



# Social work and child development in the early and middle years (ages 0 to 11)

# About this briefing

This briefing is for frontline social work and family support practitioners. It summarises key aspects of child development in children aged between 0 and 11 years, with a particular focus on the age range 0 to 5.

We focus on the first five years because early childhood is known to be a particularly sensitive period in a child's development (Oppenheim et al., 2022). The period from conception to age two is recognised by researchers and policymakers as setting 'the best start for life' for children's cognitive, emotional and physical development across the life course (Leadsom, 2021).

While what happens before age five matters a great deal, it is important to remember that what happens after age five also matters (Baynes, 2023). So, this briefing and in particular the accompanying Child Development Chart (see below) also cover development in the middle years of childhood.

The briefing brings together long-established knowledge and understanding of child development with more recent evidence and insights to support an inclusive and equitable approach. This means interpreting each stage of development in relation to the specific circumstances of the individual child.

Our aim is to:

- > Help you think about the extensive range of influences that may affect an individual child's development.
- > Support you in your observations, direct work, referrals and recording.

Child development is a vast topic with an extensive literature. In a short briefing, we can only offer an overview of key aspects that are especially relevant to child and family social care practitioners. Throughout, we suggest links to information and resources that you can use to strengthen your knowledge and enhance your practice.

## Child Development Chart (Research in Practice) and the Early Years Child Development Tool (Nottinghamshire County Council)

This briefing should be read alongside two complementary publications:

- > **Child Development Chart** (Research in Practice, 2024).
- > **Early Years Development Tool** (Nottinghamshire County Council, 2021).

The **Child Development Chart** draws on different child development theories to show the ages at which key developmental milestones and stages typically occur. These theories or domains are:

1. biophysical development
2. cognitive theory
3. socio-emotional development
4. behavioural and moral development.

The **Early Years Child Development Tool** has been developed by Nottinghamshire Early Childhood Services. It supports children's services practitioners to assess and track development against age-related milestones from 0 to 5 years across four key domains:

1. language and cognitive development
2. socioemotional development
3. physical development
4. self-help skills.

The tool will help you to:

- > Identify patterns of usual and unusual development and issues of concern.
- > Think about when to share information with and make referrals to other professionals.
- > Support parents in their understanding of developmental norms.

## Key messages

- > It is important for social workers and family support practitioners to have a good understanding of child development. A knowledge of developmental 'norms' and 'milestones' will support effective assessments of children's needs. It will also help to ensure that support and interventions are appropriate and optimal.
- > Children with learning disabilities may have a different rate of progress towards developmental milestones. Similarly, children who have been exposed to abuse, neglect or other trauma may experience disruption in development. Milestones are relative 'norms': one size does not fit all.
- > Practitioners can turn to a number of different theoretical models to understand child development. This has potential to be confusing. But it is best to think of this multiplicity as evidence of a wide knowledge base, not competing models. Many key issues, such as the importance of attachment and the parent-child relationship, are shared and recognised across models.
- > While it is helpful to think of children's development as occurring across different domains (e.g. physical, cognitive, socio-emotional), it is important never to lose sight of those domains' interrelatedness. So, a holistic approach is vital when assessing and supporting a child's development.
- > Social workers do not need to be experts in child development. But it is important that they work closely with professional colleagues, such as health visitors, nursery staff and teachers, to gain a balanced and more nuanced perspective of a child's development. Children may present differently in different settings.
- > Many different factors can influence a child's development. Some are internal or integral to the child, such as genetic factors and the child's disposition, and others are external, such as family, neighbourhood or cultural influences.
- > Child development is closely linked to and influenced by parent or carer's behaviour and wellbeing. A wide range of factors can affect parenting – and therefore a child's development. Interventions and support for parents facing difficulties associated with substance use, mental health difficulties or domestic violence have an important role to play in supporting child development.
- > Not all family adversities can easily be influenced by practitioners. It is easy for social workers and other professionals to feel helpless in the face of family poverty, for example. Making a difference may be possible, however. It is important to think creatively about what you can do to support the practical needs of parents and children.

# Introduction: What social workers need to know about child development – and why

All children and family services practitioners need to have a good understanding of child development.

- > Knowing what is ‘normal’ for age-related stages and milestones supports effective assessment of need or risk.
- > A strong understanding of what can enable growth and development helps to ensure that support and interventions are appropriate and optimal.

Social workers do not have to be experts in child development. But it is important that all social workers working with and supporting children and their families have a good knowledge and understanding of the fundamentals of child development.

Such knowledge is essential to promoting children’s wellbeing, keeping children safe and providing the right support to children, parents and families. Child development is important in social work:

- > To support effective communication with children, including establishing their wishes and feelings.
- > To inform assessments of a child’s needs and whether those needs are being met.
- > To identify and understand any gap between a child’s needs and parenting capacity.
- > To track a child’s progress over time.

What this means in practice is that social workers need a good working knowledge of:

- > Developmental ‘norms’ and milestones for different age groups.
- > How those ‘norms’ may vary as a result of environmental and cultural factors.
- > Which professional colleagues to turn to when they have concerns about a child’s development.

## Interconnecting domains of child development

As the Child Development Chart shows, a number of theoretical models can be used to support understanding of child development. Potentially, this can feel confusing. However, it is helpful to think of these not as competing models, but rather as manifestation of a growing and increasingly sophisticated knowledge and evidence base.

Children’s development can be thought of as occurring across distinct but overlapping domains. In their report for the Early Intervention Foundation, Asmussen et al. (2018, pp. 22–24) focus on the framework developed by the US National Research Council<sup>1</sup> as helpful for thinking about:

1. the competencies that are important in early development
2. the multiple factors that can impact a child’s development over time.

Asmussen et al. (2018) used the findings from The National Research Council to develop a framework (for children aged 0 to 8 years) linking 26 competencies within four interrelated domains:

1. **Cognitive development** – this covers the cognitive skills and competencies that support learning.
2. **Socioemotional development** – this includes recognising and managing emotions, feeling and showing empathy for others, secure relationships, socioemotional wellbeing and mental health.
3. **Physical development and health** – this includes safety, nutrition, physical growth, sensory systems (e.g. vision and hearing), gross and fine motor skills, fitness.
4. **General learning competencies:**
  - a. general cognitive skills, including attention, memory, cognitive self-regulation, executive function, reasoning, problem-solving
  - b. learning skills and dispositions, including initiative, curiosity, motivation, engagement, persistence.

(Asmussen et al., 2018, pp. 22–24; National Research Council, 2015, p. 86)

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<sup>1</sup> The National Research Council is the main operating agency of the [National Academies of Sciences, Engineering and Medicine](#) in the USA. It provides advice and services to government, the public and scientific communities.



The crucial point to recognise here is the interrelatedness of the domains. For example, we cannot support a child's cognitive development without also considering their physical health and socioemotional development. No framework can represent the only system for understanding child development, and competencies should not be thought of as wholly discrete or separate (Asmussen et al., 2018, p. 24).

Thus, as practitioners, it is important that we take a holistic approach when assessing and supporting a child's development (Oppenheim et al., 2022). For social work and family support practitioners, this is likely to mean working closely with colleagues from different professional groups – such as health visitors, nurses, teachers – who may hold important information and access to tools in relation to a child and their development.

### **'Principles' of child development**

The Professional Association for Childcare and Early Years (PACEY) has drawn up key 'principles' of child development to help guide practitioners when working with young children and their families. You may find it helpful to keep these in mind when working with a child and thinking about their development.

- 1.** Children's development is holistic. Areas of learning and development are interconnected.
- 2.** Development occurs in a sequence by building on previous learning and experiences.
- 3.** The rate of development will vary between individual children.
- 4.** Development occurs within – and is influenced by – social and cultural context.
- 5.** Children are active learners. They need to explore, experiment and experience their worlds.
- 6.** Children need to grow up in language-rich environments.
- 7.** Children learn through play and have an innate desire to play.
- 8.** Both nature and nurture contribute to a child's development. For example, biological maturation must take place to support cognitive development.
- 9.** Children's basic needs must be met in order that they can reach their full potential.
- 10.** Children need to operate from the basis of secure and healthy attachments.

Adapted from the practice guide developed by the Professional Association for Childcare and Early Years (PACEY, 2016, p. 14)

# Child development and environmental factor - a holistic perspective

Every child's development is influenced by multiple and interacting factors. These include those that are internal or integral to the child, such as genetic factors, as well as those that are external, such as family influences and wider neighbourhood or cultural factors.

The intertwining of these multiple factors was first represented in Bronfenbrenner's ecological model (Bronfenbrenner, 1979). This focused on five 'systems' that impact a child's development.

- > The **microsystem** is the immediate environment in which the child lives. This includes relationships with parents, carers, brothers and sisters, teachers and peers.
- > The **mesosystem** is how the different parts of the microsystem interact and work together. This includes, for example, relationships between parents and teachers, or between siblings and school peers.
- > The **exosystem** refers to the other people, places and social structures that are likely to have an effect on the child (by affecting a microsystem). Examples include a parent's place of work or the local neighbourhood.
- > The **macrosystem** encompasses cultural phenomena that affect development, such as government policies, socioeconomic status, poverty and ethnicity. It also includes cultural values and beliefs, which can strongly influence perceptions of life events.
- > The **chronosystem** refers to all the changes that occur in the environment or to a person over a person's lifetime, including historical events and major life transitions.

More recently, Bronfenbrenner's model has been developed further to show wider intersecting environmental, population and individual factors that influence wellbeing across the life course (Barton & Grant, 2006; Marmot et al., 2013; World Health Organization, 2008). Figure 1 ('the health map') shows how the environment that a child experiences, particularly during their early years, has an impact on their biological and psychological development, which in turn affects their physical and mental health and wellbeing (Academy of Medical Sciences, 2024).

Factors such as neighbourhood design and planning, housing, the 'food environment' (e.g. the accessibility and affordability of shops), transport, and natural and sustainable environments (e.g. clean air, access to open spaces) are all potential determinants of health and wellbeing (Public Health England, 2017). Having regular access to green spaces, for example, has multiple benefits for children's development, including better cognitive capacity, mental health, physical co-ordination and immunity (UNICEF, 2021).

Of course, many of these factors are beyond the scope of a practitioner's influence. But it is important to consider all the factors that can affect a child's development and wellbeing – and, where possible, to intervene on behalf of the family. For example, advocating for safer housing to reduce the known medical risks of mould and damp is a practical and realistic measure that can contribute towards healthy child development (see following page).

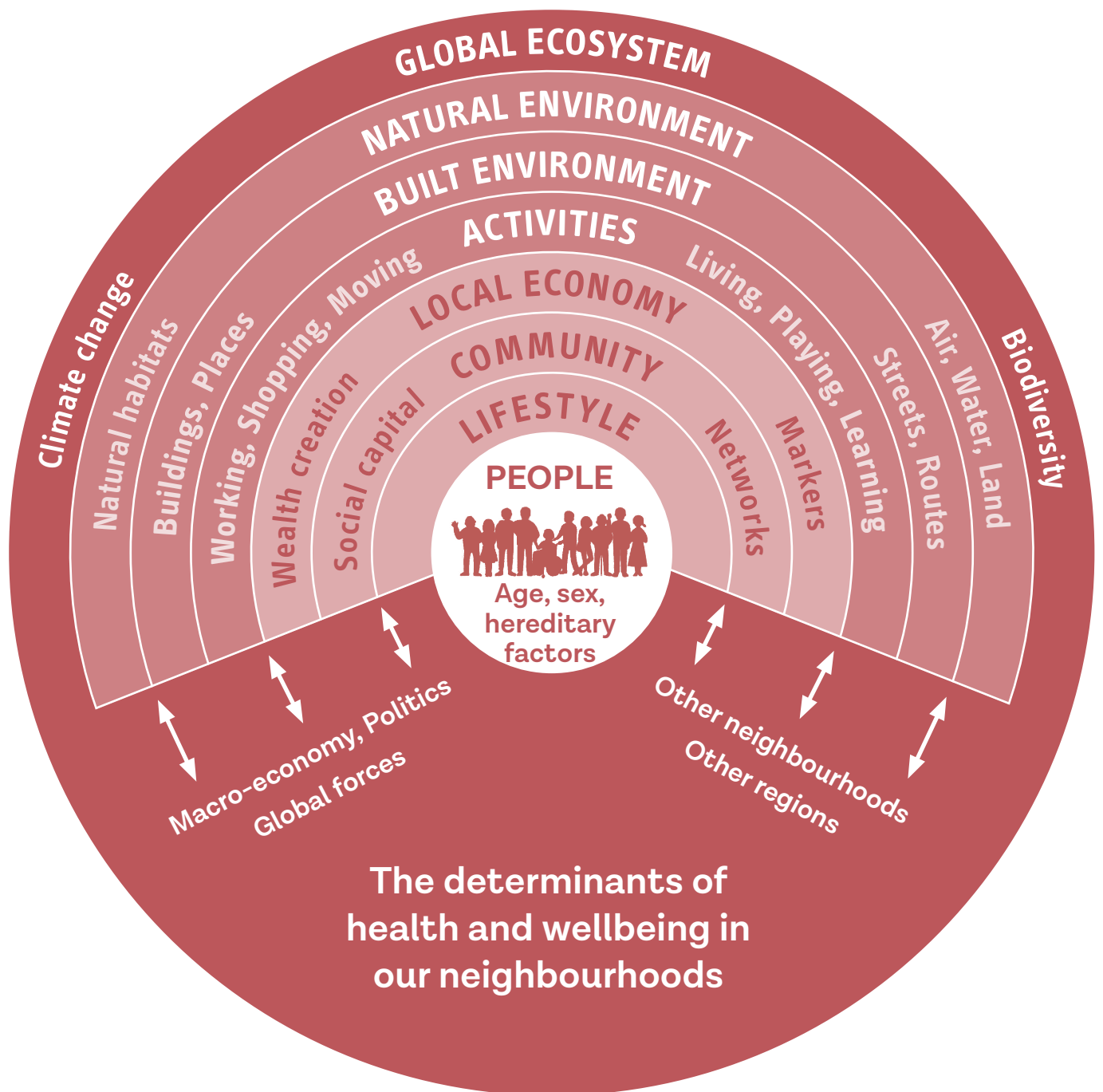


Figure 1: The determinants of health and wellbeing in our neighbourhoods ('The health map')(Barton & Grant, 2006)

# Assessing child development in social work – a multiprofessional endeavour

The statutory guidance *Working together to safeguard children* (HM Government, 2023) sets out the duty to safeguard and promote the welfare of children to ‘maintain a satisfactory level of health or development’ (p. 51). It emphasises the importance of taking a systematic approach to assessment, as set out in the Assessment Framework (Framework for the Assessment of Children in Need and their Families – Department of Health et al., 2000).

The framework provides a structure for analysing, understanding and recording the experiences of a child within their family and their wider communities and is an important tool for gathering information on:

1. a child’s developmental needs
2. the capacity of the child’s parents, carers or family network to meet their child’s needs
3. any external factors that may undermine parenting capacity.

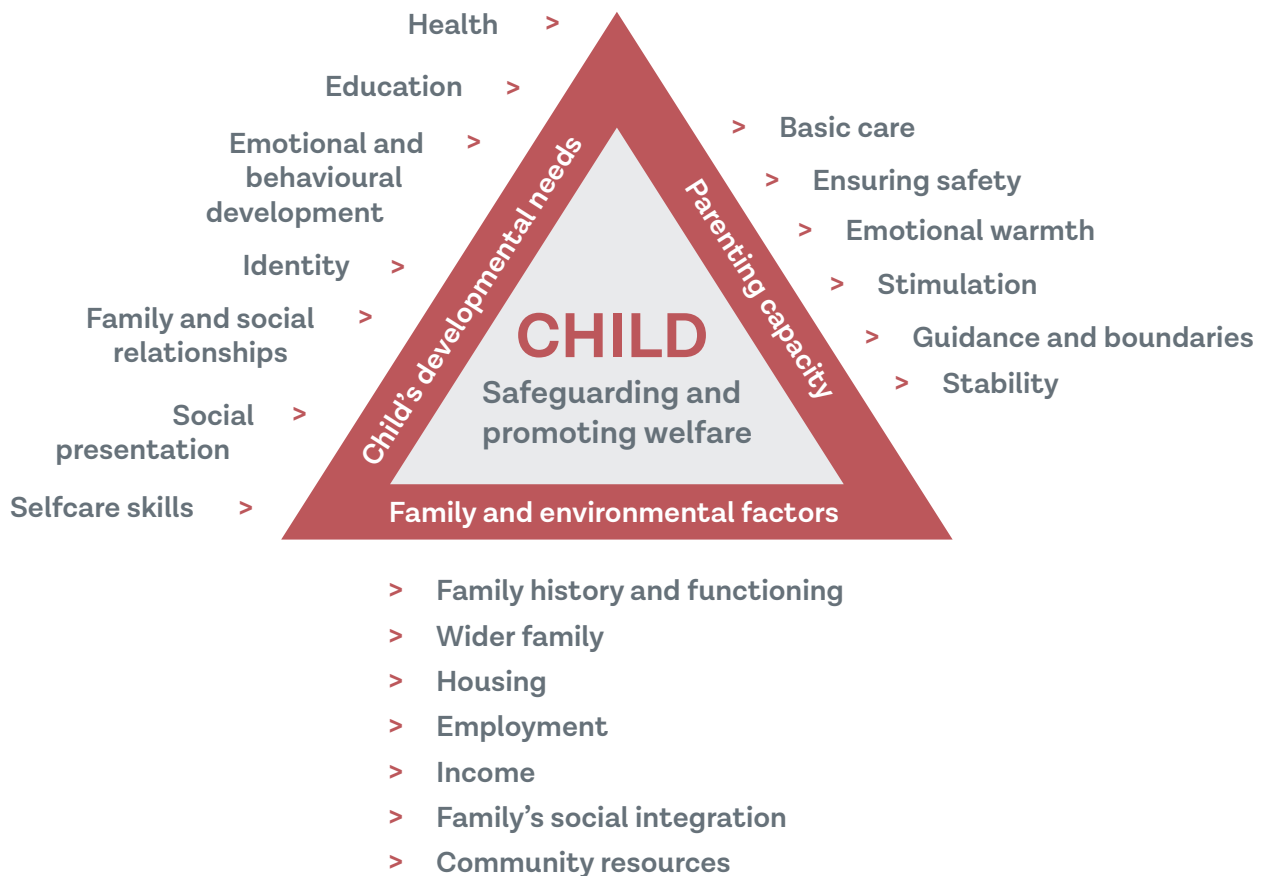


Figure 2: Assessment Framework (Department of Health et al., 2000)



It is important to not only listen to what parents say about their child but also to observe the child directly. For example, this might involve:

- > Listening to the child to find out what they like doing and assess how they are developing.
- > Watching the child at play, and noticing what toys and equipment are available and whether these are suitable for the child.
- > Observing the child in different situations (e.g. how the child behaves and responds at home may be very different to how they do so in nursery or school).
- > Being alert to any potential warning signs, such as a child who climbs all over you and wants to go home with you on your first visit, or infants who are passive and unresponsive and sit quietly in a pushchair for a couple of hours.

Trying to determine whether developmental delay or unusual behaviours are a result of abuse or neglect or an undiagnosed disability or health condition can be challenging. Many child and family practitioners will be used to working with children who have developmental delay because of previous life experiences. Because of this, there is a risk that practitioners may sometimes lose sight of 'normal' child development. Working closely with professionals from other agencies who see a wider range of children, and who may use different assessment tools, can help to minimise that risk.

### Maintaining an intersectional perspective

Cultural sensitivity is important when thinking about a child's development. Each child's individual lived experiences of identity, belonging, power, privilege or oppression, for example, will all influence development across the lifespan (Schute & Slee, 2015). So, when it comes to understanding what constitutes key milestones and differences in diverse families and communities, one size does not fit all (Bermudez, 2022).

Intersectionality theory (Crenshaw, 1989) is a helpful way of understanding and describing how compounding and intersecting factors, such as race, gender, disability and sexuality, influence child development (Bermudez, 2022) and the child's lived experience of belonging and difference. For example:

- > **Racism:** There is evidence that racism and other forms of discrimination can have a negative impact on children's physical and mental development (Center on the Developing Child, 2023).
- > **Disability:** Children with disabilities may have a different rate of developmental progress across various domains (Khan & Leventhal, 2023). Interprofessional working is crucial for effective developmental screening and management plans that enable children to live well with learning disabilities or learning difficulties.
- > **Trauma:** Traumatic events, such as abuse or neglect, can lead to disruption in development (Wilkinson, 2023). Repeated (developmental) trauma that happens in the context of close relationships can affect neurological, socioemotional, physical and cognitive development.



## Information and resources

- > For examples of how to assess and record a child's developmental progress, see the **Early Years Child Development Tool** developed by Nottinghamshire Early Childhood Services.
- > Research in Practice's **four-part practice guide** (Hernon & Franklin, 2024) can help practitioners ensure that children with speech, language and communication needs are heard during assessments and empowered to participate in decision-making.
- > The practice tool **Enabling and embedding creative participation in child and family social work** (Dillon et al., 2022) covers different ways to communicate and work with children who have experienced disruption, harm or trauma, including supporting their participation in decision-making.
- > The briefing **Expressions of self** (Cheruvallil-Contractor et al., 2024) has tools that practitioners can use to promote positive identify development of minoritised children.
- > **Support around children who have experienced developmental trauma** (Wilkinson, 2023) describes effective approaches for working with children and parents/carers when a child has had repeated traumatic experiences, such as abuse or neglect.
- > Bruce Perry's (2006) Neurosequential Model of Therapeutics (also known as the 6Rs) is a helpful framework for creating supportive developmental environments for children who have experienced trauma – see **Wilkinson, 2023**, p. 16.



## Reflective questions

1. Think about a child you are working with. Does your assessment of the child take a holistic and intersectional approach? How might you incorporate this better in your assessment?
2. Have you observed the child in different contexts? What do these observations tell you about the child's development?
3. Is your assessment of the child's development needs sufficiently detailed and descriptive? Does it capture everything that is needed about the child?
4. What further information might you need about the child and family? How will you get this information?

# Parenting and child development

How parents/carers raise their child has a profound influence on children's wellbeing and development (Oppenheim et al., 2022), as does the learning environment that children experience at home and in their community (National Children's Bureau et al., 2018).

- > Parents who engage in 'meaningful' activities that encourage play, thinking and talking can enhance their child's development (National Children's Bureau et al., 2018).
- > Conversely, a child's early exposure to adversity in emotionally and physically depriving environments is linked to poor attachment and neurodevelopmental disruptions, especially if this occurs during sensitive periods of development (Leadsom, 2021).

## Bonding and relationships in the early years

At the core of all theories of child development is recognition of the importance of the family and parenting, alongside wider environmental influences. The relationship between parents and their child is two-way, interactive and dynamic, with the child's own disposition shaping how parents respond and vice versa (Oppenheim et al., 2022).

The parent-infant bond generally starts to develop before birth and continues to develop via parent-child interactions throughout infancy. An infant is born with a relatively limited set of behaviours – such as vocalising, smiling and crying – to elicit care from their parents (Fonagy & Allison, 2012). Nevertheless, babies are proactive in seeking relationships by engaging parents in 'proto-conversations' as in this video of a **babbling baby**.

As babies grow older their repertoire expands, and they are able to use behaviours such as talking, shouting, caressing and cuddling to alert their carers when they are in need. These are typically called 'attachment' behaviours, and they help an infant to:

- a. Get their needs met.
- b. Develop a sense of security by keeping their parent close.

When a parent reliably provides comfort and protection, the infant learns to trust their own feelings, communicate their feelings to others and rely on others for care and comfort when needed (Fonagy & Allison, 2012).

Parents and carers who are attuned to their infant's needs and feelings are able to 'hold the infant in mind' through their mentalising capacity (Fonagy & Allison, 2012). As a result, the child develops secure attachments with a parent or carer who is able to respond appropriately to what they are communicating, supporting infants' emotional, social and behavioural development. It's important to remember that these attachments can be made with multiple caregivers in the child's life – for example, in societies and cultures where parenting/caregiving is done by multiple people (Schute & Slee, 2015).

The 'serve and return' relationship (where young children reach out for interaction with parents/carers through babbling, facial expressions and gestures, and adults typically respond with the same kind of vocalising and gesturing) is a key element of brain development for babies and infants. (Center on the Developing Child, 2007). If such responses are persistently absent, or if responses are unreliable or inappropriate, this can lead to disparities in learning and behaviour.

For example, recent evidence suggests that parents' use of mobile phones when interacting with their children can make parents less responsive and less sensitive to their child's needs (Kildare & Middlemiss, 2017). Gaze following, parental responsiveness and joint attention are all critical for language development, yet all are reduced when parents are using their phone (Morris et al., 2022).

## Infant brain development

Brain development is an ongoing process that begins before birth and continues into adulthood (Center on the Developing Child, 2007). The structure of the brain is built in an orderly and hierarchical fashion, starting with the simplest circuits and moving up to more complex circuits. High-level circuits, such as language skills and higher cognitive function, build on earlier sensory pathways such as those for vision and hearing.

## Human Brain Development

### Neural connections for different functions develop sequentially

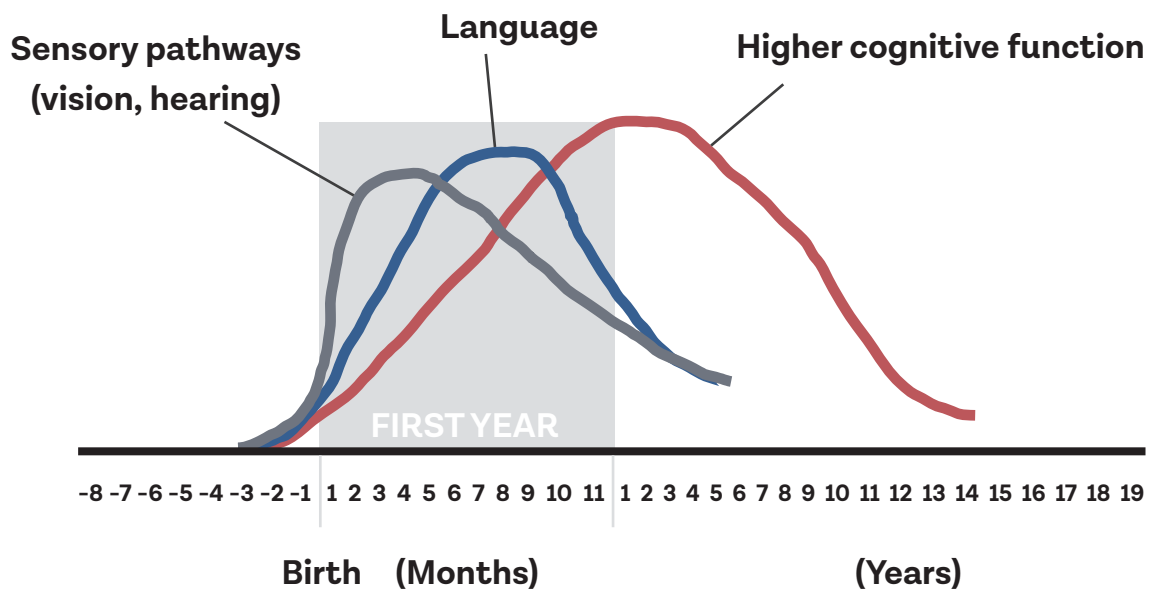


Figure 3: Brain development: Neural connections for different functions develop sequentially (Center on the Developing Child, 2007)

## Supporting parents to build child-centred relationships

Practitioners can support parents/carers to engage in child-centred activities and to address the developmental risk of absent or non-attuned parenting, due to over-riding adult-parental needs. Activities that are likely to have the greatest positive impact include:

1. reading, sharing books and going to the library
2. going out on visits
3. playing with print (letters and numbers)
4. singing songs and nursery rhymes
5. drawing and painting (making meaningful marks)
6. playing with friends. (National Children's Bureau et al., 2018, p. 2)

Working closely with parents/carers and encouraging them to accept support from other professionals, including health visitors and nursery nurses in the case of very young children, will help to empower parents and carers to learn more about setting child development goals, and working towards them in individual and group settings. This will in turn help to promote social relationships and friendships and strengthen local community capacity to support healthy child development.



## Reflective questions

1. Think about a family you are working with:
  - a. What are your observations of the relationship/bonding between the child and their primary carers?
  - b. Do carers respond in an appropriate way to the child's cues?
2. Are there toys and other play materials in the house? Do the parents/carers and child play with these together?
3. How can you best involve parents/carers in discussions about their child's development? What resources might support parents/carers to share their worries?
4. Can you identify any changes that the parents/carers might make to the way they are caring for their child? What help or support might they need to be able to do this? Are there local support groups, for example, that focus on children's play and development?





## Information and resources

- > Strengths-based video feedback can help parents attune to their baby by showing clips that capture moments of positive interaction and supporting parents to build on them. See the **practice tool and film** developed by Research in Practice (Gow et al., 2020).
- > Guidance for practitioners on how best to support a positive home learning environment in the early years can be found in **Home matters** (National Children's Bureau et al., 2018).
- > For more information on 'serve and return', see the **guidance and videos** from the Center on the Developing Child. The videos also cover play as a critical interaction between carer and child and are a potential resource for sharing with parents and carers.
- > For information on infant brain development, see the **series of four films** from Research in Practice (Baynes, 2023). These include messages about:
  - > the importance of facial interaction
  - > how culture and environment affect brain development
  - > the impact of prolonged fear and discomfort on an infant's stress system
  - > how parents and carers can help children to learn about emotions and read facial expressions
  - > why children who have been maltreated may need additional support to develop reasoning and impulse control skills.

# Poverty, family adversities and child development

A number of parent-related factors (e.g. parental mental health difficulties, parental substance use and domestic violence) can have an adverse impact on their child's development. The stresses associated with family poverty and deprivation can be particularly pernicious.

For many families, the pandemic added an additional layer of stress, including through reduced income (Children's Commissioner, 2021). Children who were born or who were very young during the pandemic may have missed out on vital social experiences, adversely affecting speech and language development and socioemotional development (Fazackerley, 2024; I CAN, 2021). And although the long-term implications are unclear, emerging evidence suggests that the periods of enforced social isolation may have had a significant impact on brain maturation as older children, particularly girls, enter adolescence (Corrigan et al., 2024; Sample, 2024).

## The impact of family poverty

Structural factors, such as the social, economic and cultural characteristics of neighbourhoods, are likely to play a significant role in children's development. Poverty can have a lasting impact on children, affecting their physical and mental health, cognitive development and attainment (Jessiman et al., 2021; Minh et al., 2017). The stress associated with poverty and other adversities can make it difficult for parents to meet their children's emotional, developmental and material needs (Marmot et al., 2020; Minh et al., 2017; Oppenheim et al., 2022).

In the UK, almost three in ten children are now living in poverty, rising to more than four in ten children in larger (i.e. three or more children) families (Joseph Rowntree Foundation, 2024). Levels of destitution continue to increase (Fitzpatrick et al., 2023), and a growing number of families are living in insecure temporary housing, which adversely affects children's health, development and life chances (Cooper, 2023; Oppenheim et al., 2022).

Poverty and neighbourhood deprivation can affect many aspects of family life and put family relationships under considerable strain. In the UK, children living in poverty are more likely than their peers to be born small, be bottle fed and breathe second-hand smoke. They are more likely to become overweight, suffer from asthma, have tooth decay and perform poorly at school. And they are at greater risk of dying during the first year of life or dying in an accident (Roberts, 2012, in Wickham et al., 2016).

Tackling health inequalities involves collaboration. Emotional warmth, food and fuel, shelter, housing, dental care, speech and language supports, and good quality pre-school education and childcare are vital childhood supports (Marmot et al., 2013, 2020). Working together, health and social care practitioners can help to identify and reduce early-start inequities.

## Supporting parents around poverty and deprivation

It's understandable that practitioners may feel powerless to help parents in the face of family poverty and neighbourhood deprivation. Many of the adversities highlighted earlier in the 'health map' are beyond a practitioner's influence. Nevertheless, there are steps that practitioners can take to support families and their children's development.

For example, social workers can be important advocates for children and families, particularly in relation to identifying and responding to the relationship between poverty and child neglect. The most recent analysis of serious case reviews (Dickens et al., 2022; Flood & Wilkinson, 2022), for example, found that social workers face professional challenges in responding to neglect in the context of poverty. But by focusing on the child's lived experience of poverty, practitioners are more likely to recognise the accompanying difficulties in children's health and/or behaviour.

- > Practically, social workers are well-placed to seek out financial assistance for families, including access to food banks, child health clinics, healthy start vitamins and vouchers.
- > Advocating for a family's housing needs – for example, to avoid the risks associated with mould and damp, air pollution or overcrowding – is another important practical response.
- > Encouraging families to engage with universal services and appropriate local community groups and voluntary organisations will support child development. Supporting families in access to high quality pre-school education, for example, will promote school readiness and healthy child development across different domains.



## Information and resources

- > The Royal College of Paediatrics and Child Health has developed a **toolkit** to help doctors understand how child poverty drives health inequalities and adversely affects child development and health. The tools can also be used by other practitioners include tips on how to talk about poverty with families.
- > Children are at greater risk than adults from damp and mould in the home. Government **guidance on addressing the health risks** may help social care and other practitioners think about how they can help families get practical help (Ministry of Housing, Communities & Local Government et al., 2024).



## Reflective questions

1. What are some of the challenges facing families living in poverty in the area you work in?
2. Which services and organisations are working with children and families at risk of poverty in your area? How might you better work with these organisations?
3. How do you ensure that you have a good understanding of a child's lived experiences within the context of poverty and other adversities?

## Parental adversities

When parents or carers are struggling with adversities such as substance use, mental health difficulties or domestic violence, this can have a negative impact on children's development. For example:

- > The cognitive and emotional development of unborn children can be adversely affected by maternal mental health difficulties during pregnancy.
- > Alcohol use during pregnancy is particularly harmful as it affects brain development during a critical time in the evolving foetal central nervous system.
- > Parents may neglect their own or their children's physical care. Routine health checks may be missed, and parents may not respond appropriately if children develop health problems.
- > Domestic abuse, aggression and violence are more likely in the context of parental substance use and/or mental health difficulties, although not contingent on these.
- > Parents may be less responsive to the child's signals. They may be less able or willing to involve themselves in meaningful play, which is crucial to educational and cognitive development in babies.
- > Children may miss school – for example, because:
  - the parent can't get them there
  - the child takes on more caring responsibilities as they get older
  - the child is unwilling to leave their parent alone. (Mukherjee, 2017; Ryan, 2018; Taylor & Flood, 2020)



## Information and resources

- > Research in Practice's **frontline briefing** and **frontline tool** on parental mental health (Ryan, 2018) give advice for social workers and family support workers on how to support parents with mental health difficulties.
- > For advice on supporting families affected by FASD, including supporting mothers during pregnancy, see the **frontline briefing** from Research in Practice (Mukherjee, 2017). See also the helpful **blog** by Martin Clarke (2023).
- > **The impact of parental substance use on child development** (Taylor & Flood, 2020) includes advice on supporting families affected by substance use.

## Conclusion

This briefing provides a summary of key aspects of child development in children aged between 0 and 11 years, with a particular focus on the early years. It sets out factors that may influence a child's development to support practitioners in their observations, direct work, referrals and recording.

We recommend that you also use the accompanying child development chart to further your knowledge and understanding of child development. The chart can also be printed out so that you can use it as an aide memoire when visiting children and families.

# References

(including references linked to the Child Development Chart)

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