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National
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Mental Health

Understanding child development: Ages 5–8 years

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Children develop in the context of their relational and social environment. Since the late 1950s, developmental research has documented the cognitive, social, emotional, and moral development of children in order to better understand their experiences (e.g., Bruner, 1966; Piaget, 1957; Piaget & Cook, 1952; Siegler, Deloache & Eisenberg, 2003; Vygotsky, 1978; Wadsworth, 2004).

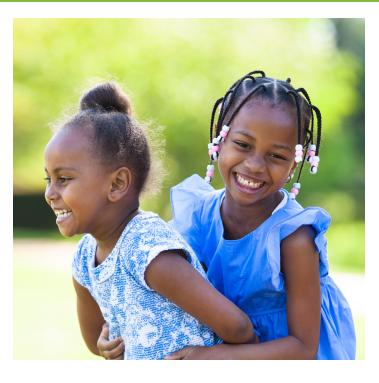
Although there has been some variety in the way that children's development has been described, most researchers agree that children typically go through relatively predictable developmental stages, mastering increasingly complex cognitive, social, language, and emotional regulation skills as they age.

A child's developmental stage will determine how they experience the world, how much they feel they are able to influence their world, and how they make sense of the events that happen to them. It is important for practitioners to understand a child's developmental journey so that they can respond to children in the ways that are most helpful.

This resource is part of a series from the Emerging Minds: National Workforce Centre for Child Mental Health that outlines the key developmental issues and experiences for children, from birth to age 12. It focuses on the developmental experiences of children aged 5–8 years, providing a brief description of how adverse events may be experienced by a child of this age, and how adults can support a child that has been exposed to disruptive life events.

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- Understanding child development: Ages 9–12 years



Typical development for children aged 5-8 years

At this age, children are becoming far less egocentric and are beginning to be able to more reliably see things from another's perspective. They are also becoming more social beings; they begin to adopt a more social 'world view', becoming more genuinely interested in others and in the world around them.

Children during this stage become more interested in friendships and can name one or two friends, although friendships tend to be opportunistic and can change frequently. They begin to understand that not everyone sees the world in the same way that they do, and demonstrate the ability to take turns and share. However, these new abilities can break down under pressure, so children of this age will still need to be supervised during cooperative play.

It is normal at this stage for a child to use their developing language skills to interact socially, ask questions of others, and lead imaginative play, rather than just to demand things from adults. They are increasingly interested in the world around them, and questioning is very common.

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Children at this age are able to more reliably distinguish between what is imaginary and what is real, although they will still enjoy engaging in 'make believe'. While imaginary play is still important, their play is more elaborate and less repetitive than in earlier years. For example, a child of this age might play more cooperatively and interactively with friends, as opposed to the parallel play¹ that characterises younger children. In imaginary play, children are likely to allocate roles to themselves and their friends and act out characters from books, television or movies. Play can be used as a means to 'try out' different role and gender identities.

During this stage, children begin to move away from defining themselves in concrete and absolute terms (e.g. 'I'm the best runner'), and move towards understanding themselves in more dimensional ways (e.g. 'I'm the best runner but I'm not the best at drawing').

A child of this age will normally agree to follow the rules in home and school settings, although they might expect to have input about the 'fairness' of rules and the order in which household tasks are done. They are beginning to develop their own internalised sense of right and wrong – a sense of 'conscience' – but may need support to consistently apply this in situations that rely on cooperation and sharing.

This is an age where learning difficulties and difficulty in emotional regulation start to emerge, with the increase in social and learning expectations introduced by the school environment. During this stage, there is an expectation that children will have mastered the foundational gross and fine motor skills necessary to take part in educational activities. Unidentified delays in these areas can cause a child to feel frustrated with the kind of activities that others enjoy.

Children's reactions to adversity, trauma and loss

Although children are forming friendships outside of the family around this age, the family is still the central influence in a child's life. Therefore, anything that influences the family structure, dynamics or routines is likely to impact on children.

While very young children may project their feelings and express them through play, children at this stage can also engage in denial and refusal to acknowledge significant events and losses. This can express itself as anger, oppositional behaviour or increased fearfulness.

¹ 'Parallel play' is a form of play in which children play alongside each other 'in parallel', often doing similar activities. While each child may be interested in what the other is doing, they do not interact with each other during play. Each child is engaged in their own independent activity.

It is common for children to experience somatic symptoms in response to both acute and chronic stress (e.g. unexplained headaches and stomach aches). These strong feelings and 'illnesses' can be preferable to the overwhelming feelings of sadness and loss surrounding the changes in family circumstances, parental behaviours, and parental availability that are brought about by adverse family events.

A child's increased capacity for imagination can lead them to think about the death or loss of a parent or loved one, or to develop anxieties about the future and their ability to keep a parent or siblings safe. It can undermine their implicit belief in the 'forever' nature of their family members.

A developing capacity for logical thinking may mean children ask for specific details of an adverse event. The need to be transparent and honest with children should be balanced by the need to protect a child from worry about uncontrollable events and adversities, such as death or their own mortality. Children at this age also begin to understand the permanence of loss.

Children's experience of parental difficulties

At this stage, children are beginning to understand that parental issues and behaviour are separate from them. However, a large part of their self-identity is based on how they (and others) perceive their parent's behaviour, emotions and reactions. Children at this age are beginning to compare themselves to others and can internalise any negative emotions that might arise when parents are disappointing, embarrassing, or act in ways that are different from other children's parents.

Children at this age may also be less inclined to blame themselves for parental conflict, or divorce, but this will vary from child to child according to their cognitive development. They may be more likely to experience feelings of anger and blame towards parents, and may need support to maintain their relationship with both parents.

Signs of distress in children and how they might attempt to cope

It is still common for children at this age to express their distress by regressing to earlier behaviours. Depending on the nature of the adversity, children may experience nightmares, disruption to sleeping and eating patterns, and possibly expression of violence in drawing and symbolic play.

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Children at this age are better able to use drawing or symbolic play as a form of expression and adults can support children by providing them with opportunities to express themselves in this way. It is common for children to express their distress as anger and frustration, which may manifest as behavioural outbursts.

Persistent difficulties with emotional regulation and learning may emerge with the increasing demand for self-directed learning imposed by the school environment. An educational assessment may be needed to establish if a specific learning issue is present or if the concerns reflect a temporary reaction to difficult family circumstances.

This may include persistent fears of separation from a caregiver. Children may develop stomach aches or headaches in response to the separation required to attend school. This need for reassurance should be balanced against the protective role of school attendance and the opportunities for learning and friendships that are part of this experience.

Since children spend a large amount of time at school, teachers are likely to notice difficulty in concentrating and maintaining focus. They may also report that a child appears more withdrawn or less involved in social interactions with peers. This can be understood as a regression to an early stage of development, caused by a temporary need to feel secure in their caregivers' responsiveness and availability.

How to support children and their families

At this age, children are learning to define themselves in relation to their friendships and abilities. It can be helpful to encourage families to maintain routines and social connections for their children. Regular school attendance and the opportunity to form friendships that goes along with it is especially beneficial.

However, for some children this is also a time where learning and self-regulation difficulties can emerge. These problems can sometimes be overlooked in the context of multiple family stressors or adversity. It is important to identify and address any early learning difficulties as they arise, in order to support children to develop a sense of mastery and success in the school environment.

Related resource:

<u>Understanding and supporting primary school-aged</u> <u>children who have experienced grief and loss</u>



Adapted from:

McLean, S (2016). *Children's attachment needs in the context of out-of-home care*. CFCA Practitioner Resource. Melbourne: Australian Institute of Family Studies. <u>Available here.</u>

Mclean, S. (2018). *Child development milestones: A guide for foster parents*. Adelaide: University of South Australia. <u>Available here.</u>

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