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2 Early childhood development

ACHIEVING A SOCIAL WORK DEGREE

This chapter will begin to help you to meet the following National Occupational Standards:

Key Role 1: Prepare for, and work with, individuals, families, carers, groups and communities to assess their needs and circumstances.

- Prepare for social work contact and involvement.
- Assess needs and options to make a recommended course of action.

Key Role 2: Plan, carry out, review and evaluate social work practice, with individuals, families, carers, groups, communities and other professionals.

- Interact with individuals, families, carers, groups and communities to achieve change and development and to improve life opportunities.
- Work with groups to promote individual growth, development and independence.

Key Role 5: Manage and be accountable, with supervision and support, for your own social work practice within your organisation.

- Work within multi-disciplinary and multi-organisational teams, networks and systems.

Key Role 6: Demonstrate professional competence in social work practice.

- Research, analyse, evaluate, and use current knowledge of best social work practice.

It will also introduce you to the following academic standards as set out in the social work subject benchmark statement:

3.1.1 Social work services and service users

- The nature and validity of different definitions of, and explanations for, the characteristics and circumstances of service users and the services required by them.

3.1.2 The service delivery context

- The complex relationships between public, social and political philosophies, policies and priorities and the organisation and practice of social work, including the contested nature of these.
- The significance of legislative and legal frameworks and service delivery standards.

3.1.3 Values and ethics

- The nature, historical evolution and application of social work values.

3.1.4 Social work theory

- The relevance of psychological and physiological perspectives to understanding individual and social development and functioning.
- Models and methods of assessment, including factors underpinning the selection and testing of relevant information, the nature of professional judgement and the processes of risk assessment.

3.2.2. Problem solving skills

3.2.2.2 Gathering information

3.2.2.3 Analysis and synthesis

Introduction

This chapter and the chapter that follows focus on human development through childhood in contemporary British society. Whilst, as you will read within the various chapters of this book and the recommended texts, human development cannot be simplified and effectively categorised into age-related segments, it has been necessary to divide and define childhood, using age, in order to provide structure and coherence to this text. Thus, Chapter 2 will explore development of infants and young children from birth to about five years old, with Chapter 3 concentrating on the middle years of childhood from five years to approximately 12 years of age. The two chapters should be viewed as one chapter, in two parts. As there are so many different aspects of development that influence a child's experiences and growth, it is not possible to cover them all in both chapters. Therefore, in this chapter, you will consider the broad concept of childhood in our society, before examining physical and emotional development in early childhood. In the final section of this chapter you will explore the way in which issues of safety, security and stability may impact upon development in early childhood. Then, as you progress to Chapter 3, you will look at cognitive development and psychological development in childhood. In Chapter 3, you will also consider how children's views and experiences are heard and the influence that increasing self-confidence and self-esteem may have on childhood development. Your studies of Chapter 3 will also engage you in consideration of the impact of deprivation and poverty on development in childhood. Thus, across both chapters, you will have the opportunity to read about and reflect upon your understanding of physical, cognitive, emotional, social and personal development through childhood.

The structure of the chapters, whilst not intended to be so, could be seen to reflect the significance that our society puts upon different aspects of growth during childhood. So, for example, when considering the development of babies and toddlers, professionals, parents, carers and lay people often focus upon physical growth targets, or milestones. Yet in the middle years of childhood the focus is more likely to be on academic and social development.

Chapters 2 and 3 have been written to enable you to learn about and reflect upon childhood development and social work within the context of national contemporary policy and strategy. In accordance with the government green paper *Every child matters* (DfES, 2003) a set of common skills, knowledge and values for all people who

work with children, young people and their families has been developed. *Child and young person development* is one area that is highlighted within the *Common core of skills and knowledge* document set out by the Department for Education and Skills (DfES, 2005a, page 10). The green paper, *Every child matters* (DfES, 2003) identifies five key outcomes that are considered to be the most important to children and young people (see Fig. 2.1):

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

These five outcomes are also at the heart of the Children Act 2004, which provides the legal conduit for the green paper and the accompanying strategic development programme *Every child matters: Change for children* (DfES, 2004) (www.everychildmatters.gov.uk). Each of the five outcomes provides the focus for a section in this, or the next, chapter and is used to facilitate discussion and reflections about what these mean for different aspects of childhood development. Throughout both chapters you will be encouraged to read sections of the green paper and related policy documents in order to assist you to contextualise childhood development and related social work practice within present-day society.

In this chapter, the first two of the five key outcomes for children are addressed: *being healthy* and *staying safe*. Within this, reflective questions are raised to help you to:

- consider how the meanings attached to childhood influence development and impact upon how childhood is experienced;
- evaluate explanations of how children develop physically and emotionally in early childhood; and
- understand the significance of safety, security and stability for early childhood development.

The final three outcomes provide the three sections in Chapter 3: *enjoying and achieving*; *making a positive contribution*; and *achieving economic well-being*. The 'outcomes framework' published in *Every child matters: Change for children* (DfES, 2004) provides not only the five key outcomes, but also related aims for children. These are reproduced diagrammatically in Fig. 2.1, to give you an overview of all the outcomes and aims.

Throughout this chapter and the next, a selection of extracts from theoretical texts and recent research findings is provided to enable you to reflect on the implications of the policy direction and the ways in which research and knowledge are integrated and assimilated into policy and practice in social work. It is suggested that you work through Chapters 2 and 3 systematically, undertaking the activities, making notes and recording your reflections and responses as you progress. It is advisable to record your learning through these chapters, in order to collate evidence of your continuing professional development and your commitment to best social work practice. Further

guidance and advice on different ways in which to record and share your learning are given in Chapter 7 of this book.

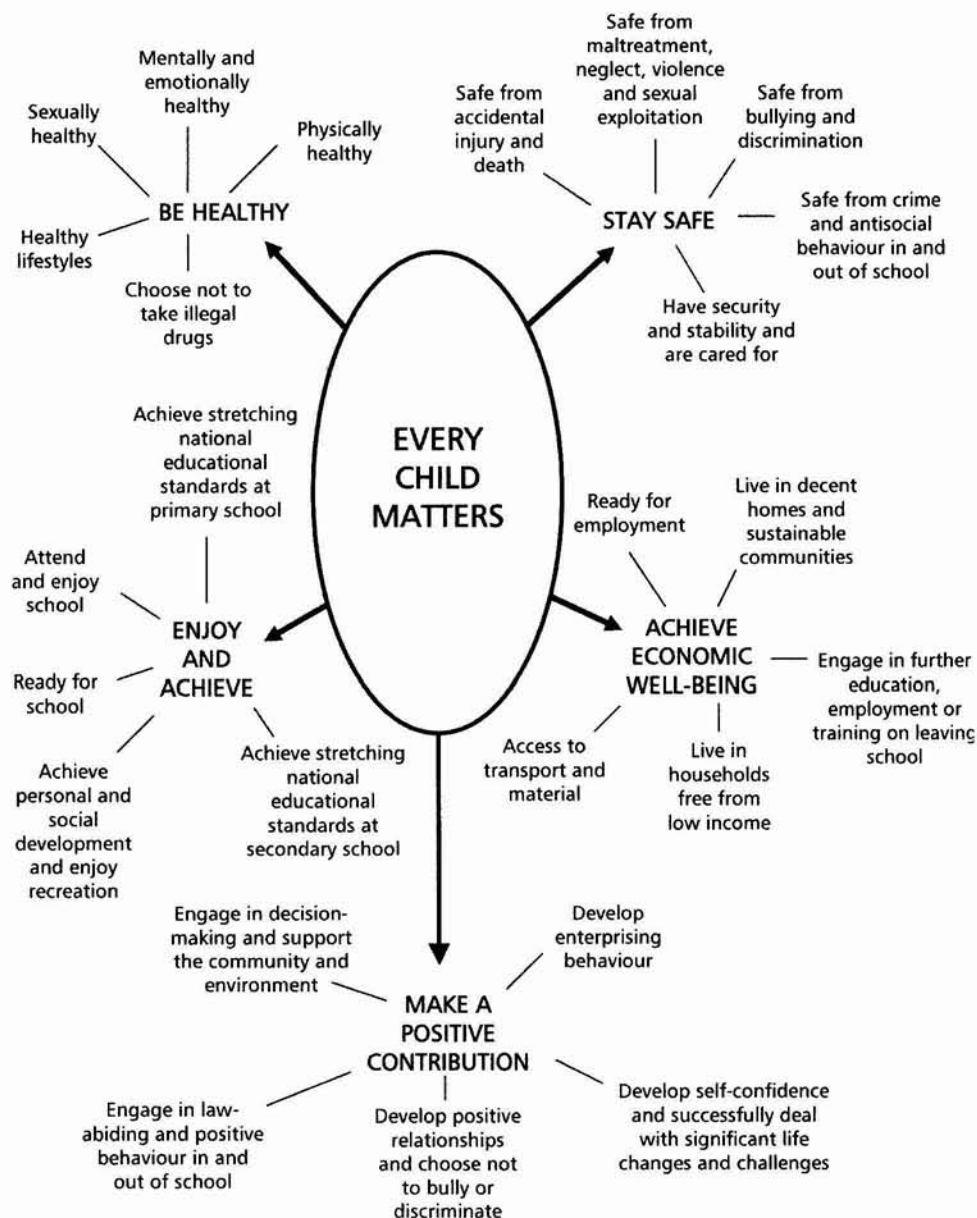


Figure 2.1 Extract from 'outcomes framework'

Adapted from Every child matters: Change for children (DFES, 2004)

Social construction of childhood

As an introduction to your study of childhood development, through the rest of this chapter and Chapter 3, this first section encourages you to reflect upon what childhood means in our society. Here I introduce some of the core concepts and hypotheses, in relation to the period of human life known as *childhood*, that you need to understand before studying further. The reflective questions that you should consider as you read through this section of the chapter are:

- How do I interpret and understand the concept of childhood, in respect of my values and beliefs?
- How does my understanding of the experience of developing through childhood impact upon my practice?
- How is childhood experienced in contemporary society?
- How do different social and cultural expectations influence life course development during the early childhood years?

Preparatory reading

Before you read the extract, read:

- James, A and James, A L (2004) *Constructing childhood: Theory, policy and social practice*. Basingstoke: Palgrave Macmillan. Chapter 1 'Constructing Children, Childhood and the Child'. This chapter provides an easily understood, contemporary analysis of how the concept of childhood is experienced and understood.

Extract

Morss, J R (2002) The several social constructions of James, Jenks and Prout: A contribution to the sociological theorization of childhood *The International Journal of Children's Rights* 10: pp39–54 (extracts from pp39–40 and pp51–2)

Introduction

This article is intended to contribute to the ongoing debate over theorisations of childhood, especially in the terms articulated by Allison James, Chris Jenks and Alan Prout. It focuses on the notion of "social construction" as a theory of childhood. James, Jenks and Prout (e.g. 1998) have over a number of years carefully and systematically explored alternative formulations on childhood, from the point of view of contemporary sociology (also see Hockey and James, 1993; James, 1993; James and Prout, 1997; Jenks, 1996; Prout, 2000). In describing and exploring a paradigm for the "new sociology of childhood", they have recently set out a number of possible positions that a theory of childhood might occupy. One of these is "the socially constructed child".

In the second chapter of *Theorizing Childhood* (James *et al.*, 1998) four valid approaches are defined. All four are defined as legitimately sociological in the sense of going beyond both naturalistic approaches (typical of orthodox psychology) and socialisation approaches (typical of earlier sociology). (These earlier approaches remain of

contemporary relevance since they persist as available discourses, e.g. in the media or education.) The four valid approaches are: "tribal"; "social structural"; "minority group"; and "socially constructed". However, "social construction" is also a term the authors apply to their paradigm as a whole, that is, in some sense to all four of the approaches listed.

In brief, the "tribal" approach treats childhood as a kind of exotic tribe with its own beliefs, practices and institutions (employing orthodox anthropological investigations into "children's play", "children's games" and so on). The "social structural" approach treats childhood as a structurally necessary stratum in any society. The "minority group" approach treats childhood as an oppressed minority group, able to some extent (somewhat as in a parallel with the women's movement) to represent themselves and exert quasi-political action. (It is this issue of agency that distinguishes the minority group approach from the social-structural approach.) The "social construction" approach is discussed in detail below.

The authors' formulation of four approaches is an heuristic and a tentative one, but one that is rigorous enough for a number of important questions and challenges to emerge. Questions and challenges certainly arise (both explicitly and implicitly) for the notion of "social construction" in relation to childhood.

Extract from concluding remarks

Social constructionism might turn out to be almost as complex as the phenomena it seeks to portray, a genuine if a mixed blessing. There certainly seems good reason to recommend that authors should specify their own usage of the term "social construction" as precisely as possible, if they wish it to have explanatory weight.

The class of social constructionisms of childhood might turn out to be defined by the rejection of naturalistic explanation. As we have seen, this rejection is a jumping-off point for James and her colleagues. Yet there remains a lingering commitment to some kind of naturalism, in the sense of "biological immaturity" (James *et al.*, 1997: 8); thus, "childhood is not *solely* to be understood as the condition of biological immaturity" (James, 1993: 67), and children's age has to be regarded as "a cultural, *as well as* a cognitive or developmental, variable" (p. 21; all emphases added). James also notes however that an overemphasis on "social and biological immaturity" leads to the dominance of a socialisation perspective (James, 1993: 81) and her rich anthropological text includes accounts of how children manage being-a-child alongside becoming-an-adult (p. 99) and of other situations of conflicting agendas and discourses such as play-smoking (p. 172). Learning from such examples we would bracket out the child's "childness" in describing their societal locus. To put it more simply, we would be starting to treat children as humans (or "at least" as women: see Oakley, 1994).

The proposal to treat children as humans may not be as banal as it may seem; it seems to imply that there are no children's rights as such and therefore raises challenging questions concerning the United Nations Convention on the Rights of the Child, not to mention enormously problematic questions about sexuality and so on (Stainton Rogers and Stainton Rogers, 1992). Berry Mayall's discussion of her question "Are children

different?" (Mayall, 1994: 116) suggests that children are different in different settings (e.g. school/home) just as adults are different in different settings (e.g. as schoolteacher, parent), and implies quite radically, that *children are no different from adults* except as the consequence of treatment and of their own (interlinked) activity. That is to say, children are people who are treated, by themselves and/or by others, as "children". And of course as Mayall observes, these proposals "fly in the face of the essential propositions of developmentalism" (see Morss, 1996). Hood-Williams' words of a decade ago surely remain as true now, and as present to us in their urgency as well as in their compassion:

[W]e need to begin with a conception of patriarchal authority that even today maintains childhood as a firmly exclusionary status; we need to take serious account of the cross cuttings between age and gender; we need an agenda that is much more sensitive to questions of power and control; we need to recognize children as active, if excluded, subjects and not as the incompetent objects of adult policies; we need to see children as [sic] social relationships in which our very understanding of childhood is constructed out of our notions of adulthood. In all of this we have hardly begun. (Hood-Williams, 1990: 170–171)

Analysis

The extract above is taken from the introduction and concluding remarks of a journal article. It is intended that you will find reading this extract, and the whole article if you have time, to be useful on two levels. Firstly, Morss' article is a critique of the approach and theoretical stance of a set of authors, James, A, Jenks, C and Prout, A (the first of these authors is also the co-author of the pre-reading text suggested above). In his article, Morss challenges, questions and scrutinises their approach. I would suggest that Morss' analysis is robust, as he presents a coherent argument with logical debate, which is supported by source materials. Therefore, although you may find the extract to be written in a complex linguistic style, the underlying principals of academic writing that Morss has adhered to, provide a useful example of how to take a critical, evaluative stance in your own approach to theories, texts and research. As you read the extract above, which was written in 2002, you should critique Morss' approach, deconstructing his ideas and analysing whether his stance is relevant and applicable to understanding childhood in Britain today. Secondly, the content of the extract offers a critique on how the concept of childhood is explained, understood and given meaning in our society. This is considered further in the discussion below.

You may feel that devoting this section of the chapter to understanding the concept of childhood is unnecessary. After all, it is fair to assume that we have all been children and so may think that we all understand what childhood is. However, whilst we have memories and our individual experiences of childhood may have been influential in our life course development, Mayall (2000) reminds us that only children know what it is like to be a child. Indeed, with respect to our interpretation of this phase of life, the article and the pre-reading have shown that this is not as straightforward as it may seem.



Once childhood was a feature of parental (maybe just maternal) discourse, the currency of educators and the sole theoretical property of developmental psychology. Now with an intensity perhaps unprecedented, childhood has become popularised, politicised, scrutinised and analysed in a series of interlocking spaces in which the traditional and certainty about childhood and children's social status are being radically undermined.

(James et al., 1998, page 3)

The social constructionist approach, being critiqued by Morss in his article, develops an understanding of childhood that is dependent upon the person's broader ideological perceptions of the world. This means that the concept of childhood cannot be scientifically, objectively or factually explained. Its definition cannot be taken for granted, but rather, understanding childhood requires interpretation and meanings to be imposed. Thus, your views or perspectives on what childhood is, are informed or underpinned by your experiences, assumptions, culture, values, beliefs, situation and circumstances. The logical consequence of this approach is that the differences in behaviours and attitudes towards children reflect historical, cultural and social beliefs about childhood, and different ideas and expectations about how children develop. These differences, in turn, may be seen as leading to cultural and historical divergence in children's social and economic roles and the developmental trajectories that children experience.

In his concluding remarks, Morss draws out some of the complexities of social constructionism and, using the example of *play-smoking* (pretending to smoke), discusses the perceived conflicts of childhood. You may be able to think of other similar examples, indeed the notion of *being-a-child alongside becoming-an-adult* and the contradictory messages that are portrayed through society could be argued to be apparent in national policy and strategy, one example being in the proposed Child Care Bill, introduced into parliament in November 2005 (www.dfes.gov.uk). This Bill provides a framework for services providing education and care to children under five years of age. As you read this text, the Child Care Bill may be at a different stage in the parliamentary process. Nevertheless, it is interesting to consider which of the social constructions described in the extract, might be inherent in this policy: *tribal*; *social structural*; *minority group*; or *social construction*? You may feel that childhood is being interpreted in yet a different way by the policy makers.

Morss moves on to cite the work of Mayall and the contentious view that children are only children because of the way that they are treated. This hypothesis has strong links to social constructionism, for Mayall acknowledges that children develop biologically and physically, but adds that development is also influenced by social, historical and political factors. In the final quotation of the extract, some thought-provoking challenges are set out, and again you could consider these ideas and whether in current policies, such as *Every child matters* and the Child Care Bill, children are being recognised as *active*, *if excluded*, *subjects* and *not as the incompetent objects of adult policies*.

There are no direct answers to these issues. They are matters for analysis and discussion but, as you reflect upon them you will begin to develop a deeper understanding of how you perceive the concept of childhood and your own values and beliefs. It might also give you some indication of how childhood is experienced in contemporary society.

In summary, the extract is from an article that deconstructs the *social construction of childhood*. Morss does not disagree that childhood is socially constructed, but discusses this approach further, drawing out the underlying assumptions and adding to the debate. From this perspective, the experience of, and development during, childhood is seen as being socially and culturally defined. Images of childhood, attitudes, beliefs and expectations about children become seen as factual, self-evident and obvious, whereas in fact they are *the products of human meaning-making* (Woodhead and Montgomery, 2003, page 26).

As you progress further through this book you will identify themes that can be seen to be relevant across the whole of the life course, for example change and continuity, and similarity and difference. This section and the following sections that explore physical, mental and emotional development, followed by security and safety in childhood, further develop these themes through an exploration of how children grow, learn, change and develop through this early stage of the life course.

Personal reflections

As stated in the analysis above, we have all been children and so might feel that we all understand what childhood is. You will have feelings, thoughts and memories about your childhood experiences and the part those experiences had to play in influencing your life course and development to date. You may be a parent, or have other close relationships with children and you may have strong beliefs and ideas about children and how they should be perceived.

Reflect upon your own values and beliefs in respect of children and childhood and your reading of the extract and analysis above. Then write down short responses to the questions below.

- How has your perception and understanding of childhood developed? Make a list of the different aspects of your life course that have influenced your thoughts and construction of childhood.
- What are the practical consequences of the way in which you make sense of childhood, in terms of your response to children and your expectations of them?

Comment

It is likely that your values and beliefs about childhood have been shaped by many different influences across your life course so far. These may have included your parents, the media, your peers, the community in which you grew up, culture, your age now and the period you grew up in, your experience of being with, working with or having children and so on! Given the many facets that influence the meanings we construct, you may also appreciate that these meanings can change and evolve as we, and the society around us, change and develop. You may also realise, from your reflections, how difficult it is to envisage a society where the concept of *child* or *childhood* has not been given meaning and therefore does not exist.

Thus, the practical consequences of the way in which we make sense of childhood follow from the assumptions that underpin our constructions. So, for example, your

beliefs about how children should behave, what is right and wrong, what should be expected of children at particular ages, even what children should wear or look like, will be influenced by your values and beliefs.

Practical implications and activities

In the earlier analysis, it was suggested that you consider the way in which a particular piece of developing legislation, the Child Care Bill, constructs the notion of children and childhood.

Having now reflected upon your own assumptions, values and beliefs in respect of children and childhood, you can examine the ways in which childhood is interpreted by policy makers and whether those interpretations mirror your own assumptions and expectations. Furthermore, and significantly for the purposes of this chapter and this book, you can begin to evaluate the implications of how childhood is defined in policy, law and strategy for direct social work practice with children.

Physical, mental and emotional development in early childhood

The previous section of this chapter demonstrated how national policy and legislation is one of many influences on our understanding and expectations of development through childhood. In this part of the chapter you will focus on particular aspects of early childhood development: physical, mental and emotional development, as encompassed within two of the stated aims of *Every child matters* (DfES, 2004), within the strategic outcome, *be healthy*.

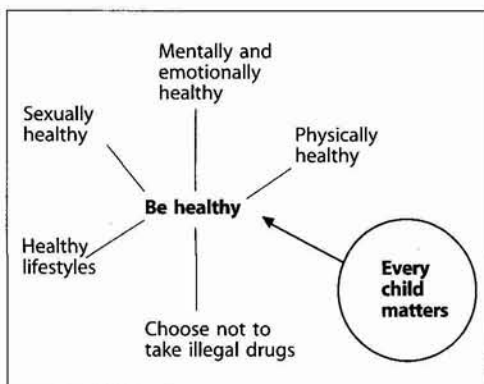


Figure 2.2.

Adapted from *Every child matters: Change for children* (DfES, 2004)

It is not possible to explore every facet of physical, mental and emotional development in early childhood within the scope of this section. Therefore, as with other sections of this book, the pre-reading, extracts, analysis and activities are provided as signposts to stimulate reflection and direct your further study. The reflective questions that you should contemplate as you study this section are:

- how do different perspectives and theories explain physical and emotional development in early childhood?
- how is physical and emotional development in early childhood understood and assessed?
- in what ways does knowledge of physical and emotional development in early childhood inform social work practice?

Preparatory reading

Before you read the extract, read:

- Department for Education and Skills (DfES) (2004) *Every child matters*, Cm 5860. London: Stationery Office. www.dfes.gov.uk
For this section it would be helpful if you familiarise yourself with Chapter 2 'Strong foundations', pages 25–36 and Chapter 3 'Supporting parents and carers', pages 39–49.
- Department for Education and Skills (DfES) (2002) *Birth to three matters: A framework to support children in their earliest years*. www.surestart.gov.uk
This is a framework, developed to support practitioners working with young children. It was developed using research findings and practitioner perspectives and includes four aspects. One of the four aspects is entitled *A healthy child* – see page 7 of the document – and incorporates physical and emotional development.
- Department of Health (DoH) (2004) *National service framework for children, young people and maternity services*. London: Stationery Office.
Standard 1: 'Promoting health and well-being, identifying needs and intervening early' is particularly relevant to this part of Chapter 2.

These documents provide an indication of the contemporary strategic, structural and planning context in which young children develop physically, mentally and emotionally in Britain today. The following extract aims to stimulate your thoughts and ideas about the ways in which physical and biological development in early childhood is understood. This is followed by a second extract, which focuses on emotional development during early childhood. The analysis section then encourages discussion and debate about both extracts and the related preparatory reading above.

Extract

James, A and James, A L (2004) *Constructing childhood: Theory, policy and social practice*. Basingstoke: Palgrave Macmillan, Chapter 2, pp142–6, 'Childhood: a process of natural growth and development'.

Childhood: a process of natural growth and development

Naturalistic and scientific approaches to health and the body hold that 'the capabilities and constraints of human bodies define individuals' and that the health differences and resultant inequalities, which are to be found in the social world, are simply manifestations of the 'determining power of the biological body' (Shilling 1993: 41). Thus, for example, sexual difference is a taken-for-granted feature of bodies and held to account for the 'natural' propensity of women for mothering and of men for dominance, bodily differences that in turn are often used to provide justification for gendered social and political inequalities. In a similar way, as noted earlier in Chapter 1, childhood is naturalised through the child's body. Commonly envisaged as the literal embodiment of change over time – the phrase 'when you grow up' makes this quite explicit – concepts of childhood have long been seen through the lens of children's bodily development and change. Children's social identities as children are understood as a 'natural' outcome of their bodily difference from adults and their trajectory of physical development prized in terms of the 'futurity' of the nation (Jenks 1996b).

However, exactly, what is 'normal' and 'standard' in terms of children's development and the extent to which normalcy can indeed be generalised and measured in this way for all children, can be questioned both in terms of the hegemony of particular scientific paradigms and with regard to the social and political consequences for children themselves of employing such measures. Historians of childhood are, for example, beginning to document the ways in which ideas of standardisation, measurement and normalcy in relation to children's physical development emerged as devices with which to monitor and regulate children. Steedman, for example, argues that it was the 19th century that,

fixed childhood, not just as a category of experience, but also as a time span ... [through] the development of mass schooling, and its grouping of children together by age cohort. In the same period the practices of child psychology, developmental linguistics and anthropometry provided clearer pictures of what children were like, and how they should be expected to look at certain ages.

(Steedman 1995: 7)

During this period, the idea of a standardised path for child growth and development was used to underpin a whole variety of social, political and educational policies, policies designed to ensure a successful outcome for the whole child – that is, the achievement of adulthood:

The building up of scientific evidence about physical growth in childhood described an actual progress in individual lives, which increased in symbolic importance during the nineteenth century, whereby that which is traversed is, in the end, left behind and abandoned, as the child grows up and goes away. In this way, childhood as it has been culturally described is always about that which is temporary and impermanent, always describes a loss in adult life, a state that is recognised too late. Children are quite precisely a physiological chronology, a history, as they make their way through the stages of growth.

(Steedman 1992: 37)

Thus, during the 19th century an understanding of the importance of child health was becoming central to the shoring up of the conceptual space of childhood for children, a space which was being carved out, simultaneously, in other areas through, for example, the institutionalisation of compulsory schooling (see Chapter 5) and the Factory Acts that removed children, progressively, from the sphere of work. Thus, as Armstrong (1995) has shown, the wide-scale surveying of the child population gradually began to define certain limits of normality for children's bodies. This was exemplified in the height and weight growth chart, which was first introduced in the early 20th century and is still used routinely today to 'check' a child's development. Measurements are made of a child's height and weight at different points in time and these are then plotted against three pre-inscribed growth lines, known as percentiles, which define the boundaries of normalcy for low, medium and high growth rates.

As Armstrong notes, the development of this chart meant that 'every child could be assigned a place on the chart and, with successive plots, given a personal trajectory' for the future, a process which, it was believed, would reveal those children most at risk.

Thus, as Steedman shows, the introduction of such devices enabled the plight of working-class children to be highlighted by the political activists and reformers of the period in their call for social change:

[Child physiology] structured around the idea of growth and development ... allowed for comparisons to be made between children, and, most important of all as a basis for a social policy on childhood, it... rooted mental life in the material body and the material conditions of life. In this way, working-class children could be seen as having been robbed of natural development, their potential for health and growth lying dormant in their half-starved bodies.

(Steedman 1992: 25)

Such a review of children and childhood – the explicit linking of children's health to the future welfare of the nation – was a consistent feature of 19th century social and political thought. This in itself bears witness to the gradual ideological shoring up of childhood as a particular social space via social policy, through the notion that children have special and very particular physical and mental health care needs different from those of adults. Thus it was that paediatrics developed as a specialist branch of medicine in the early 20th century and, as the surveying and monitoring of the child population proceeded, other specialist children's clinics and services followed close behind. This was, Armstrong (1983) notes, accompanied by a shift from seeing 'pathology' as not just located within the body of the child but also in its environment – in poverty, poor education, bad parenting and dysfunctional families (see Chapter 8).

However, as Armstrong observes, although the height and weight chart claims to depict a child's unique and individual development, this uniqueness only exists in the context of a 'generalised' child, derived epidemiologically from the population as a whole. Against this, the 'normality' or 'abnormality' of each individual child is measured and in this, 'age' – that is, time passing – is critical, for it provides the context within which 'successful' or 'pathological' height/weight trajectories are charted. Thus, the health of the child's body, he argues, is 'delineated not by the absolute categories of physiology and pathology, but by the characteristics of the normal population', shared and common characteristics that become standardised as 'normality' (1995: 397).

In this way, 'normality' for children has become firmly linked to the trajectory of a *collective* model of age-based change and development, inscribed upon and through the *individual* body (and mind) of 'the child'. And one consequence of this charting of 'normalcy' is that any child is always potentially at risk of 'precocity' – doing things earlier than *s/he should* – or its opposite, developmental delay – doing things later than *s/he should*. Thus although, as Freeman (1992) notes, within any population individual deviations from the norms for the group are bound to be found, through the intense surveillance of children's growth and development the fear is that 'difference' becomes pathologised as 'deviance'.

Therefore, as Freeman also observes, what such statistically based surveillance techniques do is to open up 'an epistemological space in which the politics of social intervention ... are played out' (1992: 36). Who gets what kind of intervention, why and when become, then, highly politicised issues of citizenship and of rights.

Extract

Woodhead, M and Montgomery, H (2003) *Understanding Childhood: an interdisciplinary approach* Chichester: Wiley and Sons Ltd (pp103–6) Section 2.3 Natural Needs?

Babies and young children often get upset if they are separated from their parents, or from the people who most often care for them. What's less well known is that babies' tendency to get upset follows a developmental pattern. *Separation protest* (as psychologists call this kind of crying) begins to happen more often when babies are around seven to eight months of age. Younger babies are less sensitive to being separated – or at least they don't protest so loudly. *Separation protest* typically reaches a peak around twelve months and then gradually becomes less frequent as most babies become better able to cope with brief separation. Cross-cultural research has also found the same developmental patterns in very varying cultural contexts (see Figure 1). These are generalizations of course, and there can be marked individual as well as cultural differences in the ways separations are managed. Also, a change of care arrangements (such as starting nursery) can cause renewed upset in much older children.

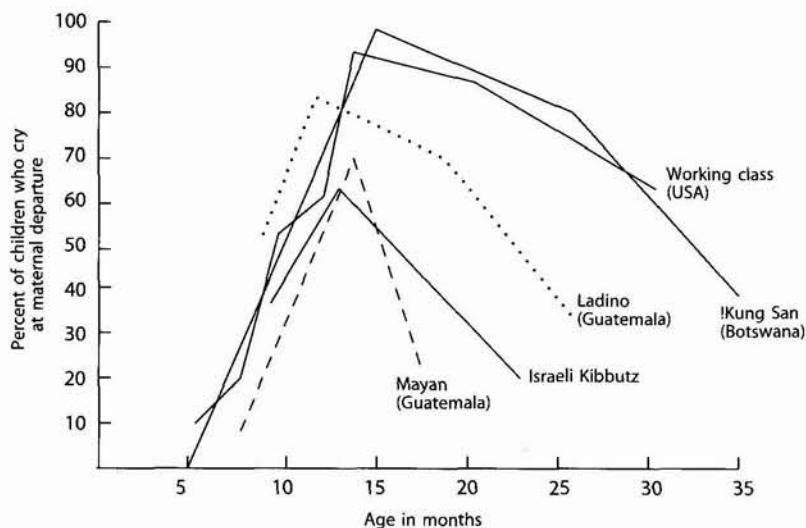


Figure 1 Separation protest shown by babies from five different groups around the world. Source: Adapted from Kagan, 1976, pp 186–96.

You may recall that Darwin included the development of affection in his study of his son Doddy, noting that Doddy was several months old before he seemed to show a clear preference for his nurse's affections. The onset of separation protest during the second half of the first year is now recognized as an indicator that the young child has formed emotional *attachments* to a parent or other care-giver. This line of research

originated with studies carried out by Bowlby in the 1930s, exploring the effects on children of being deprived of maternal care. Bowlby wanted to explain why children brought up in baby homes, orphanages and other institutions common in England at that time so often had relationship difficulties and behavioural problems later on. He was also concerned about the emotional distress experienced by young children in hospital who were deprived of contact with their parents (also common practice in England at the time). Notice the parallels between Bowlby's interest in the effects of social deprivation, and Itard's interest in the deprivations suffered by the Wild Boy of Aveyron.

Bowlby's background was in medicine and he was trained in psychoanalysis. He was also very interested in the study of evolution, especially the lessons from ethological research into animal behaviour. Ethological studies of baby geese seemed to show that young goslings imprint on their mother (or indeed the first moving thing with which they come into contact) (Lorenz, 1981). Bowlby saw a strong parallel in the way young babies become attached (or bonded) to their mothers (or other principal carers). He argued that a baby becomes distressed and resists separation because of a biologically adaptive mechanism which evolved to protect the young of the human species by ensuring an infant remains in close proximity to their mother.

One of the most controversial features of Bowlby's early theories is that he took the bold step of trying to prescribe children's needs for care. In a famous report to the World Health Organization he argued that some ways of caring for babies are natural and healthy; others are unnatural and harmful. Bowlby's often-quoted conclusion at this time was:

[W]hat is believed to be essential for mental health is that an infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother-substitute – one person who steadily 'mothers' him in which both find satisfaction and enjoyment.

(Bowlby, 1953, p. 13)

Bowlby's work had a major impact on reforming practices in child care, especially in residential and hospital care. At the same time these early theories were criticized on two counts, which centre on the claim that children's emotional needs are an expression of their human nature.

The first set of criticisms drew attention to the dangers of over-generalizing from behaviours of other species. Observations of animal imprinting were translated into theories about mother–infant bonding. The problem is that human infants don't 'bond' with their care-givers in a mechanical or instinctive way equivalent to imprinting. A baby's first relationships are also built on communication, and the beginnings of shared understanding.

The second set of criticisms centred on claims made for 'natural' care. Critics argued that these so-called natural patterns of care were a reflection of Western cultural values, projected onto children as being about their needs. They were seen as a social construction, reinforcing dominant attitudes to family life in post-war Britain, by emphasizing women's responsibilities for meeting the needs of their infants through offering full-time mothering (Tizard, 1991). For example, Bowlby's original work argued that children's needs for love and security are focused on one person (the mother or mother substitute). This principle (known as *monotropism*) was widely criticized for telling as much about mid-twentieth century English attitudes to family, nursery care and gender divisions as about the fundamental needs of children. It contradicted a wide range of evidence from cultural contexts where shared care is the norm, for example, the widespread practice of older siblings (usually older sisters) sharing care of young children (Weisner and Gallimore, 1977).

To summarize, firstly, children have needs for care and nurture, but their attachments aren't necessarily focused on one person and they may be distributed amongst several consistent care-givers. Secondly, developmental theories may be informed by careful empirical research, but the interpretation of that research is shaped by available discourses about children's needs for care and nurture.

Analysis

Both extracts are taken from academic texts and both, therefore, present the views of their respective authors. The first extract discusses some of the assumptions and issues that James and James (2004) associate with approaches to understanding physical or biological development in children. The second extract critiques some of the ideas about early emotional development, in particular attachment theories. As you read the extracts, you may agree with, or wish to challenge some aspects of the arguments put forward.

James and James (2004) challenge standardised measurements of physical development in childhood, questioning how development can be generalised or defined as *normal* or *universally expected* in this way. Similarly the critique developed by Woodhead and Montgomery (2003) in part, questions generalisations that they perceive in Bowlby's attachment theory. The issue of how far childhood development can be predicted, or explained as following a predetermined path, raises the well-rehearsed *nature versus nurture* debate. (If you are unfamiliar with the fundamental assumptions on each side of this debate, Crawford and Walker (2003, page 10) provide a useful summary.) James and James (2004) go on to suggest that, on the one hand, charting and measuring physical development provides a fundamental way of identifying the impact of social policy on child development. However, on the other hand, such categorising of children's progress leads to certain definitions of what is normal, with development that falls outside of that being seen as problematic. An example of this biological approach is the influential work of Mary Sheridan who advocates that professionals working with children *should be familiar with the accepted milestones* so that they can recognise *the earliest signs of deviation from normal development* (Sheridan, 1975, page 1). Sheridan provides a guide to children's physical developmental

progress from birth to five years, with charts for clinical testing, which reflect *four human biological achievements*: posture and movement; vision and fine movements; hearing and speech; and social behaviour and play. You may notice that similar categories are utilised in the *Birth to three matters* framework that you were guided to, as part of the pre-reading for this section. Within this framework (page 14), four broad areas of development are suggested, although it is acknowledged that *growth and development are less predictable for some children than for others*.

There is, therefore, a debate about how physical and biological growth and development in childhood is understood, assessed, measured and perceived. This debate is very important for social work practitioners to evaluate in respect of their role in assessment and intervention in children's lives. The Common Assessment Framework (CAF), which is an integral element of the strategic direction outlined in *Every child matters*, incorporates three domains:

- how well a child is developing, including in their health and progress in learning;
- how well parents or carers are able to support their child's development and respond appropriately to any needs;
- the impact of wider family and environmental elements on the child's development and on the capacity of their parents and carers.

DfES (2006, page 17)

These key themes are then each broken down and given in more detail, as shown in the table below.

Domains	Elements
Development of child	<ul style="list-style-type: none"> • Health – general health, physical development and speech. • Emotional and social development. • Behavioural development. • Identity, including self-esteem, self-image and social presentation. • Family and social relationships. • Self-care skills and independence. • Learning – Understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement in learning, aspirations.
Parents and carers	<ul style="list-style-type: none"> • Basic care, ensuring safety and protection. • Emotional warmth and stability. • Guidance, boundaries and stimulation.
Family and environmental	<ul style="list-style-type: none"> • Family history, functioning and well-being. • Wider family. • Housing, employment and financial considerations. • Social and community elements and resources, including education.

Figure 2.3 Common Assessment Framework: Assessment elements and domains

Department for Education and Skills (DfES) (2006, Annex A) *Framework for children and young people: Guide for service managers and practitioners*. www.dfes.gov.uk

The CAF is built on the principles of integrated services, multi-agency working and shared information. As such, it is difficult to envisage how practitioners from different disciplines and agencies across health, social care and education, will be able to effectively implement this policy without coherent, agreed, underlying frameworks, measures or models against which to begin to formulate their identification, professional judgement and understanding of children's needs. However, the CAF does not have to be undertaken rigidly (DfES, 2006, page 13); it is a means of collating information, including the views of children and carers, upon which to base professional judgement about the holistic needs of the child. It is those professional judgements that should be explicitly constructed and informed by evidence from research, theory and an established knowledge-base.

From the table above you can distinguish those areas of the CAF that are explicitly related to physical development. It is also possible to identify, as it is a particular element within the framework, *emotional and social development*. However, it could be argued that many of the elements, across all three of the domains, relate to areas of a child's life course that may influence their emotional growth. In the second extract, Woodhead and Montgomery (2003) discuss emotional development as explained by attachment theories; hence there is a clear association with the CAF domains relating to *parents and carers* and *family and environmental*.

Emotions and emotional development are complex concepts related to individual feelings, thoughts and self-esteem and the impact that they have upon behaviour. In the *Birth to three matters* (DfES, 2002) framework, *emotional well-being* is described as including:

relationships, which are close, warm and supportive; being able to express feelings such as joy, sadness, frustration and fear, leading to the development of strategies to cope with new, challenging or stressful situations.

Emotional stability and resilience including

- Being special to someone
- Being able to express feelings
- Developing healthy dependence
- Developing healthy independence

(DfES, 2002 pages 7 and 11)

Woodhead and Montgomery's (2003) main premise is that whilst attachment and care are significant influences on early childhood development, the form of that attachment need not be prescriptive and examples of cultural or historical variation in child care demonstrate a need to take a broader perspective on the ways in which children develop emotionally. In respect of social work practice, Williams (2005, page 150) supports this view, stating that attachment theory has developed to incorporate a wider understanding of different relationships and, as such, it underpins social work practice with children, particularly those in residential care or for whom the plan is adoption. Williams (ibid) states that attachment issues should be addressed within the care planning process, which we have seen is underpinned by the information gathered through the assessment. The significance of attachment theory to the assessment of

children in need is also raised within practice guidance issued by the National Assembly for Wales: *The wealth of research on attachment reinforces the importance of paying attention to attachment in assessments of all children, irrespective of their age* (DoH, 2001, page 5). If you are interested in exploring the issue of children's emotional and behavioural development further, and looking at how this may be assessed as part of social work practice within a multi-disciplinary assessment, Jowitt and O'Loughlin (2005, page 60) provide a helpful overview of the areas that would be taken into account.

Personal reflections

In this section of the chapter you have focused on examining certain perspectives on physical and emotional development in early childhood. Your reading has been set in context through explicit links to national policy and legislation, in particular through the outcome *be healthy*, which is one of the five key outcomes of *Every child matters* (DfES, 2004).

You should now take the opportunity to think about what you perceive as the main determinants of a '*healthy child*'.

- Write down the key words that come to your mind as you try to describe a child who you would consider physically and emotionally *healthy*.
- Then look back over your list and, for each response, think about how you would assess or 'measure' each individual child against that criterion.

Finally, reviewing your work from the above activity, can you summarise your own perspective on physical and emotional development in early childhood? Also, how does your thinking and your learning from this section of the chapter inform and influence your social work practice with young children?

Comment

You may have approached the above activity very systematically, drawing explicitly on your learning from this section, or you may have come up with a quick list of ideas that have less structure, but are nonetheless comprehensive. The CAF domains and elements shown in the table earlier in the chapter, offer one possible starting point for this activity. Another option would be to use the *Birth to three matters* framework (suggested as pre-reading for this section), which offers four aspects: a strong child; a skilful communicator; a competent learner; and a healthy child. This fourth aspect, a healthy child, would be particularly relevant here. The *Birth to three matters* framework suggests a healthy child demonstrates the following:

A healthy child	
Emotional well-being – Emotional stability and resilience	<ul style="list-style-type: none"> • Being special to someone • Being able to express feelings • Developing healthy dependence • Developing healthy independence
Growing and developing – Physical well-being	<ul style="list-style-type: none"> • Being well nourished • Being active, rested and protected • Gaining control of the body • Acquiring physical skills
Keeping safe – Being safe and protected	<ul style="list-style-type: none"> • Discovering boundaries and limits • Learning about rules • Knowing when and how to ask for help • Learning when to say no and anticipating when others will do so
Healthy choices – Being able to make choices	<ul style="list-style-type: none"> • Discovering and learning about his/her body • Demonstrating individual preferences • Making decisions • Becoming aware of others and their needs

Department for Education and Skills (DfES) (2002) *Birth to three matters: A framework to support children in their earliest years*. www.surestart.gov.uk

Figure 2.4 Birth to three matters – a healthy child
Adapted from Every child matters: Change for children (DfES, 2004)

The second part of the activity, however, is more problematic. You have seen how very specific scales and measures exist to assess milestones in physical development, but that these have to be implemented with caution. In assessing emotional development, however, shared professional judgement, alongside the views and experiences expressed by the child and parent/carer, may be the main process for assessment decisions.

Practical implications and activities

As you have seen earlier in this section, the common assessment is a mechanism for drawing together a range of information about a child's development and the support available to them. Imagine that you had been asked to draw up a list of ten statements of good practice which aim to ensure that assessments are effective and accurate. Write out your ten statements, and then refer to *The Common Assessment Framework for children and young people: Practitioners' Guide* (DfES, 2006) particularly pages 13–21 which offer practice guidance on the completion of the common assessment.

The significance of safety, security and stability for childhood development



Figure 2.5 Stay safe

Adapted from *Every child matters: Change for children* (DfES, 2004)

Chapter 4 of *Every Child Matters* (DfES 2004) is entitled 'Early intervention and effective protection'. Within the chapter, drawing upon The Victoria Climbié Inquiry (Laming, 2003), the significance of joint working across professional and agency boundaries is stressed. Similarly the *National Service Framework (NSF) for children, young people and maternity services* (DoH, 2004) states, within Standard 5, that *safe-guarding and promoting the welfare of children is prioritised by all agencies, working in partnership to plan and provide co-ordinated and comprehensive services in line with national guidance and legislation*.

This final section of Chapter 2, considers the *Every child matters* (DfES, 2004) strategic outcome, *stay safe*. In particular, you will be encouraged to reflect upon the possible impact of abuse and neglect on children's development. Whilst this chapter has focused on the early years of childhood, the extract provided considers research into the relationship between maltreatment and a range of problems children may experience at school. Therefore, this section of the chapter actually relates to developmental issues across the whole of childhood and provides the 'bridge' to your reading in the next chapter. It also draws together your learning from the earlier parts of this chapter, in that

The sustained abuse or neglect of children physically, emotionally or sexually can have major long-term effects on all aspects of a child's health, development and well-being. (DoH, 1999, page 6)

Thus, the reflective prompts suggested earlier in the chapter are also relevant as you read the pre-reading, extract and analysis to follow. Additionally, the questions that you should think about as you read through this section of the chapter are:

- what does this tell me about my social work practice?
- what does this tell me about professional social work more broadly?
- in what ways might issues of safety, security and stability impact on child development?

Preparatory reading

Before you read this extract, read:

- Department for Education and Skills (DfES) (2004) *Every child matters*, Cm 5860 London: Stationery Office. www.dfes.gov.uk
For this section it would be helpful if you familiarise yourself with Chapter 4.
- Department of Health (DoH) (2004) *National Service Framework for children, young people and maternity services*. London: Stationery Office.
Standard 5 is particularly relevant to this part of Chapter 2.
- Department of Health (DoH) (1999) *Working together to safeguard children*. London: The Stationery Office.

This document sets out the policy and procedures for all agencies and professionals working together to promote children's welfare and to protect children from abuse and neglect. Whilst the whole document is relevant to your studies about child development, for this section, pages 6 and 7, which outline the 'Impact of abuse and neglect' are particularly relevant.

Extract

Mills, C (2004) *Problems at home, problems at school: The effects of maltreatment in the home on children's functioning at school: an overview of recent research*. London: NSPCC Introduction, pages 10–12.

Children's functioning at school

In this review, when we refer to children's functioning at school, we are encompassing the wide range of behaviours and activities which children are expected to engage in at school. As with the concept of child maltreatment, how children should behave at school and what they are expected to achieve are not absolutes that are static across time. The expectations of children at the beginning of the twenty-first century are radically different to those which existed at the beginning of the twentieth century. Nevertheless, it is possible to state with some precision what current expectations are of how children should function at school. These expectations can be summarised as follows:

- to attend, unless too ill to do so
- to behave respectfully to school staff and peers
- to work hard and achieve the best academic results possible
- to learn and develop
- to benefit from the school experience both intellectually and socially.

Child maltreatment and children's functioning at school

In a recent systematic review of the literature, Veltman and Brown²⁹ identified 92 studies conducted between 1967 and 2000 which examined the relationship between child maltreatment and cognitive development, intelligence, language and school achievement. The majority had been conducted in the USA, although a small number of studies were conducted in Canada, Britain and Australia. They found that:

- 31 out of 34 studies (91 per cent) showed that maltreatment was related to poor school achievement
- delays in cognitive development were shown in 49 out of 65 studies (75 per cent)
- delays in language development were shown in 36 out of 42 studies (86 per cent).

In our survey of the literature we have also found evidence that maltreated children are:

- at greater risk of poor school behaviour
- at greater risk of being the victims of bullying in school
- more likely to have special educational needs
- at greater risk of exclusion from school
- more likely to be absent from school.

Thus the literature shows a clear relationship between maltreatment and children's functioning at school.

Cause and effect

Veltman and Browne are critical of the methods used in a minority of the studies that they reviewed. A significant weakness of some of the earlier research was that it did not use a group of children who had not been maltreated as a control. The problem with this is that simply looking at the academic achievement of a group of maltreated children (and finding it well below average) does not establish that maltreatment is linked to poor school achievement. Poor school performance may be the result of some other factor which maltreated children share in common with non-maltreated children who also do badly at school. For example, it is known that a child's socio-economic status is strongly related to educational outcomes.³⁰ Children from deprived families generally do not do as well at school as those from wealthy homes.

Social scientists have adopted a number of techniques to control for factors like socio-economic status (sometimes referred to as "confounder variables"). One approach is to ensure that the performance of a group of maltreated children is compared with that of a group of non-maltreated children, who are "matched" for socio-economic status. In other words children in both groups have comparable home circumstances, except for the presence or absence of abuse.

In practice it has been found necessary to try to match children on a range of factors in addition to their socio-economic status, for example age, gender, ethnic origin, neighbourhood of residence and birth order.

Even when it is found that maltreated children are more likely to do poorly at school than a matched control group, this still does not establish that maltreatment is the cause of poor school performance. There may be some additional unknown factor which is the cause of both. Veltman and Browne suggest that one way of addressing this difficulty would be to measure the children's intellectual abilities both before they have been maltreated and after they have been maltreated. This would show that maltreatment was the crucial factor. However, in practice this is not possible. The nature of child maltreatment is such that it is often difficult to know exactly and reliably when abuse first occurs.

Other approaches are ruled out for ethical reasons. Researchers cannot experiment with children's lives in order to see if maltreatment is the key factor which affects their performance at school (for example, by protecting one group of children from abuse but not another).

It is difficult not to conclude that social research has its limitations. It is often restricted to exploring correlations rather than causes. Neither this study nor other reviews have

discovered research which shows conclusively that child maltreatment is a cause of children's poor functioning at school. Indeed such research may be an unachievable gold standard.

However, the majority of the studies reported here have taken meticulous care to isolate child maltreatment and to look at its relationship to children's functioning at school independently of other variables which may also be causal factors. Researchers are also able to call on advanced statistical techniques to compensate for the effects of "confounder variables" in the analysis of the data.

The conclusion that can be drawn is that child maltreatment and children's poor functioning at school are closely connected phenomena and that this is not accounted for by any obvious third factor, such as socio-economic status. This implies that researchers and practitioners need to give close attention to the educational needs of maltreated children. It also implies that where children are experiencing difficulties at school, teachers should be particularly alert for other signs which may indicate that these difficulties are associated with maltreatment in the home.

²⁹ Veltman, M. and Browne, K. (2001) "Three decades of child maltreatment research: implications for the school years", *Trauma, Violence and Abuse*, Vol. 9, No. 3, pp. 915-39.

³⁰ Feinstein, L. (2003) "Inequality in the early cognitive development of British children in the 1970 cohort", *Economica*, Vol. 70, pp. 73-97.

Analysis

This extract is taken from an extensive review of research that examines the relationship between how children are treated at home and how they progress at school. The review was undertaken following publication of the green paper *Every child matters* and looks at how abuse and neglect may impact upon *academic performance, special educational needs, behaviour problems, bullying, absence and exclusion and psychiatric conditions*.

As with earlier extracts, this extract provides a critique of research methodologies, which is, in itself, another useful example of evaluation and critical, analytical writing style. However, more significantly for this section of the chapter, Mills (2004, page 11) concludes that there is a clear link between child abuse and problems in school. You may feel that this is somewhat unremarkable and something that is to be expected. Yet, as Mills notes in his opening paragraph to this review document, it is only very recently that national strategies are moving towards the integration of educational and social care services for children. Furthermore, Mills' critique in this chapter can help you to understand that this 'taken-for-granted' approach actually simplifies the premise of cause and effect. So, for example, a whole range of other variables, or inconsistencies and differences, between children might explain or influence the correlation between abuse/neglect and developmental difference. In the extract, Mills cites the influence of a child's socio-economic status on educational outcomes. Similarly *Messages from research* (DoH, 1995) drew out the relationship between poverty and child abuse and neglect. Additionally, as shown throughout this book, there are many other factors which influence development and any, or all of these could have some bearing on this cause:effect equation, for example: the child's age and gender; ethnic origin, culture;

their experience of family life. Additionally, Mills' final statement in this extract appears to be very specific in making the association with issues *in the home*. His definition of *home* is not made clear here and it is possible that he is referring to the child's wider out-of-school experiences. However, his perspective could be seen to be taking a very narrow approach to children's lives. Children in contemporary society are likely to have a wide and complex range of experiences, networks and environments that influence their growth and development. Therefore reference to only 'home' and 'school' could be seen to prohibit the adoption of a holistic approach.

Children's lives outside the home usually become increasingly important, they have friends, join clubs, are involved in sports and so on ... Because of the number of changes to which the child is subject adversity or abuse can have further dramatic effects on the child's life. (Daniel et al., 1999, page 197)

A holistic approach to identifying and responding to the needs of a child, particularly where there are concerns about issues of safety, requires knowledge and understanding of child growth and development (Crawford and Walker, 2003, page 50). There are many potential ways in which exposure to risk and danger, including abuse, neglect or maltreatment, may influence a child's development. In the first section of the extract, Mills provides some empirical, statistical data to support his work, but within this mentions cognitive development, language development and intelligence. Your pre-reading for this section, particularly from the *Working together to safeguard children* (DoH, 1999) document, will have alerted you to many more aspects of childhood development that may be affected by insecurity, neglect and harm, further examples being the child's self-image, self-esteem and emotional, physical and psychological development. Additionally, abuse and neglect experienced during childhood may have a longer term impact on life course development into adulthood (DoH, 1999, page 6). Rutter (cited in Daniel et al., 1999, page 229) describes *developmental pathways* and highlights the role of school experiences in determining not only cognitive development, but also self-esteem and self-efficacy, which, in turn, provide protective and resilience factors to enable children and young people to have more control over their lives.

In the extract and in this analysis there has been very little explicit discussion about social work practice. However, the research review and the policy documents suggested as pre-reading actually indicate significant implications for individual social workers and for the profession and service of social work. The following activities aim to stimulate your reflections and further study in social work practice with children, where there are concerns about safety, particularly in respect of the different aspects of their development.

Personal reflections

Following your reading of this extract, the analysis and the pre-reading materials, think about your developing social work practice with children. The area of child protection in social work is vast, so you should focus here on how, within your practice, you can identify where issues of safety, risk and harm can impact on a child's development. Make a list of key 'good practice' points that you could incorporate into your practice with children in this respect.

Comment

This activity is not necessarily straightforward as the first point would need to be the recognition that all children develop differently, as individuals, at different speeds and in different ways. You also know, from your reading in this text, that there is a huge variety of factors that may impact upon that development. It can be seen, therefore, that whilst issues of safety, security and stability have a considerable impact upon childhood development, there are significant challenges for social work practice in identifying the impact and intervening to make a difference.

Daniel et al. (1999) suggest the following challenges:

- to identify whether what would have been a child's normal pattern of development has been interrupted or disrupted in some way;
- to establish whether the environment in which a child is living is likely to adversely affect their developmental path;
- to find ways to maximise the possibility of their attaining their developmental potential.

(1999, page 198)

You may have addressed some of these challenges in your 'good practice' points. Additionally, though, you may have been alerted, by the readings, to the importance of inter-professional and inter-agency practice when working with children. Hence, you may have included reference to information sharing, holistic assessment through integrated processes, such as the common assessment framework discussed earlier in the chapter and collective/collaborative practice. These notions of co-ordinated, integrated and comprehensive approaches to working with children are at the core of the contemporary national strategic direction for children's services. In the next activity, you are asked to explore the practical implications of this policy direction.

Finally, in your list of key 'good practice' points, you may also have included something about individual practitioner development, continued learning and reflective practice. These areas form the basis of this text and others in the series, as all aspects of professional social work practice should incorporate an awareness of self and personal professional development. There is further guidance about reflective practice in Chapter 7 of this book.

Practical implications and activities

Mills (2004, pages 53–4) concludes his research review by supporting key policy initiatives such as: *integration of education and children's social services; fostering a whole child approach in the education and children's services; information sharing across professional boundaries; and the importance of adequately resourcing inter-professional dialogue and training to support the above initiatives.*

Look at each of these four policy initiatives identified by Mills, and undertake some local research to find out exactly how these initiatives are being implemented in the locality in which you live. You may already work in a children's service and have ready access to some of this information. Otherwise, you could start by looking at the local authority's and the health authority's websites and exploring the range of

links that they may provide. You could also contact your local authority directly and ask for copies of their local strategy documents in respect of services for children.

Chapter summary

This chapter and the following chapter together will assist you to develop your understanding about human life course development through childhood. Your studying through this chapter has been contextualised within the framework of current national policies, in particular the influential green paper *Every child matters* (DfES, 2003). In this chapter you will have worked through three main sections. The first set out to raise questions about how we understand the concept of childhood in our society. The latter two sections focused on two of the five key outcomes for children from the green paper (DfES, 2003), *be healthy* and *stay safe*. Within these sections extracts, analysis and reflective activities were provided to encourage you to think about how knowledge and understanding about childhood development interfaces with current thinking in respect of desired outcomes for children.

As described in the chapter introduction, this chapter should be read in conjunction with Chapter 3, which looks at the remaining three key outcomes: *enjoying and achieving*; *making a positive contribution*; and *achieving economic well-being*. Through these outcomes, Chapter 3 looks at cognitive and psychological development and also examines the impact of socio-economic issues on child development.

You will find that your learning from this chapter, along with the notes and responses you have made to the activities, will support your studies in the following chapters. Furthermore, it is recommended that you maintain a file of this work as evidence of your commitment to professional development and personal learning.

Annotated further reading and research

Arnold, C (1999) *Child development and learning 2–5 Years: Georgia's Story* London: Hodder & Stoughton. This book is written in easily readable story form, and tells the story of Georgia and her learning and development between the ages of two and five years of age. The author acknowledges that all children are unique, but this detailed case study of one child allows for comparison, analysis and debate about development through this stage of life. Throughout this book, Georgia's development, her behaviours and circumstances are explained through the use of a range of theoretical perspectives. The study utilised narrative approaches and observation in order to follow Georgia's story and through the book, readers get to know this real child, Georgia, and her family. The appendix at the end of the book, *Georgia's Gallery*, features a selection of photographs of Georgia with the people who were important to her during this phase of her life.

Abbott, L and Langston, A (eds) (2004) *Birth to three matters*. Buckingham: Open University Press.

Abbott and Langston provide a detailed exploration of the structure and framework

of the *Birth to three matters* framework (DfES, 2002) which is discussed earlier in this chapter. Within their book, Abbott and Langston delve into national and international policy, case studies and contemporary research and thus underpin their very practical examples with a strong theoretical approach. If, after reading this chapter and the next, you are interested in looking further into early childhood development and related models of practice, you will find this text valuable.

Sure Start www.surestart.gov.uk. Sure Start is the government programme that aims to deliver a good start in life for every child. Sure Start integrates early education, childcare services, health, family support and community development. Their website provides an impressive range of links to other publications, research and other related websites.

Every child matters: Change for children www.everychildmatters.gov.uk. This website is a useful resource and starting point for information about a range of policy and strategy topics. It has four main sections that look at services and practice issues; strategy and governance, including different organisational structures; information for parents; and a link for children and young people with further links to other sites that provide help and advice for children.

IDeA Knowledge www.idea-knowledge.gov.uk. The IDeA Knowledge website provides examples of good practice from councils across England and Wales, and provides access to the IDeA's range of tools and services. The organisation supports work across the range of local authority services, and the site has an effective search facility. Thus, if you put the words *children* or *social work* into the search, it will locate a very useful list of research, good practice case-studies, policy and legislation to assist your studies.