## CHILD DEVELOPMENT AND NEURODEVELOPMENT



### In this tool, you will find:

- » A description of child development and neurodevelopment and the effect of trauma
- » Why child development and neurodevelopment are important for CaFIS providers
- » Links to additional resources

### **Related tool:**

» Trauma-Informed Practice

## **KEY GUIDANCE**

# What is meant by child development and neurodevelopment?

Child development is the general term for the process of learning and mastering developmental milestones, like crawling, sitting, walking and talking.

Child neurodevelopment is the specific term for the development of the central nervous system and the neurological pathways that form as the brain develops.

Child development occurs throughout childhood (even starting before birth) and continues into early adulthood. Developmental milestones can be categorised under five domains:

- » Physical (e.g. gross motor, fine motor)
- » Social emotional (e.g. interaction, cooperation, self-confidence, sense of community)
- » Sensory (e.g. sight, touch, smell, hearing, taste)
- Cognitive (e.g. problem solving, abstract thinking, learning)
- Communication (e.g. expressive, receptive, non verbal).

Healthy children throughout the world tend to develop skills in a similar order, and at reasonably predictable ages, with the development of each skill influencing the development of others.

Many detailed charts, graphs and checklists are available that list typical developmental milestones by age, and practical tips for encouraging or assisting children's development. While these charts, graphs, and checklists are based on averages and norms, it's important to remember all children learn at different rates. Some children take longer to reach milestones than others but will catch up over time. For other children an underlying health problem might cause delays in development.

### Factors that impact on child development

Some factors that can negatively impact on child development include:

- » Pre and post-birth influences: For example, maternal illness or poor health and nutrition while pregnant, exposure to toxins in-utero, low birth weight or premature birth
- » Family environment: For example, exposure to violence, a parent with chronic physical or mental illness, addiction or parenting style
- » Community environment: For example, overcrowding, inadequate housing and unemployment.

# The effect of trauma on child development and neurodevelopment

Complex trauma can impact a child's neurodevelopment.

Research shows early adversity and complex trauma can cause disruption of a child's stress hormones, which can lead to chronic hyper-arousal and ongoing sensitivity to stress (see CaFIS tool *Trauma-Informed Practice*).

Chronic stress hormone dysregulation is thought to lead to changes in the development of brain structures and brain functioning.

As a result, children who have experienced or witnessed violence, abuse or neglect (or other complex traumas) can experience cognitive difficulties, such as:

- » General cognitive and language delay
- » Problems with memory
- » Bias in processing social/emotional information
- » Poor problem-solving and planning
- Inability to self-regulate, like not being able to control their behaviour, emotions or thoughts.

We acknowledge Aboriginal and/or Torres Strait Islander peoples as the Traditional Custodians of the land and waters of Australia. We wish to pay respects to Elders, past and present, and to the youth, for the future. We extend this respect to all Aboriginal and/or Torres Strait Islander peoples reading this document.

## APPLICATION TO CaFIS PROVIDERS

Understanding child development and neurodevelopment will be useful when:

- » providing information about child development and safety to educate and assist families to support their children in meeting developmental milestones
- » assessing whether expectations that parents or others have of children or young people are realistic
- » assessing a child or young person's ability to participate in CaFIS services (e.g. to plan, to problem solve and to communicate their ideas, opinions and hopes).

For CaFIS providers working with Aboriginal families and communities, it's important to know that while there are variations between individuals and across communities, Aboriginal children are twice as likely as other children to be considered developmentally vulnerable by the time they start school.

Children and families seeking CaFIS services may be affected by trauma or other adversity. For example, some children and families may have witnessed or experienced violence, abuse or neglect. This may affect their development and/or their neurodevelopment.

Some families and communities have experienced trauma caused by policies of forced separation and removal from natural family, which continue to have negative effects on the wellbeing of Stolen Generations survivors, their descendants and communities today.

#### Disclaimer

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### Where to go for more information on this topic

### Talking the Talk toolkit

(www.childrens.health.qld.gov.au/wpcontent/uploads/PDF/CDP/TTT-booklet.pdf) A guide for workers to engage, listen and talk with families about their child's development using a storytelling framework. Provides simple summaries of child development milestones for children 0-5 years

Early childhood policy and research (www.snaicc.org.au/policy-and-research/earlychildhood/)