

Child Development: A Brief Guide

	0 – 6 months	6 mth- 1year	2 years	3 years	4 years	5-11 years	11- 21+ years
Physical development (examples)	Lifts head. Rolls front to back Good muscle tone. Appropriate weight gain.	Sits and crawls. May stand. Walks holding one hand by 1 year.	Runs and climbs. Builds six bricks. Spoon feeds, drinks from cup.	Walks upstairs. Draws person with head. Pencil control, uses scissors.	Walks downstairs. Hops, climbs. Ball skills developing.	Draws full person. By six years, knows left and right, ties a bow. Physically active. Skips with rope, proficient with ball. Draws with precision and detail.	Puberty. Developing sexually.
Cognitive and language development (examples)	Attentive to known voices. Shows interest in new things. Smiles in response to speech. Vocalises.	Babbles. 50 words by 1 year. Double syllable sounds.	Symbolic thought/imaginative play. Dramatic growth in vocabulary/grammar age 2-3.	Asks lots of questions. Understands past, present, future. Theory of mind-understands that other people have thoughts and feelings that differ from one's own. Therefore can 'lie' – but also negotiate. Uses sentences. 1,500 words.		Able to concentrate. Developing memory strategies. Problem solving skills. Putting feelings into words. Sense of time. Talks fluently and with confidence. Sense of humour – loves jokes.	Increasingly independent thinker. Capacity for abstract thinking, planning, looking forward. Using previous knowledge/thinking about the hypothetical in order to solve problems.
Emotional/ social development (examples) A secure base is provided through a relationship with caregiver(s) offering a safe haven and a reliable base for exploration. Promotes trust/competence/resilience.	Alert, responsive. Interested in human face. Tracks with eyes. Shows range of feelings.	Selective attachment figures. Enjoys close contact. Enjoys play on own and with others. Signals discomfort/can be comforted. Can manage brief separations with support. Stranger anxiety, but varies in intensity. Difficulty in sharing.	Explores surroundings. Looks at people when communicating. Perspective taking/empathy. Shows/regulates range of emotions including social emotions e.g. pride, guilt, shame, embarrassment. Usually responds to limit setting. Aware of gender, and other social roles and expectations.			Learning social roles/cultural values. Interested in own past – asks 'why'? Enjoys games with rules. Will try new tasks, pride in achievements, accepts mistakes. Can share and compromise. Can express wide range of emotions. Learning to relate positively to peers, can work in a team Able to hold secure base in mind when separated (e.g. at school) so free to learn.	Identity development- may follow or reject parent/community values. Self-esteem/self-concept open to change. May have extreme emotional shifts – but managed with support of caregivers. Aware of personal strengths and limitations. Peers/activities outside the home important. Conscience development/pro-social values. Comfortable with sexuality. Can be assertive/accept reasonable limits. Developing goals for the future. Knowledge that secure base is available in times of difficulty is very important.
The needs of children in care or adopted	Genetic and pre-birth influences interact with the caregiving environment. Early weeks are crucial to development. The longer the exposure to adverse caregiving, the longer it will take to restore potential development. But some infants can make a good recovery with reliable, sensitive caregiving.			Children may be preoccupied with unmet infantile needs. Behaviour may be withdrawn, chaotic, demanding, controlling. Caregiving that focuses on meeting previously unmet needs can repair earlier harm.	Children often show poor self esteem and ability to co-operate. Peer relationships difficult and capacity to manage the expectations of the classroom (concentration, working together, etc.) limited. But also children can discover fun/rewards from relationships & activities.	Can be a period of upward or downward spirals as some young people come to terms with their history and develop strengths, while others are overwhelmed by anxiety about adult life/peer pressure.	
All children and young people coming into care after adversity will need focused, sensitive caregiving that helps to fill the gaps in their earlier experience. These gaps are often formed in infancy and children at any age may appear preoccupied with unmet infantile needs such as feeding and comfort seeking. They will also need special focus on building self esteem and competence and active support in developing interests and activities, managing relationships with peers and working together with adults. A comfortable sense of birth family membership and support and ongoing foster/adoptive family membership can be highly restorative. Children and young people have an ongoing capacity to overcome adversity and benefit from security and emotional warmth.							

This chart was drawn from the following sources: Fahlberg, V (1994) *A child's journey through placement*, London: BAAF; Sheridan, M (1997) *From Birth to 5 years – Children's Developmental Progress*, London: Routledge; Schofield, G. and Beek M. (2006) *Attachment Handbook for Foster Care and Adoption*, London: BAAF.

Promoting and supporting children's development is at the heart of social work with children and families. The Adoption Research Initiative longitudinal study of very young children at risk of significant harm, highlights the importance of child development knowledge for social workers. This chart is a brief reminder of the typical stages of children's physical, cognitive and emotional development. It is by no means comprehensive and you are advised to refer to the referenced texts for more detailed information.