consistent healthy choices

- Eat regularly through the day to highlight the importance of eating regular meals

- Encourage the adolescent to help with family shopping and meal preparation

- Limit unhealthy options in the home

- Do not talk about restricting food or that some food is bad, explain balance

- Teach to eat when they are hungry and stop when they are full; recognise hunger cues

Physical activity.

Physical activity guidelines for teenagers recommend they get a minimum of 1 hour of moderate to strong physical activity each day (CDC, 2021c; CHOC, 2021b). Most of this time should be spent doing aerobic exercise, such as running, swimming or dancing. With supervision, teens can undertake sports that include strengthening exercises such as weights (CHOC, 2021b).

Puberty and sexual development.

The physical changes associated with puberty continue through the teenage years; the time for puberty to finish varies for each child but can be anywhere from 18 months to 5 years (Raising Children Network, 2021u). At around 11-14 years old, most children will have a growth spurt; girls tend to stop growing taller by 17 years old and boys 18-20 years old. Boys' voice will get deeper, girls will start to menstruate monthly, both sex's sexual organs will get bigger, and they will get pubic hair (Raising Children Network, 2021u). Parents and carers can help this phase of development through open communication, reassurance and support if their child expresses concern (Raising Children Network, 2021v).

Typically, through adolescence, teenagers develop their sexuality and sexual identity. They learn that sexual attraction and sexual identity are not the same, and that sexual attraction differs from gender identity (Raising Children Network, 2021w). Gender identity is the sense of

who they are – male, female, both or neither. A person is cisgender if they identify with the same sex they were given at birth, or gender diverse which includes (Raising Children Network, 2021x):

- Transgender – gender identity does not match the sex given at birth

- Non-binary – gender identity is neither male or female, or is a blend of male and female

- Gender fluid – person moves between gender identities

- Agender – does not identify with any gender.

Adolescents learn about sexuality from their parents, at school, with their friends, and online. Having open conversations at home can help teenagers navigate this sometimes-confusing period (Raising Children Network, 2021w).

Sleep.

Most teenagers need between 8-10 hours sleep to maintain physical health, energy levels, good mental health, cognitive performance and social relationships (CDC, 2021c; Raising Children Network, 2022f). During adolescence it is common for children to want to start to go to bed later at night and rise later in the morning as their circadian rhythm undergoes changes in the timing of melatonin secretion, making it hard for them to get to sleep early in the night (CHOC, 2021b; Raising Children Network, 2022f). As they progress to late adolescence, children can stay awake for longer as their brain matures.

To support teenagers to get the sleep they require (Raising Children Network, 2022f):

- Encourage them to keep a consistent sleep routine during the school week and weekends. Keeping wake-up time to within 2 hours of each other will help keep their body-clock regular.

- Make the hour before lights out to be screen free and do relaxing activities like read a book, have a warm shower or listen to music.

- In the bedroom, avoid the use of electronic devices and keep the room dimly lit.

- Eat healthy food during the day and do some physical activity.

- Talk or write about worries before going to bed so they do not ruminate.

- Use mindfulness or breathing exercises to calm the mind and body before sleep.

Challenges.

- Gender dysphoria – may develop during adolescence and is when they feel distressed that their gender identity differs from the sex assigned at birth. This distress may impact their psychological, social and academic functioning or manifest as self-harm (Raising Children Network, 2021x); gender dysphoria may be associated with bullying, stigma or discrimination from their gender identity.

- Acne – acne is common through puberty because of hormonal changes causing overactive sebaceous (oil-producing) glands leading to pimples on the skin (Tyler, 2020). Approximately 85% of adolescents develop acne, and boys develop acne more than girls because of greater levels of testosterone in their systems (Tyler, 2020). Acne can lead the adolescent to withdraw socially, especially if they are self-conscious about their skin or teased (Tyler, 2020).

- Unhealthy eating – habits such as eating too much, too little or restricting food groups can affect an adolescent's health and wellbeing (Raising Children Network, 2021t). Promoting healthy eating habits may reduce the risk of these issues.

- Eating disorders – the risk of anorexia, bulimia and avoidant restrictive food intake disorder is high during adolescence as they become aware of their body image and ideal self-identity (CDC, 2021b; Raising Children Network, 2021t). The family general practitioner or a dietician can provide advice with concerns about eating disorders.

4.6   Self-care

During adolescence, teenagers increase their self-care skills through making personal decisions like their food choices, exercise habits, sleep pattern, hygiene routine, and social behaviours. Teenagers can also contribute to tasks at home that build their independence, such as learning to cook, changing bed linen, washing clothes, and cleaning. Parents can help their teen develop self-care skills through modelling positive lifestyle choices and providing an opportunity for the teen build skills.

Healthy food choices.

Nutritious food is important for the growing teenager. Parents can encourage healthy food choices and support their teen to develop self-care skills by giving them the opportunity to try new recipes for the family and learning about how to budget the grocery money. While teens are still developing their food preparation skills in the kitchen they will need supervision around sharp knives, electrical appliances, hot stoves and ovens (Raising Children Network, 2019a).

Personal hygiene.

Personal hygiene through adolescence builds on the skills developed as pre-teens, for example regular showering, brushing hair and brushing teeth, and extends to tasks like period care, body odour, and shaving. Good personal hygiene is important for health and confidence. As outlined earlier in the Middle Childhood Section 3.6 – Self-care, particular hygiene concerns for pre-teens and teens include (Raising Children Network, 2021n):

- Body odour – during puberty new sweat glands become active in armpits and genital areas, so maintaining a regular shower routine, changing clothes daily and using antiperspirant deodorant will help reduce body odour.

- Dental hygiene – adolescents should brush their teeth at least twice a day, floss their teeth and visit the dentist regularly.

- Periods – when girls start to menstruate, they will need parental support to learn how to use and change their menstrual products to maintain good hygiene.

- Shaving – some adolescents will want to start shaving as they develop body hair; they will need parental support to learn how to safely use shaving products.

- Young people with additional needs will need extra time and support as they learn how to maintain good personal hygiene through middle childhood and into adolescence. To support learning and skill development, tasks can be broken down into smaller steps – such as shower, brush hair and clean teeth. A written routine schedule may make it easier for some children to learn what they need to do each day for their hygiene.

Screen time.

Teenagers use screens for their schoolwork, entertainment and socialising. As they spend a lot of time on screens, and often use more than one screen at a time, it is important that teenagers know how to make healthy choices about when and how to use screens in their free time (Raising Children Network, 2020d). Teenagers who are unable to find a balance between screen use and other activities are at risk of poor sleep, being sedentary, and experiencing online issues such as cyberbullying or encountering inappropriate content (Raising Children Network, 2020e).

Alcohol and other drugs.

Some teenagers may experiment with alcohol or other drugs, however it can also be a sign of serious problems and lead to substance abuse and poor mental health. There is no safe level of alcohol or drug use for children under 18 years old, and use of alcohol or other drugs may affect their development (Raising Children Network, 2021y). Signs that a teen may be using alcohol or other drugs might be mood swings, outbursts that are out of character, and big changes to clothes, friends and interests – although these can also be a typical part of exploring identity through adolescence (Raising Children Network, 2021y). If parents suspect alcohol or drug use, talking to their teen with calm and positive language is the first step to understand the problem. Support from the family general practitioner, counsellor and other health professionals is available for strategies and advice (Raising Children Network, 2021y).

4.7   Independence

The mid-teen years often see even greater independence of children from their parents as they move to young adulthood. This stage often involves teenagers exploring work experience for post-school options, getting a part-time job while finishing their schooling and getting their driving learners permit and eventually their full license. Parents and carers can support their teens in developing greater independence by allowing them to try new things, giving them more responsibility, and allowing them to make some decisions for themselves (Raising Children Network, 2021j).

- Driving permit - many teenagers are keen to get their learners permit for driving as it can give a sense of freedom and growing independence from parents (Tyler, 2020). The following table indicates the minimum age when teens can get their learner permit and provisional licence by Australian state:

State	Learner Permit	Provisional Licence
NSW	16y	17y
VIC	16y	18y
QLD	16y	17y
SA	16y	17y
TAS	16y	17y
WA	16y	17y
ACT	15y9m	17y
NT	16y	16y6m

- Volunteering – participating in community activities or volunteering can build skills and boost confidence; it can bolster the idea about civic responsibility and giving back to the community (Raising Children Network, 2021z). The following Raising Children Network provides a list of community activities and volunteer organisations and links for state-based volunteering websites: Community activity & volunteering: teens

- Casual and part time jobs – working part-time or casually while finishing school can give teenagers a greater sense of independence, learn how to manage time effectively, build skills for later employment and boost their self-confidence (Raising Children Network, 2021aa). Parents, carers and school counsellors can help teenagers prepare a resume and tips for interviews.

- Teen education, training and employment services – the following page on Raising Children Network provides a comprehensive list of links for teen education and employment through Australia: Teen education and employment links

- Post-school options – parents, carers and school counsellors can guide teenagers about their post-school pathway. Options include: higher education/university, TAFE, vocational education and training (VET), apprenticeships, work, or a gap year.

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