



Foundational theories and knowledge Child and adolescent development Practice Paper

1. Introduction

The purpose of this practice paper is to provide Department for Child Protection (DCP) practitioners with an understanding of child and adolescent development.

This practice paper should be read in conjunction with the [Attachment Practice Paper](#) and [Permanency Planning Practice Paper](#) as both have critical links to timely decision making and child and adolescent development.

2. Importance of understanding child and adolescent development in child protection work

Children and young people require safe, stable, attuned, nurturing and stimulating environments and relationships to reach their full developmental potential. Extensive research supports that abuse and neglect have a damaging impact on children and young people's development. DCP practitioners must understand typical developmental trajectories and milestones for infants, children and young people in order to identify potential impacts of trauma. DCP practitioners also need to be knowledgeable about child and adolescent development to assist them to provide support and advice to families and carers.

Additionally, given the extreme vulnerability of the infant and toddler brain to experiences of trauma and the impact that the early years have been demonstrated to have on long term outcomes, it is imperative that DCP practitioners making decisions about safety and risk have detailed knowledge of early child development (see '3. Typical child and adolescent development' below).

Understanding adolescent development is critical to effectively working with young people. Adolescents experience significant physical, cognitive, sexual, identity, moral, social and emotional development and this developmental context is key to engaging and working successfully with young people.

3. Typical child and adolescent development

The [Parenting SA Parent Easy Guides – Milestones: Children 0 to 4 years](#) provides an excellent summary of child development from birth to four years.

The following links direct you to detailed information and resources applicable to children and adolescents of all age ranges:

- [Newborns](#)
- [Babies \(3-12 months\)](#)



- [Toddlers \(1-3 years\)](#)
- [Pre-schoolers \(3-5 years\)](#)
- [School age \(5-8 years\)](#)
- [Pre-teens \(9-11 years\)](#)
- [Teens \(12-18 years\)](#)

4. The impact of trauma on child and adolescent development

Trauma that occurs in the context of an attachment or significant relationship is particularly harmful for children and young people's brain and relational development. Children and young people not provided with an opportunity to form safe, continuous and nurturing attachment relationships will have their future development severely compromised. Conversely, when children and young people have formed healthy attachment relationships early in life, this can be protective and promote optimal development. Compromised brain development and attachment difficulties are linked to many difficulties experienced by traumatised children and young people. Understanding attachment development and how trauma impacts on attachment is critical to high quality and timely decision making and permanency planning for all children and young people (refer to the [Permanency Planning Practice Paper](#) and [Attachment Practice Paper](#) for further information).

Development progresses sequentially and in a 'use dependent' manner. This means that in order to survive both physically and psychologically, children and young people respond and adapt to the parenting style they experience. Prolonged exposure to frightening and overwhelming circumstances including harmful parenting practices can lead to 'toxic stress' for the child or young person which adversely impacts brain development, sensitises the child or young person to further stress and affects future development, learning and concentration. Importantly, this also impairs the child or young person's ability to relate to others, develop attachment relationships (refer to the [Attachment Practice Paper](#)) and regulate their own behaviour.

Because development occurs sequentially, it is important to consider *when* a child or young person has experienced trauma in relation to their developmental progress. Trauma in the early years when the brain is developing rapidly is more likely to have profound impacts on development. Additionally, the development of children and young people who have experienced trauma is often 'uneven' with strengths in some areas and delays in others. For example, some children and young people who have needed to care for themselves and their siblings may have advanced self-care skills but may struggle academically. Children and young people who have experienced trauma often present with learning difficulties which may be related to a lack of stimulation, limited access to learning opportunities or difficulties with concentration (a common symptom of trauma). DCP practitioners should always be alert to the possibility that trauma has negatively affected or delayed a child or young person's development. Additionally, practitioners should consider that some traumatised children and young people also have a co-occurring disability that may account for their difficulties.

It is critically important to understand the potential impact of intergenerational trauma on child and adolescent development. This is particularly relevant to Aboriginal children and young people where intergenerational trauma is the result of colonisation, the Stolen Generations, disadvantage and institutionalised racism (see the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) for further information).



In some cases, the impacts of trauma become more apparent as a child or young person develops and their behaviour becomes more markedly different to that of same age peers. For example, while it is typical for a two year old to have very limited emotional regulation, if this persists due to the impacts of trauma, this is likely to become more obvious as a child gets older and their same age peers demonstrate a greater capacity to regulate emotions. Conversely, while some behaviours might be indicators of abuse or trauma in younger children, they may be appropriate in older children or young people. For example while certain sexual behaviour in a younger child may be concerning, it is normal for children and young people to develop an interest in sexual relationships and behaviour as they get older. Assessing behaviour in the context of typical child and adolescent development is crucial to understanding the meaning of the behaviour and ensuring children and young people receive suitable intervention and support.

Children and young people who have experienced trauma can experience a range of difficulties including developmental delays, behavioural challenges or poor emotional regulation. The developmental impacts of trauma and related behaviours vary depending on the nature of the trauma and when the trauma occurred. It is important that DCP practitioners are aware of these varying impacts and behaviours to recognise indicators that a child or young person has experienced harm and to support quality case planning and decision making (refer to [Manual of Practice Case planning chapter](#)). Some common developmental impacts of trauma are outlined below. This list does not include all potential trauma related behaviours and many behaviours listed may have causes other than trauma.

Age	Impact and behaviour
0-2yrs	Delayed development, feeding difficulties, difficulty settling, excessively passive or hyper aroused, extreme distress or lack of reaction at separation from caregivers, lack of eye contact and engagement or extreme distress during activities such as nappy changes, bathing or changing clothes.
2-5yrs	Persistent lack of emotional regulation, delayed development including speech, toilet training or gross motor development, unusual feeding such as excessive eating, sleep difficulties including frequent nightmares, extreme distress or lack of reaction at separation from caregivers, difficulty relating to same age children or harmful sexual behaviours (refer to the Supporting children and young people who display harmful sexual behaviours Practice Paper for further information).
5-8yrs	Delayed speech or physical development, difficulty concentrating, sleep difficulties including nightmares, enuresis, encopresis, food related issues such as hoarding food or gorging, social difficulties due to lack of age appropriate social skills, lack of emotional regulation, harmful sexual behaviours (refer to the Supporting children and young people who display harmful sexual behaviours Practice Paper for further information), anxiety or depression or unusual and persistent fears of certain places, people or situations.
8-12yrs	Difficulty forming or maintaining social relationships, difficulty engaging with learning, poor emotional regulation, sleep difficulties including nightmares or sleeping excessively, enuresis, anxiety, depression, self-harm, suicidal ideation, food issues such as eating excessively, hoarding or restrictive eating disorders or harmful sexual behaviour (refer to the Supporting children and young people in care with high risk and complex behaviour Practice Paper and Supporting children and young people who display harmful sexual behaviours Practice Paper for further information).
12-18yrs	Depression, anxiety, a poor sense of self and/or belonging, self-harm, suicidal ideation, disengagement from learning, difficulty forming social relationships, poor emotional regulation, risk taking behaviour including alcohol and drug use, running away from home or harmful sexual behaviour (refer to Supporting children and young people in care with high risk and complex behaviour Practice Paper and Supporting children and young people who display harmful sexual behaviours Practice Paper for further information).



For further information, refer to [Maltreatment and the Developing Child](#) and [Understanding the Effects of Maltreatment on Brain Development](#) and the [Trauma Practice Paper](#).

5. Responding to developmental impacts of trauma

5.1 Assessment and case planning considerations

Quality assessment and case planning is critical to making sense of a child or young person's experiences and the impact of these on their development (refer to [Manual of Practice Case planning chapter](#)). The behaviour of children and young people, and particularly infants, can provide significant insights into their experiences. DCP practitioners should utilise the [Assessment Framework](#) to inform their assessment and should refer for specialised assessment of the child or young person's development where required. A specialised assessment may be undertaken by DCP Psychological Services, another agency or external provider. It may also be relevant to consult with the [DCP Disability and Development Services](#). Refer to the [Manual of Practice Intake, investigation and assessment chapter – Conduct additional assessments and interventions relating to parents and caregivers](#) and the Consider a referral for psychological assessment section of [Respond to the child or young person intranet page](#) for further information about assessments.

Understanding child and adolescent development also assists DCP practitioners to assess a parent's capacity to meet the child or young person's unique needs as they develop. For example, a parent may demonstrate that they can manage the care of a newborn infant but as the infant grows into a toddler and develops more complex care needs and presents new challenges to the parent, the parent may be overwhelmed by the demands of parenting and consequently unable to meet the child's needs.

5.2 Promote healing from trauma

To recover from experiences of trauma and promote optimal developmental outcomes, children and young people require safe, predictable, nurturing and responsive care. Permanency planning and timely decision making is particularly critical for young children and children and young people who have experienced trauma. Refer to the [Permanency Planning Practice Paper](#) for further information. Some children and young people will also require specialised therapeutic intervention to support their recovery and development. Refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) within the Supporting children and young people in care chapter of the Manual of Practice.

Adolescence is a time where young people begin to explore their emerging identities and may be interested in exploring their extended family, kinship and cultural networks to develop their sense of belonging and connectedness. Young people should be actively supported to establish and strengthen positive and meaningful connections safely and process any difficult emotional experiences of trauma, grief and loss. Refer to the [Supporting children and young people in care with high risk and complex behaviours Practice Paper](#) and the [Family contact for children and young people Practice Paper](#) for additional information.

Responses to the developmental impacts of trauma for Aboriginal children and young people must be culturally safe (refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) and [Practice Principles – Cultural Safety](#) for further information). This requires an understanding of the intergenerational trauma that affects Aboriginal families and communities, while also recognising the strengths that exist within families. DCP practitioners should also be aware of cultural difference to ensure



that culturally appropriate behaviours are not misinterpreted as trauma responses or developmental issues. Partnering with Aboriginal families and engaging in consultation with Principal Aboriginal Consultants or Aboriginal Practitioners is critical in promoting cultural safety and recovery from trauma.

Culturally safe practice for culturally and linguistically diverse children and young people is critical when responding to the developmental impacts of trauma. Consultation with [DCP Multicultural Services](#) can offer cultural advice and support. Refer to the [Working with cultural diversity Practice Paper](#) and [Practice Principles – Cultural Safety](#) for further information).

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