



# Professional Development Module

## Introductory Module “The underlying factors affecting child health and development and family functioning”

### Summary



# The underlying factors affecting child health and development and family functioning

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## “Pre-Reading: The Early Years in Context”

### 1. Changes in families and family circumstances

#### A. Changes in families – structural and cultural diversity

Over the past two or three decades, there have been major changes in the structure and diversity of families in Australia. Families have always been diverse, but there has been an increase in the proportion and variety of “non-standard” families.

In terms of structural changes in families, the main changes are:

- *Families have become smaller.* The fertility rate in Australia has dropped to below 1.7 babies per woman, down from an average of 3.5 in 1961. (There are some exceptions to this, such as Aboriginal families where the trend is to have larger families.)
- *Childlessness is increasing.* More couples are deciding not to have children. On current rates, it is projected that about a quarter of young women will not have children.
- *Mother’s age at first birth is increasing.* This has risen from 22 years or so to around 29 years. In 2001, 48% of babies were born to women over the age of 30, compared with 30% in 1961. (Again, the trend in Aboriginal families is the opposite – Aboriginal mothers are having their first children younger than ever.)
- *There are more single parents.* This is not due to marriage break-ups and divorce, but to an increase in the number of mothers without partners who are having children. Only 3 per cent of children born between 1963 and 1975 were born to a single mother, and by 2001 this had grown to 11.4 per cent.
- *There are more blended families.* Nearly 9% of families are blended or step families. Remarriages between parents with children from previous marriages can create difficulties in terms of new attachments and shared responsibilities.
- *There are more shared custody arrangements.* The nature of shared custody arrangements is currently a subject of debate, with fathers’ lobby groups pushing for an initial presumption that fathers and mothers should share custody of the children equally, rather than mothers having custody in most cases.
- *There are more same sex couple families.* Both male and female same sex couples are now raising children.

In terms of **cultural and ethnic diversity**, there continues to be significant influxes of immigrant and refugee groups from an increasingly diverse range of countries, cultures and religions. Nearly a quarter of Australians have come from culturally and linguistically diverse backgrounds, speaking a total of 180 languages.

## B. Changes in family circumstances – employment

Besides the changes in the structure and diversity of families, there have also been significant changes in the circumstances in which families are raising young children. These include the following:

- *More parents are working.* The changing financial climate and rising cost of living has meant that both parents need to work to cover costs.
- *More mothers with babies are working.* The lack of paid maternity leave provision means that many mothers are forced back into the workforce soon after the birth of their babies. This is likely to interfere with their ability to breastfeed and places greater strain on the parent / child relationship.
- *More parents are doing shift work and working non-standard hours.* The needs of business have driven the demand for a flexible workforce and the casualisation of employment. It is not yet standard practice to provide working conditions that are compatible with employees parenting responsibilities.
- *More parents are working longer hours.* Society is becoming increasingly divided into those who are working longer than they want to and those who cannot get work at all.
- *More families are jobless.* Some children are growing up in families where no one – not the parents or the grandparents – has ever worked. Obviously, this means that the parents are likely to have less money for child rearing needs, but it also means that the children grow up without models of working parents.
- *More children are being raised in poverty.* There is some debate about whether this is true. Some argue that, while the gap between the rich and the poor may have grown, the poor are still better off (or at least not worse off) than they were. Others (eg. ACOSS) maintain that as many as one in every seven children in Australia is living in poverty. Even if this percentage has not altered, it is unacceptably high given the relative prosperity of our nation and the adverse consequences of sustained exposure to poverty in early childhood.

### C. Changes in family circumstances – social / emotional

The wider social conditions in which families are raising children have changed in other ways as well:

- *There has been a partial erosion of traditional family and neighbourhood support networks, due to factors such as increased family mobility and the search for affordable housing.* This does not apply to all families with young children – many are well supported and are doing well. However, for all the reasons already noted, a greater proportion of parents of young children have relatively poor social support networks and are therefore more vulnerable.
- *There has been an increase in the number of parents whose own experiences of being parented were compromised, and who therefore have difficulty parenting their own children.* Our ability to parent well is at least partly based on our experiences of having been parented well ourselves. An increasing percentage of parents have not had good parenting for a whole range of reasons – family break-ups, parental mental health problems, parental drug or alcohol abuse, child abuse and neglect, foster placements etc.  
The most dramatic example in Australia of disrupted early parenting is the Stolen Generation of aboriginal children (Burns, Burns and Menzies, 1999), whose capacity to act as effective parents for their own children was compromised from early removal from their own parents and communities. However, there are many others within the community whose early lives were disrupted by other factors.
- *All these factors have contributed to an increase in the number of families with complex needs.* Many services report that they are dealing with a higher percentage of families with multiple needs – eg. problems with finances and employment, housing, mental health, drug abuse, parenting skills, health, social support, and any combination of the above.
- *These social changes have also contributed to an undermining of confidence among parents in their ability to raise their children well.* Again, there are many families that are perfectly confident in their child rearing, but there is an increasing percentage who are unsure and anxious. Child rearing has become more problematic for such parents, and they are subjected to a variety of professional opinions and research evidence that often only compounds rather than allays their anxieties.
- *There is no longer a social consensus about the right way to bring up children, or even that there is a single right way.* As our society has become more diverse and multicultural, child rearing beliefs and practices have also diversified.

### D. Summation

To sum up, over the past several decades, there have been major changes in families and in the circumstances under which they raise young children. Families have become more diverse in their structure and background, and there are more families with multiple needs. One result of this is that parenting young children has become a more complex and more stressful business for many families.

## 2. Challenges currently facing services for children and families

As a result of changes in families and family circumstances (as well as other economic, demographic and social factors), early childhood and family support services are having increasing difficulty meeting the needs of all young children and the families effectively.

### A. Service difficulties

The difficulties they are experiencing include the following:

- *The service system is having difficulty providing support to all families who are eligible.* Many services, both mainstream and specialist, have waiting lists and are unable to provide help when the need is first identified.
- *Services cannot meet all the needs of families that they do serve.* No single service is capable of meeting the complex needs of many families. These unmet needs may loom larger in the lives of parents than the needs of the child with a developmental or mental health problem.

Even when families are receiving service from a particular program or agency, the help they receive will be restricted to the services that the agency is funded to provide. If the family has other needs, they will have to find another service to address these. What often happens is that the agency focuses exclusively or principally on the problems that it is set up to address, and ignores any other problems. Yet those other problems may be far more salient and pressing for the family and are therefore likely to draw the family’s energies away from the needs of the particular child. When this happens, the needs of the child are not as well addressed and the effectiveness of the service is undermined.

- *Families have difficulty finding out about and accessing the services they need.* There is no single source of information for parents about the services that are available to meet the myriad of needs that families have – not only needs around parenting, child health and development issues, but also needs regarding parental physical and mental health, marital relations, social support, housing, transport, employment, finances, and citizenship. As a result, families sometimes do not find out about services that they need and are entitled to until well after the need arose, by which time the problem is likely to have become entrenched and more difficult to change. Families who are unassertive or just unskilled in negotiating with services are particularly disadvantaged.
- *Services are often not well integrated with one another and are therefore unable to provide cohesive support to families.* There is no mechanism for agencies providing complementary services to children and families to work together. This means that families have to deal with each agency separately, which is time-consuming and demands organisational skills that some families do not possess.

- *Services have difficulty tailoring their services to meet the diverse needs of families.* Services are still usually delivered at times and in places that suit the needs of the professionals involved than those of the families themselves. Family needs and circumstances vary so greatly that it would be impossible for individual services to provide individually tailored services for them all, but as a system we could do better.
- *Services are typically treatment-oriented rather than prevention- or promotion-focused, and therefore cannot respond promptly to emerging child and family needs.* Many services are funded to provide services to children or families who meet specific criteria (eg. child with a known developmental disability), and they are unable to offer help until those criteria are met, ie. until the initial concern has become a full-blown problem. This treatment focus prevents such services from responding to emerging problems, thereby helping prevent the difficulties from escalating.
- *The service system does not maintain continuous contact with families of young children during the early years.* While our services do a good job of supporting families with very young babies, the service system as a whole does not reliably maintain ongoing contact with all families as children get older. This means that emerging problems in the child and family may go undetected until the child reaches kindergarten or even school. By then, the problems may have become entrenched and be increasingly difficult to remedy.
- *Many families are isolated and lack supportive personal networks – extended family, friends or other families of young children.* Families who are socially isolated and poorly supported are at greater risk of having parenting and other family difficulties. The increasing mobility and complexity of society has resulted in many young families having to move away from their natural support networks for work and affordable accommodation, leaving them more vulnerable during the early parenting stages.
- *The early childhood field is undervalued and underfunded, and has difficulty attracting and retaining staff.* Early childhood workers are often paid significantly less than their counterparts who work with school age children, even though their training may be the same. As a result, many early childhood services (especially in rural areas) are finding it increasingly difficult to attract qualified staff, and even more difficulty in retaining them in the field.
- *Many people working with children and families have not had opportunities to learn about recent early childhood research findings.* The professional development opportunities for many early childhood and family support workers are limited and poorly coordinated. As a result, such staff have few opportunities to update their knowledge, and therefore to familiarise themselves with recent research findings and their implications.
- *Many people working with children and families have not been trained in ways of working with families.* Increasingly, early childhood staff are being encouraged or required to work with parents as partners, but little or no training or ongoing support for such work is provided.

## B. Systemic issues

In addition to these service delivery difficulties, there are wider systemic issues in providing effective services to children and families. These include the following:

- *Government departments, research disciplines and service sectors tend to work in “silos” – that is, they plan, fund and deliver services independently of one another.* This results in much wasteful duplication in service provision and staff training. As a consequence, services are more costly and less able to provide support to families in an integrated way.
- *The early childhood sector does not present a united front in presenting a case to government.* There is a tendency for particular service types to seek their own preservation at the expense of working collectively towards better outcomes for children and families through improvements in the overall system.
- *Responsibility for provision of services to young children and their families is spread across three levels of government – federal, state, and local – with different planning processes and funding priorities.* This makes it difficult to develop coherent policies regarding funding and service delivery. It also makes it harder to coordinate services so as to simplify service delivery to families.
- *Governments spend a disproportionate amount on services for adults and the aged, in comparison to the very young, despite the greater developmental importance of the early years and the greater likelihood of young children living in poverty.* In Australia, expenditure on health services for children and adolescents amounts to 3% of Gross Domestic Product, while the corresponding figure for old age health services is 18%.

## C. Summation

To sum up, the current system of early childhood and family support services is having increasing difficulty meeting all the needs of all young children and their families. This system served families well in the past when society was more homogeneous and less complex, but is proving to be less effective in today’s more diverse and complex society. It is clear that, to serve young children and families more effectively, early childhood and family support services will need to rethink how they deliver services.



### 3. Concern about worsening developmental outcomes

#### A. Introduction

The third reason why early childhood and family support services need to reconsider how they can best support young children and their families is that there are real concerns about worsening developmental outcomes for young people in our society.

The distinguished epidemiologist Fiona Stanley, Australian of the Year in 2003, reports that:

“Rising rates are being observed for low birth weight, neurodevelopmental disorders, asthma, type 1 diabetes, inflammatory bowel disease, autism, mental health morbidities, child abuse and neglect, adolescent suicide, obesity, eating disorders, learning disabilities, behavioural disorders, aggressive behaviours and violence, school drop out and truancy, juvenile crime, illicit drug and alcohol use, teenage births.” (Stanley, 2001)

Thus, across a wide range health and well-being indicators, the rates of poor developmental outcomes for adolescents and young adults have risen or are unacceptably high.

This is not a phenomenon unique to Australia, but is found in all developed nations, and has been dubbed “Modernity’s paradox”:

“A puzzling paradox confronts observers of modern society. We are witnesses to a dramatic expansion of market-based economies whose capacity for wealth generation is awesome in comparison to both the distant and the recent past. At the same time, there is a growing perception of substantial threats to the health and well-being of today’s children and youth in the very societies that benefit most from this abundance.” (Keating and Hertzman, 1999)

#### B. Examples of poor developmental outcomes

##### ***Mental health***

According to the Australian Institute of Health and Welfare figures (Moon, Meyer and Grau, 1999), mental health problems are much more prevalent in children and adolescents than is commonly recognised. Children and young people are actually more prone to mental health problems than adults. There is a steady increase in rates of clinical mental disorders as children get older: 16% of 4-11 year olds, 20% of 12-16 year olds, and 27% of 18-24 year olds (after which the rate begins to fall). The 18-24 year old group has the highest rates of both drug dependence and suicide.

The suicide rates for male youth have increased by 71% since 1979. It is now the second cause of death for those aged 13 to 19 after motor vehicle accidents (Australian Bureau of Statistics, 2002).

These are very disturbing figures. They are also very puzzling, given the increasing prosperity of society. The eminent British psychiatrist Sir Michael Rutter (2002) has commented on this phenomenon:

“Over the course of the last 50 years, there have been tremendous improvements in the physical health of children and in the life expectancy of adults. It is chastening to realise that there have not been parallel improvements in psychological functioning or mental health ... On the contrary, psychosocial disorders in young people have tended to increase in frequency over the last half century.

Why has this been so? I would argue that this has to be an answerable question. If we had a proper understanding of why society has been so spectacularly successful in making things psychologically worse for children and young people, we might have a better idea as to how we can make things better in the future.”

### **Crime**

Youth are disproportionately represented as victims and as perpetrators of crime, numbers increasing in recent years. The rates of juvenile crime, especially violent juvenile crime, increased dramatically between the mid-1970s and the mid-1990s (National Crime Prevention, 1999). Although juveniles aged 12 to 17 comprise only 8.5% of the population, they commit 29% of crime.

Young people are also more likely to be victims of specific crimes, especially sexual assault and robbery. Children under 14 are sexually assaulted at twice the rate of the general population (Australian Bureau of Statistics, 2000).

### **C. Developmental pathways**

*The developmental pathways that lead to each of poor developmental outcomes can be traced back to early childhood.* Thus, we can see the precursors of all developmental outcomes – in mental and physical health, social and behavioural adjustment, academic achievement – in early childhood.

This is a very important finding, but one which we be careful not to misunderstand.

“A fundamental paradox exists and is unavoidable: development in the early years is both highly robust and highly vulnerable. Although there have been long-standing debates about how much the early years really matter in the larger scheme of lifelong development, our conclusion is unequivocal: what happens during the first months and years of life matter a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or a fragile stage for what follows.” (Shonkoff and Phillips, 2000)

Thus, what happens in early childhood does not determine what happens later, but does place children on developmental pathways that become increasingly difficult to alter as time passes.

#### **D. The costs of poor developmental outcomes**

*All the poor developmental outcomes identified have associated social and financial costs that cumulatively represent a considerable drain on societal resources.*

To give a single example, a report by the Kids First Foundation (2003) estimated the costs of child abuse in Australia during the 2000 / 2001 financial year as **\$4,929m**.

This is made up of:

- direct human costs of those abused (including fatal child abuse, suicide related to child abuse, medical costs, injury requiring treatment, additional medical service usage arising from abuse and neglect, psychological trauma, educational support and pain and suffering),
- long-term human and social costs (including mental disability, increased medical service usage, chronic health problems, lost productivity, juvenile delinquency, adult criminality, homelessness, substance abuse and intergenerational transmission of abuse),
- public sector interventions (such as child protection services, out-of-home care, child abuse prevention programs, assessment and treatment of abused children, law enforcement, judicial system, incarceration of abuse offenders, treatment of perpetrators and victim support), and
- community sector services (such as services provided by charities, services provided by volunteers and community contributions to out-of-home care).

If we conducted similar calculations for all other developmental outcomes, we would find that the cumulative costs to society were enormous. Anything we can do to reduce the incidence of poor developmental outcomes will therefore have financial benefits for the whole society.

## **4. Conclusions**

We have considered three factors that have major implications for early childhood and family support services. Together, these factors – changes in families and in family circumstances, the problems these create for early childhood services, and the worsening developmental outcomes that are evident – add up to a compelling argument for reviewing the way that we provide services to young children and their families.

These materials will be expanded upon during the workshop: “The underlying factors affecting child health and development and family functioning”.

This is the first in a series of professional development modules designed to give service providers the information and skills they need to begin making the changes necessary to achieve better outcomes for all young children and families.

## “Workshop Contents”

### A. The 4 Features of Early Childhood Development

#### **FEATURE 1: Early neurological development**

- All the cerebral neurons we ever have develop during pregnancy – this growth starts at three weeks and is largely completed by eighteen weeks
- The developing foetal brain is particularly vulnerable to infections, toxins, and maternal stress
- For optimal brain development, a healthy pregnancy may be as important as proper care and positive interactions between the infant and parents after birth

*Implication: We should make sure we provide high quality prenatal care, education and support for pregnant women from the beginning of pregnancy*

#### **FEATURE 2: Early synaptic development and learning**

- Children’s brains are not mature at birth – although neuronal growth is completed during pregnancy, most of the connections between neurons develop after birth
- The reason why neurological development is not completely genetically determined is to allow the baby scope to learn: babies’ brains are “learning machines” – they build themselves, or adapt, to the environment at hand
- At a neurological level, learning involves the strengthening of connections between particular neurons and the “pruning” of others

*Implication: Since young children are programmed to adapt to whatever environment they are born into, we need to ensure that these environments are as safe, nurturing and responsive to the child’s needs as possible*

#### **FEATURE 3: Children as active participants in their own development**

- Children affect their environment as well as being affected by it
- Children play a part in shaping the experiences to which they must then adapt, therefore playing an active part in their own development

*Implication: In providing services to young children, we should recognise the active role they play in shaping their environment, and their potential role as partners*

**FEATURE 4: Impact of early adverse experiences**

- Early neglect, abuse and trauma can be devastating for children's development, and have both short term and long term effects
- Early adverse experiences influence long-term developmental well-being by altering the structure and chemistry of the brain and by disrupting the development of early attachments
- The effects of early adverse experiences are greatest the earlier they occur, the more severe they are, and the longer they last
- Violence between parents or caregivers also disrupts the development of neurological and biochemical pathways in the young child
- The effects of abuse and neglect are compounded when combined with other risk factors, eg. maternal depression, poverty, homelessness, overcrowding, multiple out-of-home placements
- However, even in extreme circumstances, the human organism is capable of great resilience, and not all children who suffer early neglect, abuse and trauma show poor outcomes later on

Implication: *We should seek to ensure that children are protected from conditions and experiences known to have adverse neurological / biological consequences*

## **B. The 4 Key Developmental Challenges Facing Infants and Young Children**

### **1. Forming attachments**

Attachment is an inborn biological instinct that motivates infants to seek closeness with parents (and other primary caregivers) and to establish communication with them. At the most basic evolutionary level, this behavioural system improves the chances of the infant's survival. Attachment relationships provide the foundation for young children's future development. Insecure attachments leave children with a weak foundation for tackling other developmental challenges, whereas secure attachments make them more emotionally resilient.

We have seen how experience shapes the young child's neurological development. Early in life, interpersonal relationships are a primary source of the experience that shapes how genes express themselves within the brain. Thus, human connections create neuronal connections.

### **2. Acquiring self-regulation**

In recent years, we have become much more aware that the growth of self-regulation is a cornerstone of early childhood development that cuts across all domains of development (Shonkoff and Phillips, 2000). Basically, early development involves a gradual transition from infants being totally dependent upon others to manage the world for them, to learning the competencies needed to manage the world for themselves.

Early regulatory tasks that infants need to master include acquiring day-night wake-sleep rhythms, and learning to regulate crying. Infants may have difficulty mastering these tasks because they have difficult temperaments or because their parents have difficulty in providing them with calm and stable care. Whatever the reason, they will have difficulty mastering later regulatory tasks if they have not learned the most basic ones.

Later regulatory tasks that young children must master include understanding and controlling feelings (such as anger and frustration), learning how to sustain attention to activities, and developing self-management skills. These are all learned initially with the help of adults who provide the structure (sometimes called scaffolding) in the early stages, but allow the child progressively more independence as they internalise the skills.

If young children master these self-regulatory skills, then they are in a much stronger position to tackle the next two key developmental challenges of early childhood – developing communication and learning skills, and learning how to relate to peers.

### 3. Developing communication and learning skills

Recent research has focused on tracing the origins of educational attainments back to the early years (Shonkoff and Phillips, 2000). This research shows that:

- educational outcomes in adolescence and even beyond can be traced back to academic skills at school entry
- academic skills at school entry can, in turn, be traced to capabilities seen during the preschool years and to early experiences that foster their development
- children's communication and learning skills before they enter school are strongly linked with later achievements in school and early adulthood

The development of language and of early learning capabilities are relatively resilient processes. This means that they are not easily undermined by adverse circumstances. Nevertheless, some aspects of language and intellectual development appear to be less resilient and more open to environmental influence than others, including vocabulary and attentional capacities. These are particularly important to school success.

### 4. Learning how to relate to peers

Establishing relationships with other children is one of the major developmental tasks of early childhood, and has long term implications (Shonkoff and Phillips, 2000). The use of physical aggression reaches its peak between 2 and 3 years of age (Tremblay, 2002). In the following years most children learn alternatives to physical aggression. However, approximately 4% of children have high levels of physical aggression from early childhood to late adolescence. These children are also at high risk of a range of poor developmental outcomes, including school failure, substance abuse, depression, unemployment, spouse abuse, child abuse, and suicide.

Thus, the preschool years are a sensitive period for learning to regulate physical aggression. This period of childhood is the best window of opportunity for helping children at risk of becoming chronic physical aggressors to learn to regulate their behaviour, and therefore prevent adverse developmental outcomes in later life.

*Implication: We should be particularly sensitive to difficulties that children experience in any of these areas, and know how to help parents address them*

## C. 7 Factors Affecting Child Development

### **FACTOR 1: Genes and environment – nature via nurture**

- Human development is a product of a dynamic and continuous interaction between our biology (as determined by our genes) and our experience (as determined by our environment), that is, between nature and nurture
- Genes always have their effect in interaction with the environment – it is a case of nature via nurture, rather than nature versus nurture

*Implication: The development and behaviour of individual children can never be solely attributed either to their genetic inheritance or to the environment in which they are being raised*

### **FACTOR 2: The role of early nutrition**

- In the development of health and disease, early nutrition is related to functional outcomes in later life
- However, health outcomes are also a product of the accumulation of experiences and conditions over time – it is the duration and intensity of these exposures that is critical

*Implication: We need to be concerned about prenatal nutrition and well-being, as well as children's ongoing diet and levels of activity*

### **FACTOR 3: The importance of early attachments**

- Human relationships, and their effects on each other, are the building blocks of healthy development
- There are a number of factors within the child, the parents, and the family that can interfere with the development of healthy attachments between parents and their infants
- Children vary in the extent to which early attachments have an enduring impact on them – early attachment experiences are important, but can be transformed by later experiences

*Implication: We should seek to provide parents and young children with the conditions and support they need to form strong attachments, and be ready to help them when they experience difficulties*



**FACTOR 4: The role of culture**

- Culture influences every aspect of human development and is reflected in families’ childrearing beliefs and practices
- As our society has become more diverse, there is a greater variety of child rearing practices that service providers need to be familiar with
- Most of the child-rearing customs of any given society, however peculiar or unnatural they may seem to an outsider, are effective in raising healthy and competent children

Implication: *We need to be wary of judging child-rearing customs that are different from our own as inappropriate or bad for the child*

**FACTOR 5: The balance of risk and protective factors**

- Children’s development is shaped by the ongoing interplay between the risk and protective factors present in their lives
- Risk factors are biological, psychosocial or environmental factors that increase the chance of poor outcomes
- Protective factors are environmental and biological factors that strengthen an individual’s response to risk
- Risk and protective factors are cumulative in their effects
- The balance between risk and protective factors in young children’s lives determines their readiness for school
- Development is shaped by the combination of many factors, none of which is powerful enough on its own to determine outcomes
- Risk and protective factors tend to be pervasive – a person confronting adversity in one context is also likely to be facing it in others as well
- Behaviour or experiences at one age predispose to the occurrence of risk or protective factors at a later age
- Children who are exposed to multiple risk factors do not inevitably develop poorly

Implication: *A wide range of risk and protective factors interact to produce a wide range of outcomes – and interventions must address all of these if they are to have a sustained effect*

**FACTOR 6: Promoting child development – “good enough” parenting**

- While we know much about the risk factors that compromise development and the protective factors that buffer these risks, we know relatively little about what experiences positively promote or speed up development
- What we know about is “good enough” parenting, rather than parenting or early stimulation that can speed up development

Implication: *We should be clear about what constitutes “good enough” parenting, and wary of programs or strategies that claim to be able to speed up development*

**FACTOR 7: Availability and quality of mainstream and specialist services**

- One of the factors influencing children's development as well as the well-being of the family is the availability of affordable, accessible, high quality, universal children's services
- For children with additional needs, the course of development can be altered in early childhood by effective specialist interventions that change the balance between risk and protection, thereby shifting the odds in favour of more adaptive outcomes
- Early intervention programs have also been shown to be cost-effective

Implication: *We need to identify the key features of effective intervention, and we need to integrate our intervention efforts to ensure that they are maximally effective and reach all children and families*

## D. Significance Of The Early Years

### 1. Sensitive / critical periods of development

- ***Early brain development is characterised by sensitive rather than critical periods***

In developmental terms, a critical period is a time during which it is essential for normal development that certain experiences occur. If the necessary experiences do not occur, then development cannot proceed. The clearest example of this phenomenon in human development is vision: the visual cortex is primed to receive visual stimulation early in life, and its development is permanently affected if it does not get this stimulation. However, while critical periods are common in the development of animals, they are not typical of human development.

Instead, human development is characterised by sensitive periods. These are times in development when specific structures or functions become especially sensitive to particular experiences in ways that alter their future structure or function. A good example of this is the development of language. Children's brains are "hardwired" to learn language during the first few years of life, and, if given appropriate stimulation (that is, if exposed to fluent users of language), do so far more easily than at any other stage of their lives. However, if they do not receive adequate stimulation during this sensitive period, the capacity to develop language is not lost altogether, although it gradually declines over time.

- ***There is a wide range of individual differences among young children that makes it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments***

All children have built-in capacities to attain developmental goals in multiple ways and under varying conditions. Thus, there are alternative developmental pathways, rather than a single "normal" one. This helps explain the distinctive competencies that children develop in diverse cultural contexts, as well as the different family patterns of interaction that promote their unfolding.

Implication: *Early childhood services should be accepting of and able to cater for a wide range of individual differences in children*

## 2. Ongoing vulnerability to risks throughout childhood

- ***Children remain vulnerable to risks and open to protective influences throughout childhood and into adulthood***

Good early experiences do not act like a vaccine, inoculating children against future adverse experiences. A child who has had good early nurturing and care is still vulnerable if their circumstances change dramatically and they are exposed to sustained neglect or abuse or poverty. Similarly, a child who has had poor early experiences may subsequently find themselves in much more caring and stimulating circumstances, and may then be able to catch up developmentally.

The point to recognise here is that children's lives can and do often change, sometimes for the better and sometimes for the worse. Those changes can serve to undo some of previous developmental progress made, or start to rectify some of the early harm done. What matters most is how long particular sets of circumstances are sustained: the longer positive or negative circumstances remain unchanged, the harder it becomes to undo the lessons learned by the child.

Implication: *We must be careful not to claim too much for the early years, but we must also be sure not to claim too little*

## 3. Learning as life-long

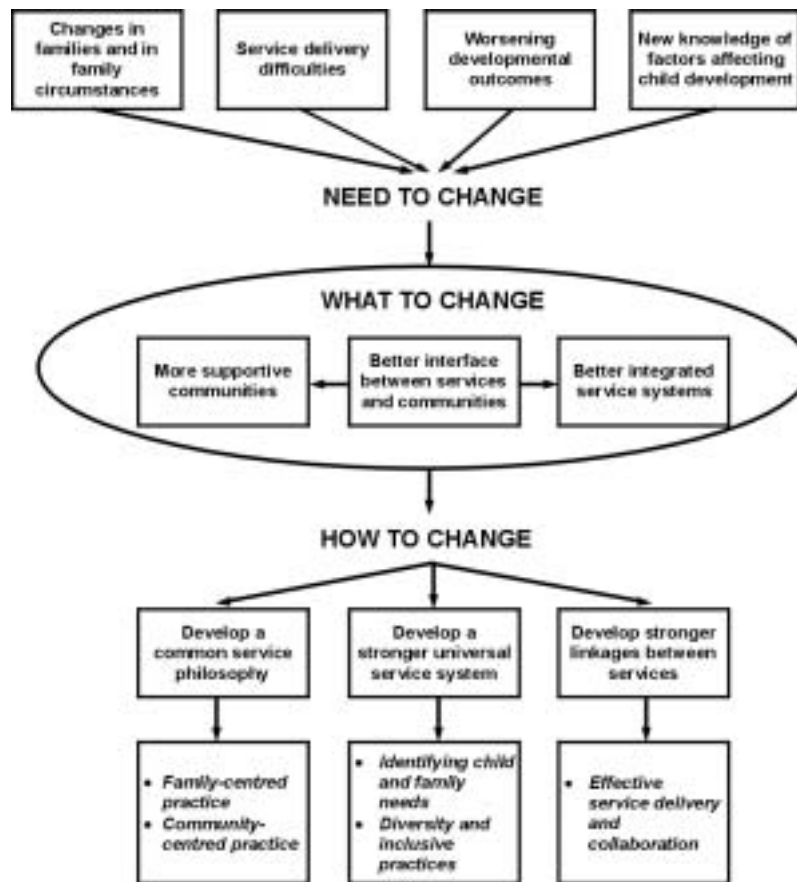
- ***Brain development is life-long and not limited to the early years***

It was long believed that a spurt of overproduction of synapses during the first 18 months of life was followed by a steady decline as unused circuitry is discarded. Recently, we have learned that there is a second wave of synaptic overproduction just prior to puberty, followed by a second bout of "use-it-or-lose-it" pruning during the teen years. What is significant about this second wave of pruning is where in the brain it occurs: it takes place in the prefrontal cortex, the last part of the brain to mature. The prefrontal cortex (which is at the front of the brain, above the eyes) is the area responsible for "executive functions", such as planning, reasoning, controlling impulses, and understanding the consequences of behaviour.

The pruning in the prefrontal cortex that occurs during adolescence coincides with the time that the individual is experiencing physical and anatomical changes, forming relationships, and exploring independence. With the prefrontal cortex not yet mature and clear thinking difficult, the adolescent is vulnerable to making decisions or taking unnecessary risks that can have lifelong negative consequences. Thus the key developmental challenges facing adolescents are very different from those facing young children, but are tied in the same way to the neurological changes they are experiencing.

Implication: *Crucial as they are, the early childhood years are but one link in the chain of development – ultimately, achieving positive developmental outcomes depends upon the individual and collective strength of all links in the chain*

## E. Framework for changes



The top line of the model shows four factors that cumulatively represent a powerful argument for reconfiguring the way we deliver services to young children and their families. These factors are:

- changes in families and family circumstances
- difficulties that early childhood and family support services are having in meeting all the needs of all families
- worsening long-term outcomes for young people
- new knowledge of factors affecting child development and family functioning

The second line of the model shows the changes that are needed:

- better integrated service systems
- better integrated and supportive communities
- better forms of dialogue between professionals and families

The third line of the model shows three ways in which we can achieve the changes needed:

- develop a common service philosophy
- develop a stronger system of universal services
- develop stronger linkages between services

The final line of the model shows the specific training needed by the early childhood and family support sector to achieve these changes. The five topics listed are the subject of the next five modules in this series.

## **F. Key messages**

- There is no one right way to bring up children – children grow up successfully in a range of different cultures with diverse values and child-rearing practices
- While the ways in which children can be harmed may be universal, the ways in which they can be cared for and nurtured are many and various – what children need is ‘good enough’ parenting
- While we should be sure to protect children from known adverse conditions and experiences, we need to be accepting of ‘good enough’ parenting in its many forms
- We should seek to provide parents and young children with the conditions and support they need to form strong attachments, and be ready to help them when they experience difficulties
- A wide range of risk and protective factors interact to produce a wide range of outcomes – and interventions must address all of these if they are to have a sustained effect
- One of the key ways in which we can promote family functioning is to help them develop or strengthen their personal support networks
- We need to develop better integrated service systems, better integrated and supportive communities, and better forms of dialogue between them