

Theory/ Stages of Development	Developmental theory:	Supportive factors	Cognitive theory:	Associated training available
	Sequential stages, defined by physical, cognitive and emotional milestones theorists: Sheridan M, 1997 Fahlberg V, 1994		Ways of thinking about interactions with the surrounding world theorist: Piaget J, 1896 -1990	
0-6 months	<p>Lifts leg; grasps foot. Lifts head. Rolls over front to back. Eyes move in unison. Turns to carer's voice. Vocalises, laughs. Puts everything to mouth.</p> <p>My Baby's Brain Newborn babies often copy adult's expressions for example opening and closing their mouths</p> <p>Smell and taste are already developing in a newborn. Many babies experience the flavours that Mum is eating and show a preference for them after birth.</p> <p>Source: HCT Birth to five development timeline</p> <ul style="list-style-type: none"> • 1-4 weeks: will start to recognise faces and may be startled by loud noises • 4-6 weeks: will start to smile • 4-12 weeks: will start to lift head • 3-5 months: will start to reach out for objects • 4-6 months: will start making different sounds • 5 months: will lift objects and suck them • 6 months: will learn to pass things from one hand to another 	<p>Bonding and attachment during pregnancy Looking after yourself and keeping stress to a minimum Diet and nutrition</p> <p>Development is influenced by our environment and our genes. Environment includes parents, wider family, physical environment, health</p>	<p>During pregnancy (source: My Baby's Brain antenatal):</p> <p>Baby's brain development during pregnancy :</p> <ul style="list-style-type: none"> • 3-4 weeks primitive brain and spinal cord. Neurons produced at a rate of more than 250,000 per minute • 9-12 weeks nervous system, organs and muscles start to become organised and connected • 24 weeks: most neurons are now present • 25-38 weeks: brain continues to develop and grow with connections being made between neurons • Babies in the womb are thought to 'settle down' when mum reads to them <p>Between 0 and 3 (source: My Baby's Brain) In the first year the brain will double in size as a result of connections forming between brain cells. These connections are formed and strengthened by everything that is happening around them and their experiences.</p> <ul style="list-style-type: none"> • Respond: everything that a baby does is to get a response from their parent. A baby's brain works very slowly at first but the more repetition that is done, the strong the connections between the brain cells become • Cuddle: a baby feels safe around safe people. Feeling safe releases chemicals in the baby's brain that helps their brain to grow. • Relax: when a baby is stressed harmful toxins (adrenalin and cortisol) are released in their body which can impede brain development. Feeling calm fills the body with chemicals that help the brain to grow 	<p>Pre-birth assessment (L+D)</p> <p>My Baby's Brain antenatal parent programme – delivered at children's centres</p> <p>My Baby's Brain: five to thrive</p> <p>My Baby's Brain: vulnerability, trauma and recovery</p> <p>Infant Mental Health Online (IMHOL)</p> <p>Direct work with children (L+D)</p>
1 year	Sits and crawls. May stand alone. Picks up small objects. Uses both hands. Knows and turns to own name. Babbles. Drinks from cup. Stranger anxiety - likes to be within sight and hearing of familiar adult/ caregiver	<p>Copying a baby's expressions helps them to understand what they are feeling</p> <p>A baby's body works in tune with their parents, if a parent's heartbeat</p>		

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2 years	Runs and climbs on furniture. Can walk backwards. Walks down stairs. Builds tower of six bricks. Uses 50 words. Uses own name – not 'I'. Dry during day. Demands attention. Cannot share.	<p>slows down so does theirs. If a parent is feeling stressed, their heartbeat increases and so does the baby's. This helps the baby link together soothing activity with and physical relaxation which is the basis of stress regulation for life.</p> <p>End exciting play with some down time to give your baby a chance to relax. If a parent can sing or hum when they are feeling stressed this can help relax both parent and baby</p> <p>Babies don't need lots of toys, the best toy is interaction with parents and family.</p> <p>As well as being talked to, babies need to be listened to as well. When a baby makes a sound, it helps their brain connections grow if a parent looks straight at them and copies the sound back to them.</p>	<ul style="list-style-type: none"> • Play: play involving facial expressions build brains patterns for recognising feelings in yourself and in others. Physical play builds motor neuron functions. Matching, counting and giving and taking games all build pre-cognitive patterns in the brain that underpin later cognitive function so that the child will be able to think more effectively. • Talk: a baby will copy when they are talked to, at first it will only be sounds but the more they are talked to the more sounds can be turned into words. <p>Sensory- motor stage. Although language development and thought begins, the major developmental tasks in this stage relate to experiencing the world through the five senses (sensory): learns to crawl and walk (gross motor) and to grasp and manipulate small objects and simple 'tools' (fine motor).</p> <p>Learns how to learn through exploration and manipulation of surroundings, linking cause and effect: for instance, understands that shaking a rattle produces noise or that sucking produces milk. Understands that objects are permanent and exist even when not visible. Beginnings of self-identity.</p>	
3 years	Walks up stairs. Turns while running and pulling toys. Walks on tip toe. Draws person with head. Cuts with scissors. Knows full name and uses 'I'. Asks what, where and who questions. Uses fork and spoon. Dry at night. Can share.		<p>Pre- operational stage Capable of symbolic representations of the world in play and language. Uses toys to represent something else. Not yet capable of sustained systematic thought. Develops language and drawing to express self and experiences. Becoming less egocentric.</p>	
4 years	Turns sharp corners, running, pushing and pulling. Hops and climbs. Draws person with head, trunk, legs and often arms. Speech intelligible – 1500 words. Gives name and address. Appreciates past, present and future. Helps with dressing.			
5 years	Skips, dances and hops. Copies square and triangle. Writes a few letters. Draws a house. Counts fingers on one hand. Gives name, age, address and birthday. Dresses/ undresses alone.			<p>Protective Behaviours Level 1 (L+D)</p> <p>Direct work with children (L+D)</p>

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6 years	Very active physically. Developing concentration. Wants to take on more than can manage. Often regresses to an earlier stage under pressure. Responds to praise. Co-operative but needs help.		Concrete operational stage Able to think logically to solve problems and organise information learned. Able to: > understand that some things remain unchanged despite changes in appearance: eg, liquid in different shaped cups > mentally reverse a process or action	Protective Behaviours Level 1 (L+D) Direct work with children (L+D)
7 years	Concentration much improved and gets very absorbed. More likely to sulk and be withdrawn when in difficulties. Easily frustrated by own failures. Learning about 'fairness' and 'luck'.		> concentrate on more than one aspect of a situation at a time > deduce new relationships from earlier ones: eg, if pencil A is longer than B and B is longer than C, then A must be longer than C > order things in sequence > group objects on the basis of common features Begins to think logically about concrete events but difficulty understanding abstract concepts or general principles applied to specific events.	Protective Behaviours Level 1 (L+D) Direct work with children (L+D)
8 years	Eager but impatient with self and others. Better at group games and at losing. Has more developed sense of time. Interested in own past. Developing sense of humour and interest in jokes and riddles.			Protective Behaviours Level 1 (L+D) Direct work with children (L+D)
9-11 years	Quick and extreme emotional shifts. Increasingly independent and cooperative but can be critical. Integrates learning from multiple sources. Outside home and peer friendships important. Worried by mistakes and school failure.			Protective Behaviours Level 1 (L+D) Direct work with children (L+D)
Early Adolescence Approximately 12- 14 years	Identity Development and Movement towards Independence Emerging identity shaped by in/external influences; moodiness; improved speech to express oneself; more likely to express feelings by action than by words (may be more true for males); close friendships gain importance; less attention shown to parents, with occasional rudeness; realization parents not perfect; identification of own faults; search for new people to love in addition to parents; tendency to return to childish behaviour during times of stress; peer group influence on personal interests and clothing styles. Physical Changes Gains in height and weight; growth of pubic/	Be supportive of your teenager, big changes that can't be seen are underway If you can understand something about what is happening in the teenage brain it will help understand a teen's behaviour	Source: My Teen Brain The years from puberty onwards are years when the brains shows more change and development than at any other stage (apart from first three years of life) The amount of grey matter increases in late childhood and then is gradually re-arranged and re-organised during the adolescent years – this process is called pruning. Pruning is where unwanted connections between neurons are removed allowing the existing connections to function better. This is not a negative process instead it allows for growth in the most used area. Connections between nerve fibres become more matures, efficient and stronger. The connection between the two hemispheres of the brain	Youth Mental Health First Aid (L+D) Protective Behaviours Level 1 (L+D) Talking to young people about risky behaviour (L+D) Working with LGBT+ young people (L+D) Delivering drug and alcohol education to young people (L+D) Direct work with children (L+D)

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	<p>underarm hair; increased perspiration, increased oil production of hair and skin. Girls: breast development and menstruation. Boys: growth of testicles and penis, nocturnal emissions (wet dreams), deepening of voice, facial hair.</p>	<p>How much sleep a teenager gets will affect learning and development. Try to let teenagers catch up on sleep at weekends.</p>	<p>become better organised which allows the individual to use more area of the brain and to co-ordinate different aspects of brain activity.</p> <p>The prefrontal cortex and amygdala are two areas of the brain that undergo the most significant growth and change during adolescence. However the two do not develop at the same time. The prefrontal cortex, which is responsible for thinking, planning and problem solving, develops slower than the amygdala, which is associated with emotion, sensation and arousal.</p> <p>The body clock in teenagers doesn't work the same as children or adults. Melatonin (the hormone that triggers sleep_ is release two hours later in adolescents.</p> <p>Neuro transmitters help connect neurons by sending impulses from one neuron to another. Some help the impulse move and others, hinder. Neurotransmitters which hinder or delay impulses are likely released when an individual is stressed or anxious.</p> <p>Future Interests and Cognitive Development Increasing career interests; mostly interested in present and near future; greater ability to work.</p>	<p>My Teen Brain: multi-agency professional training</p> <p>My Teen Brain: thematic professional training</p> <p>My Teen Brain for schools (classroom delivery to young people)</p> <p>Talking to young people about risky behaviour (L+D)</p> <p>The OLLIE Foundation currently provide 3 trainings:</p> <ol style="list-style-type: none"> 1. Safe talk (half day suicide prevention training) 2. ASSIST (2 day suicide prevention training) 3. Return to Hope (a one day course for professionals supporting people post suicide attempt) <p>Let's talk about sex, pressure, media and social networks (L+D)</p> <p>Identifying and supporting Young Carers (L+D)</p>
<p>Middle Adolescence Approximately 15-16 years of age)</p>	<p>Identity Development and Movement towards Independence Self-involvement, alternating between unrealistically high expectations and worries about failure; complaints that parents interfere with independence; extremely concerned with appearance and body; feelings of strangeness about one's self and</p>		<p>Future Interests and Cognitive Development Intellectual interests gain importance; some sexual and aggressive energy directed into creative and career interests; anxiety can emerge related to school and academic performance. The brain continues to develop and change until the early twenties.</p>	<p>The OLLIE Foundation currently provide 3 trainings:</p> <ol style="list-style-type: none"> 1. Safe talk (half day suicide prevention training) 2. ASSIST (2 day suicide prevention training)

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	<p>body; lowered opinion of and withdrawal from parents; effort to make new friends; strong emphasis on the new peer group; periods of sadness as the psychological loss of parents takes place; examination of inner experiences, which may include writing a diary.</p> <p>Physical Changes Males show continued height and weight gains while female growth slows down (females grow only 1-2 inches after their first menstrual period).</p> <p>Males show continued height and weight gains while female growth slows down (females grow only 1-2 inches after their first menstrual period).</p>			<p>3. Return to Hope (a one day course for professionals supporting people post suicide attempt)</p> <p>Let's talk about sex, pressure, media and social networks (L+D)</p> <p>Identifying and supporting Young Carers (L+D)</p>
<p>Late Adolescence (Approximately 17-21 years of age)</p>	<p>Identity Development and Movement towards Independence Firmer identity; ability to delay gratification; ability to think through ideas; ability to express ideas in words; more developed sense of humour; interests and emotions become more stable; ability to make independent decisions; ability to compromise; pride in one's work; self-reliance; greater concern for others.</p> <p>Physical Changes Most young women are fully developed; young men continue to gain height, weight, muscle mass, body hair.</p>		<p>Future Interests and Cognitive Development More defined work habits; higher level of concern for the future; thoughts about one's role in life.</p>	

Acknowledgements: This Child development chart has been adapted using information from Research in Practice and from the ACT for Youth Center of Excellence publication **Stages of Adolescent Development** by Sedra Spano. Information has also been taken from My Baby's Brain and My Teen Brain training. My Baby's Brain: www.hertfordshire.gov.uk/mybabysbrain . My Teen Brain: www.hertfordshrie.gov.uk/myteenbrain . HCT Birth to five <https://www.nhs.uk/Tools/Pages/birthtofive.aspx>