

Chapter 2

Child and young person development: Biological, environmental and interpersonal influences

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Introduction

If you type ‘child development’ into an academic search engine such as ‘Google Scholar’ you will find many publications on aspects of child and young person’s (CYP) development, including relevant theorists who have influenced our thinking over time. The study of child development is actually relatively new, beginning only around 150 years ago.

There has been a recent rapid surge of research that has informed our practice as professionals, carers and parents. Doherty and Hughes (2014) suggest that increase in interest is because of changes in how society now views ‘childhood’. The field of CYP development is now a broad subject area, with many societal and theoretical perspectives that have influenced policy makers and practice. It is, therefore, important to state the focus of this chapter.

The focus of the book is Bronfenbrenner’s ecological and bioecological models of childhood outlined in Chapter 1, and the content and structure of the chapter reflect his theory.

Bronfenbrenner regarded child development as a complex synergy between biological, environmental and interpersonal influences. He also saw the child was an ‘active agent’ in interpersonal connections that ‘results in the child’s increased social competence to meet expectations and demands set by changing environments’ (Rozsahegyi: Chapter 1).

The chapter is in three sections: Societal perspectives on CYP and their influence on education; CYP and their environment and CYP and the involvement of practitioners/teachers, parents and carers. Each section includes four dimensions: cognitive, social, emotional and health. We discuss relevant societal outlooks and value systems that have influenced the current perceptions of policy-makers, professionals, carers and parents as well as the influence of societal factors and real life contexts, inclusive of race, class and gender. These factors are compared and contrasted in relation to differing ways CYP live and learn, considering local, national and at times global contexts. Interpersonal relationships are explored in relation to CYP’s development and will include their relationships with

immediate and extended family and settings, including childcare, schools and activities in the local community.

Societal perspectives on CYP and their influence on education

Cognitive development

Various disciplines carry out research in the area of cognitive development from different perspectives, including neuroscience, developmental psychology and behavioural genetic research. Neaum (2013: 54) states ‘cognitive development is concerned with the construction of thought processes. It is concerned with how we acquire, organise and use what we learn. It involves the development of conceptual and conscious thought, memory, problem-solving, imagination and creativity’. Information from these disciplines then influences policy, especially in education. For example, the white paper *Educational Excellence Everywhere* (DfE, 2016: 89) states:

Cognitive science has shed light on long-running debates about whether a school curriculum should focus more on ‘knowledge’ or ‘skills’. It shows that knowledge and skills are partners, and that attempts to teach skills without knowledge fail because they run counter to the way our brains work.

Cognitive skills, including perception, memory and concept-formation, underpin the ability to learn, reason and problem-solve (Dowling, 2013). However, they are not in isolation from other areas such as health, emotional and social development. Teaching and supporting these areas of development in isolation would not support CYP’s overall development. As Dowling (2013: 7) suggests: ‘we can of course teach an isolated skill such as categorising, but it’s not much use if a child is not inclined to categorize things or people...’

Cognitive theorists have also influenced our understanding of developmental approaches to the curriculum. They originated with Piaget’s theory of stages of development and provide us with an understanding of development in relation to a CYP’s peers and their subsequent development. In the UK we use a national curriculum and assessment processes (e.g. SATs and GCSE’s), and the curriculums anticipates the development of CYP at each of four key

stages. However, our understanding of what CYP are capable of doing has advanced significantly since it was found that Piaget had underestimated the capabilities of children. Influenced by post-Piagetians we now expect more of CYP at each stage of development (Donaldson, 1987). For instance, by five years old children should be able to count reliably from 1 to 20, place numbers in order and say whether they are more or less than another (DfE, 2014). Since Piaget we have also enhanced our understanding of CYP's individualised development. We now understand that 'children develop and learn in different ways and at different rates...' (DfE, 2014: 6). That being said, our national system has been critiqued by scholars and teachers for not fully considering this complexity by requiring all CYP to meet the same developmental milestones, and by narrowly measuring CYP's achievement in assessments such as statutory assessment tests (SATs).

Individual/group task

Consider a cognitive skill, such as perception, attention, memory or processing. Remember that these skills are dependent on the age range of CYP. Pick an age range, reflect on the relevant curriculum and list the differing areas of development that may be used, supported or developed while CYP learn the chosen cognitive skill.

Social and emotional development

Theorists such as Howard Gardner (1993) and Daniel Goleman (1998) have influenced our understanding of emotional wellbeing as the intelligence of interpersonal and intrapersonal skills. For Goleman and Gardner there is acknowledgment that personal goals, targets and intentions as well as empathy and understanding of others is a vital step towards the development of relationships and ultimately academic success. It can be said that in England and Wales attention has been paid to CYP's social and emotional development for many years, as evidenced in the implementation of the National Curriculum and Early Years Foundation Stage (EYFS). However, in recent years, there has been greater emphasis placed on developing CYP's social and emotional development, especially in young children, to ensure that they're able to take every opportunity to learn and express their feelings (Dowling, 2013). In 2012, the All Party Parliamentary Group (APPG) published a report on social mobility and found that 'personal resilience and emotional well-being are the missing link...' to support children to succeed, regardless of circumstances of their birth (Paterson *et al.*, 2014: p.10). They state that social and emotional skills (known as 'soft skills') should

underpin academic skills (hard skills) and that skills such as resilience can be taught in school. This is further supported in the white paper *Educational Excellence Everywhere* (DfE, 2016) that has objectives specifically set to build CYP's character and resilience (See Chapter 4). Moreover, in the *What Works* report by Clarke *et al.* (2015) there is an optimistic view taken of evidence-based programmes, particularly in schools and after-school clubs such as *the Leadership Programme*, *Girls on the Move* and *Outdoor Education Centres* that have had a positive impact worldwide on social and emotional development in CYP. However, it can be surmised that our understanding of CYP's social and emotional development is linked to our concept of their capabilities and competencies. Psychologist Susan Isaacs considers that adults underestimate the developing abilities of CYP, noting that they have similar thought processes and intellect to adults. She states 'they know less than adults and have less developed minds than adults; but they do not understand the world in fundamentally different ways from adults' (Wooldridge, 1995: 121). James and Prout (1997) suggest that childhood in the twenty-first century is evolving into a new model of thinking: a paradigm fraught with negotiated and complex individual and unique influences and relationships. In education, policies and initiatives are often put in place in the best interests of CYP. However, it can be said that social and emotional development requires CYP to have more *agency* in their development. This is supported by theorists such as Bandura who argues that children's self-efficacy is fundamentally important, considering their belief about themselves and their successes (Bandura, 1977). The concept of CYP having agency is supported by the United Nations Convention on the Rights of the Child (UNCRC, 1991) and specifically Article 12 that states that CYP have the right to have a say. It can be debated how much CYP get to exercise this right in their education. Richards (in Chapter 10) suggests that CYP could exercise this right further if they were given more opportunities to express their own thoughts, for instance in school councils.

Individual/group task

Reflect on your own schooling experiences. How were you supported to develop your social and emotional skills?

Consider also your time in practice: how are CYP supported to develop socially and emotionally in these particular settings?

Health development

Health and development are intrinsically linked. As such many studies have produced findings that indicate poor health as a risk factor that may compromise the CYP's development. The Marmot Review (2010: 22) was premised on this concept and made clear the link between the early years of a child's life and the '...lifelong effects on many aspects of health and well-being'. Physical health problems have been found to have an impact on cognitive functioning resulting in poor academic achievement (Needham *et al.*, 2003). Crosnoe (2006) examined this concept further and found that, whilst health may not be the strongest predictor of academic achievement in children, it is certainly a significant enough factor which can be used to predict lower achievement growth year after year.

Poor health impacts too on the CYP's emotional and social development, affecting their self-esteem and self-efficacy. Health conditions may lead to instances of bullying and the development of emotional disorders such as anxiety or depression (DfE, 2015), impacting on the CYP's self-confidence and motivation. And whilst there is widespread acceptance that early relationships impact on social and emotional development, less is said about the relationship between these interactions and the physical and mental health and well-being of the child and later, the adult. Draper *et al.* (2007) emphasises the link between early dysfunctional relationships, childhood trauma and subsequent physical and mental illnesses such as depression, cardiovascular diseases, cancers and emphysema.

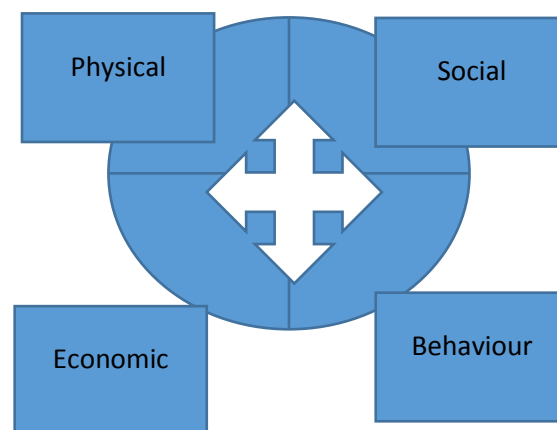
However it is widely known that there are inequalities in health, described by the World Health Organisation (WHO, 2008: 1) as 'the unequal distribution of health-damaging experiences...not...a 'natural' phenomenon but the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics'. Where a child is born in the world, as well as the family they are born into, can determine their health and development outcomes. In general, those individuals in society who occupy higher socio-economic positions tend to be less affected by ill health, whilst those who occupy a lower economic position experience a greater impact (Marmot and Bell, 2012). Unhealthy weight-gain, socio-emotional difficulties which impact upon children's readiness to learn and, therefore, the likelihood of academic success as well as intellectual delays are widely documented in the UK and elsewhere as markers of socio-economic inequalities in child health and development (APPG, 2015). There is some correlation between low birth-weight (LBW) babies, described as those weighing less than 2.5kg at birth, and impaired development (Hack *et al.*, 1995) and poorer academic achievement (Corman and Chaikind,

1993). Socio-economic position is a factor as LBW babies are more likely to be born to mothers at the lower end of the socio-economic spectrum (Wave Trust, 2013). In addition to this are the higher rates of accidents, suicide and mental health issues associated with CYP from disadvantaged families (Rehkopf and Buka, 2006).

The World Health Organisation in 1948 acknowledged that health is about much more than the absence of disease or any clinical diagnosis. Contemporary measures of health encompass the well-being of the individual, their feelings about themselves and their lives. In essence health and well-being, if looked at holistically, should include all key aspects that may impact on the lives of individuals such as their physical environment, their social and economic environment, their lifestyle and their behaviour. Therefore, the health and well-being of an individual cannot be viewed or discussed in isolation.

Individual/group task

Under the four categories, state what factors may impact on health and development.



CYP and their environment

Cognitive development

There has been a debate in cognitive research for many years as to whether cognitive development is biological or environmental. Disagreement about whether children are born with cognitive skills or are influenced by the environment is one of the fundamental variations in perspective across disciplines. Developmentalists have concluded for some time that cognitive development is dependent on the child's environment and their social interactions.

We can see the significance placed on the education environment in any setting across the UK, from the early years to secondary schools. Theorists such as Piaget, Donaldson, Carr and educational pioneers such as Montessori, Malaguzzi, who developed the Reggio Emilia approach, Steiner and Froebel have provided us with evidence that suggests we must provide CYP with an ‘enabling environment’(Smith, Cowie and Blades, 2011). The environment should be thoughtfully created to be developmentally appropriate for CYP and their learning. For instance, you will find home corners and possibly mud kitchens in the early years, lessons on natural and local environments and classrooms full of artwork and displays in primary schools. Moreover, in secondary education, young people require specific environments, such as science laboratories.

Individual/group activityF

Consider an environment you’re interested in (early-years, primary, secondary). Think about a particular age range/year group and list the things that may be present in the environment. How many of these environmental influences would support the CYP’s cognitive development?

Elliott *et al.* (2011) discuss the results from behavioral genetic research that has challenged the significance of the environment. They state that if we focus on the importance of the CYP’s environment then we would expect to see a variance in cognitive outcomes based on environmental differences, which also include the CYP’s socio-economic experiences, their relationships with significant caregivers and the involvement of professionals. In contrast, the opposite has been found: heritability and academic achievement increase while environment differences decrease over the life span. In citing relevant research the authors state that by late adolescence genetic differences are attributed to more than 50 per cent of the variance. In practice, Neaum (2014: 54) considers there to be a complex interplay of influential factors on CYP’s overall development: ‘Children’s learning and development occur as a result of who they are and what they experience. The pace and progress is determined by both genetic imperative and social experiences’. This perspective has been influenced by theorists such as Bronfenbrenner and Vygotsky (1980: 88) who says:

...development is subject to the influence of the same two main factors which take part in the organic development of the child, namely the biological and the social...human learning presupposes a specific social nature and a process by which children grow into the intellectual life of those around them.

Social and emotional development

Social and emotional well-being has been found to be significantly influenced by the environment in which CYP grow and learn. Bandura's (1977) *Social Learning Theory* investigated the impact that both negative and positive actions can have on the individual. This was particularly evident in his 'Bobo Doll' experiment in 1961 when a woman was filmed by Bandura violently hitting a large inflated (Bobo) doll. The footage was played back to a group of children who then went on to hit the Bobo doll in the same manner they had observed in the video. Bandura's theory was that children do not need reinforcement to carry out a set behaviour. Instead he finds that children can observe practice or behaviour and then imitate it. In current family, community and educational practice we place emphasis on the need for positive role models. These may be parents, carers or professionals such as practitioners and teachers. They may also be athletes, entertainers, or fictional characters from CYP's favourite stories or television programmes.

Individual/group task

Think about a specific age range of children and consider the differing positive role models they may have. Consider books, films and TV programmes that include positive role models and are targeted at this age range.

In recent reports there has been an increased emphasis on the development of emotional and social skills as a vital means of ensuring best outcomes for CYP in later life (Allen, 2011). This has supported the development of programmes and initiatives that have been offered in the educational environment. In September 2013 the National Institute for Health and Care Excellence (NICE) issued a Government Briefing on the Social and Emotional Wellbeing for CYP. Key factors such as targeted family intervention groups and early-years home visits were identified as ways to ensure the development of healthy attitudes and support the prevention of bad behaviours, as well as laying the foundations for higher attainment within education.

The emphasis on early years has strengthened the argument that the earlier the state intervenes the more likely we are to avoid social problems in later adulthood (Sutton, 2016). Allen (2011) states the importance of intervention programmes in all stages of childhood, youth into adulthood in becoming 'the good parents of tomorrow'. Some of the most recent interventions were implemented through the Inclusion Development Programme (DCSF,

2010b) in early years. This was through ‘Social and Emotional Aspects of Development’ (SEAD) and as whole school programmes in Primary and Secondary as ‘Social and Emotional Aspects of Learning’ (SEAL). It is important to note here, however, that intervention programmes such as anger management and how to be a good citizen, when delivered alongside the curriculum, are only effective when CYP school attendance is regular and when parental involvement and support is available (Jackson *et al.*, 2012).

Health development

Health and its overall influence on development is not limited to the individual alone but is affected by the wider environment and the health and behaviours of those in it. As such the child and young person may be more susceptible to particular types of ill health on account of their closest interactions and relationships; the lifestyle and behaviours of those around them. For example, second-hand smoke inhalation is associated with children developing certain respiratory infections such as asthma and also recurrent incidents of middle-ear disease (Royal College of Physicians, 2010). Children who have been exposed to domestic violence are prone to serious anxiety and other stress disorders (UNICEF, 2006). Severe obesity in young people and adults has been linked to distressing early childhood experiences (Hemmingsson *et al.*, 2014), whilst it is suggested that certain high-risk behaviours adopted by young people, such as smoking or alcohol abuse, may be coping mechanisms used to deal with the aftermath of trauma experienced earlier in life (Draper *et al.*, 2007). Both smoking and excess alcohol consumption have been linked to the development of some cancers (Parkin, 2011).

According to Ecological Systems Theory (Bronfenbrenner, 1979), the home forms part of the individual’s microsystem. As the microsystem is the most influential aspect in determining outcomes, the home and the home environment are crucial factors having a bearing on the individual’s development and also their health. Tickell (2011: 8) states:

Children’s experiences in their early years provide the essential foundations for both healthy development and their achievement through school... the most important influences on children’s early development are those that come from home...

There are links to depression in children and young people associated with their home environment and their experiences such as parenting styles that are low in warmth or include harsh forms of discipline (Ge *et al.*, 1994; Blatt and Homann, 1992). However, there is some

debate about the extent to which parenting behaviours are reciprocal and therefore dictated, in some part, by the behaviours or temperament of the child (Dunn and Plomin, 1986).

As discussed earlier in this chapter, the economic environment has proved to be a key determinant of health. Children from poorer families have higher rates of morbidity, are more likely to experience poor physical and mental health, have higher incidents of tooth decay and comparatively lower academic test scores which measure academic ability and readiness to learn at age five (APPG, 2015) (See also Chapter 8).

The physical environment is one of many factors that can have an influence on the health of the CYP. The Chartered Institute of Environmental Health (CIEH) (2013) highlight a core set of environmental indicators impacting on health such as unfit dwellings, overcrowding and homelessness. Poor housing conditions are known to negatively affect health, contributing to conditions such as eczema, hypothermia, heart disease and respiratory tract conditions (Barnes ., 2013). The Institute of Health Equity (2011) identified cold homes as a key determinant of health, having both direct and indirect health impacts. An obvious consequence of physical illness in children and young people is chronic absenteeism affecting education and/or work. This can impact on peer relationships and educational attainment, having a bearing on the CYP's general well-being and emotional health (DfE, 2015). As there are also associations with unfit dwellings and increased stress levels affecting mental health (Barnes , 2013), the chronically ill CYP at the centre of the home is greatly disadvantaged. Evidence presented by the DfES (2007) found that children from families with multiple problems had very poor life chances that are manifested in the teenage years.

Individual/group task

Reflect on your own childhood. Are there behaviours, healthy or unhealthy, or conditions that you have today that can be attributed to your childhood environment? To what extent do you feel they are reversible?

CYP and the involvement of practitioners/teachers, parents and carers

Cognitive development

The involvement of significant caregivers in children's cognitive development is broader than simply discussing how parents or carers support this area of development. The socio-economic status and socio-cultural experiences of CYP have also been seen as influences.

There is growing evidence across disciplines and policy that the CYP's environment, such as poverty and low income, is significantly influential to their development and educational attainment (Field, 2010).

Equally, a CYP's socio-cultural background is seen as an influential factor in their overall development, including their community and family experiences. Bruce (2011: 73) cites the work of Rogoff *et al.* (2003) and states '...children do not leave the socio-cultural aspects of their lives behind when attending a group or school. Their culture and the people they live with are part of them'. The quality and level of support of CYP's relationships with parents or carers are seen as a significant influential factor. Parents' interactions, such as engagement and cognitive stimulation, have been said to 'mediate' between socioeconomic environments, academic achievement and cognitive ability (Elliott, *et al.*, 2011).

Practitioners and teachers are important in CYP development. However, the amount they should be involved in children's learning is fiercely debated. Theorists who have a socio-cultural perspective, such as Vygotsky and Bruner, emphasise the importance of self-expression and the co-construction of meaning to support children's cognitive development. Neaum (2013: 47) stresses the importance of the child as an agent in their own development: 'a child is part of the context in which they are conceived, born and develop, and because social processes are dynamic two-way processes the child will necessarily have an impact on the context in which they grow and learn'. These perspectives emphasise an important role for practitioners and teachers, but also for CYP in cognitive development. That being said, opportunities for the co-construction of meaning can be seen to reduce as CYP progress from the EYFS to the national curriculums. This is because of the constraints and formality of the latter primary and secondary years. It can be concluded that children actually have more agency in their cognitive development during their early years.

Individual/group task

Reflect on your own education. Who supported your cognitive development? Did you feel that you had agency in developing cognitive skills?

Social and emotional development

Our understanding of the social and emotional development of CYP has been influenced by many theorists such as Erikson, a renowned psychoanalyst who marked eight stages of man (1993). His theory was developed on the premise that each stage enables development through the resolution of crisis in order for emotional and psychological development to occur. The first five of the eight stages are pertinent to this chapter and cover the struggle with the, at times unresolved, feelings which CYP have to navigate as they move towards adulthood. Erikson's psychosocial theory suggests that moving steadily through the eight stages ; Hope, will, purpose, competency, fidelity, love, care and wisdom, can result in a successful and healthy development of personality. Research by John Bowlby (1979) and Mary Ainsworth (Ainsworth *et al.*, 1978) also contributed significantly to the understanding of the role of the primary care-giver and the emotional development that secure attachments can offer CYP throughout their lives. Experts on social constructionism such as Bronfenbrenner (1979) (see Chapter 1) and Vygotsky (1980) highlight the importance of relationships and significant interactions with peers to support learning. Vygotsky's 'zone of proximal development' (ZPD) acknowledged not only the importance of collaborative peer interactions but the social relationships that could support and bridge the gap to new knowledge. We now recognise that Vygotsky has had significant influence on policy and practice within the UK's educational system, evident particularly in the *National Strategies Early Years Document* through the social context in which learning is to take place (DfE, 2010a).

Recommendations from the analysis by Gibb *et al.* (2016) suggest that CYP should be supported in developing positive relationships through the curriculum and school-based activities, but that this support also needs to extend to parents, carers and families. They also cite the Joseph Rowntree Foundation (JRF) report on links between poverty and CYP's relationships with their parents, peers and siblings. Poverty was highlighted as having the most negative impact on the interactions of CYP with peers outside of education, including fighting and bullying. Gibb *et al.* found that poverty has an overall negative impact on family relationships too, particularly when linked with parents' educational achievement, working hours and personal relationship conflicts. That is unless they can be positively influenced by parents and or carers. It is significantly important that we do not generalise the experiences of all CYP living in poverty. (See Chapter 4 on resilience.) In response to such reports and research couples counselling has been developed to help overcome issues such as inter-

parental conflict, and to promote positive parenting practices. This recognised that the wider family context is an important early intervention point.

Individual/group task

Research one local authority and list the parent and family programmes that are offered to support development, including social and emotional development. How many programmes are there? Do these programmes differ between local authorities in your regional area?

Health development

Of course, the home is the most influential of all the environments that the CYP may be exposed to in early life. Whilst it is acknowledged that these early life experiences are crucial in predicting health and development outcomes, the effects are by no means avoidable or irreversible. Therefore, when seeking to alleviate the many variables which contribute to inequalities, recent UK government policy has sought to integrate delivery between the key services: health, education, early years and/or social care. Of this transformation Coombs (2011: 112) states:

The underlying emergent ontological assumption is that inter-related problems such as health, social housing, finance and education can be dealt with best by adopting inter-related or multi-agency approaches to service delivery...

A recent early intervention cross-party manifesto, *The 1001 Critical Days* (Leadsom *et al.*, 2015) is evidence of this change in action. It acknowledges the importance of the pre-natal period combined with the first two years of life as being the most crucial in terms of averting or reversing any negative impacts that may otherwise affect the CYP's outcomes. Importantly it puts forward a vision of tiered, holistic support whereby services work together, pooling their budgets and other resources to, '...encourage innovative commissioning and induce a culture of joined-up working' (p.7). Therefore, there is an expectation that practitioners will engage in inter-agency collaboration, as endorsed by the Children Act (2004), to influence CYP outcomes.

In younger children, this collaboration can be seen through the implementation of the 'The Integrated Review at Age Two', an amalgamation of two assessments: The Healthy Child Programme (HCP), traditionally carried out by staff from the health

domain, and the EYFS Progress Check, an early-years statutory responsibility used to assess children's development, identify risks and offer opportunities for early intervention. These seeks to intervene early in the life of a problem, or indeed early in the life of an individual, in order to reduce the negative outcomes associated with prolonged trauma in the lives of children and/or their families. Allen (2011: 4) states:

...the right type of Early Intervention programmes, those that build social and emotional capabilities, have resulted in significant and sustainable improvements in health, behaviour and social and economic outcomes.

The Wave Trust (2013:4) also makes links to early intervention and the promotion of infant mental health, reducing 'the risk of children's development being hampered by abuse, neglect or other early parent-child relationship difficulties'. Therefore, any negative effects of the CYP's environment can be offset by the support given by professionals, not only to the families but also to each other.

Inter-agency working is also evident in the fields of education and health with the introduction of the National Healthy Schools Programme (NHSP, 2104) which aims to promote the link between good health, behaviour and achievement.

Individual/group task

Health promotion is the name given to various approaches that seek to promote health through education about healthy lifestyles: foods, choices, behaviours, habits.

What approach might you take if working with parents and the CYP to promote health?

Conclusion

This chapter has utilised Bronfenbrenner's ecological and bioecological model as a backdrop in exploring the CYP's development through a biological, environmental and interpersonal lens. Who and what we become happens as a direct, or indirect, result of our individual lived experiences. Each of these experiences is made up of a unique, complex network of contributing factors that influence every aspect of our being. Therefore, intellect, health and social and emotional maturity can be either stimulated or constrained by the dynamics of the CYP's existence. The CYP is not merely a passive agent but is active in shaping her/his own

development. By using day-to-day interactions as building blocks in order to construct their worlds, the CYP is literally learning through, as Kolb (1984: 41) puts it, a ‘combination of grasping and transforming experience’.

However, whilst childhood experiences may shape the individual, the effects are by no means irreversible. Clarke and Clarke (1998) question the extent to which these experiences are preserved and state they ‘represent no more than an initial step in an ongoing life path’ (p.435). Sylva *et al.* (2012) concur that, whilst a child’s background can be an indicator of possible poorer outcomes, it is not an exact and reliable determinant. Therefore, some contributory factors *may* increase the likelihood of certain behaviours or outcomes; there is recognition that early-life experiences are not definitive in determining the life-course of individuals. Much social policy over recent years has been aimed at introducing early interventive measures that aim to maximise the opportunities for all CYP’s; thus the role of the practitioner is to work with other professionals, parents or carers and the young people themselves, to challenge the ‘subtle lowered expectancies’ identified by Clarke and Clarke (1998: 436) that can become a by-product of disadvantage and an obstacle when working with children, young people and their families.

Summary points

- CYP areas of development are intrinsically linked.
- Societal perspectives are influential in our understanding of CYP development and our practice.
- CYP’s environment at home and in the community, such as schools, is significantly important to CYP development.
- Relationships including those with parents, carers, practitioners and teachers are also influential and can counter adverse circumstances such as poverty.
- CYP are active agents and need to be given agency to be involved in their own learning and development.

Recommended reading

Allen, G. (2011) *Early Intervention: The next steps. An Independent Report to Her Majesty’s Government*. London: HM Government.

CSDH (2008). *Closing the Gap in a Generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*.

Geneva: World Health Organization. Available at http://www.who.int/social_determinants/final_report/key_concepts_en.pdf?ua=1 (accessed 14th August, 2016).

DfE (2016) *Educational Excellence Everywhere*. London: DfE. [online]. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508447/Educational_Excellence_Everywhere.pdf. – [accessed 15th August 2016].

References

Allen, G. (2011) *Early Intervention: The next steps. An Independent Report to Her Majesty's Government*. London: HM Government.

APPG (2015) *The Early Years*. London: APPG. Available at http://www.toomuchtoosoon.org/uploads/2/0/3/8/20381265/appg_report_early_yearsfinal.pdf (accessed 11th August, 2016).

Ainsworth, M.D, Bleha, M., Waters, S, and Wall, S. (1978) *Patterns of Attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum.

Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press.

Barnes, M., Cullinane, C., Scott, S. and Silvester, H. (2013) *People living in Bad Housing – Numbers and health impacts*. London: NatCen Social Research.

Blatt, S., Homann, E. (1992) Parent Child Interaction in the Etiology of Dependent and Self-critical Depression. *Clinical Psychology Review*, **12**, pp. 47–91.

Bowlby, J. (1979) *The Making and Breaking of Affectional Bonds*. London: Tavistock Publications.

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments in Human Design*. Cambridge, MA: Harvard University Press.

Bruce, T. (2011) *Early Childhood Education* (4th edition). London: Hodder Education.

CIEH (2013) *Effective Strategies and Interventions: Environmental health and the private housing sector*. London: CIEH.

Clarke, A. and Clarke, A. (1998) Early Experience and the Life Path. *The Psychologist*, **11**, pp.433-436.

Clarke, A.M., Morreale, S., Field, C.A., Hussein, Y. and Barry, M.M. (2015). *What Works in Enhancing Social and Emotional Skills Development during Childhood and Adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK. A report produced by the World Health Organization Collaborating Centre for Health Promotion Research*. Galway: National University of Ireland.

Coombs, S. (2011) Designing Accredited Continuing Professional Development for the Children's Workforce: Challenges and opportunities facing higher education in England. *Professional Development in Education*. **37** (1), pp.111-129.

Corman, H. Chaikind, C. (1993) *The Effect of Low Birth Weight on the School Performance and Behaviour of School-aged Children*. *EEDR*, **17**, pp. 307-316.

Crosnoe, R. (2006) Health and the Education of Children from Racial/Ethnic Minority and Immigrant Families. *Journal of Health and Social Behavior*, **47**, 1, pp.77-93.

CSDH (2008) Closing the Gap in a Generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization. Available at http://www.who.int/social_determinants/final_report/key_concepts_en.pdf?ua=1 (accessed 14th August, 2016).

DCSF (2010a) *The National Strategies Early Years Document*. Annesley, Nottingham: UK Data Archive.

DCSF (2010b) *The National Strategies Early Years: Inclusion development programme*. Annesley, Nottingham: UK Data Archive.

DfE (2015) *Supporting Pupils at School with Medical Conditions*. London: DfE.

DfE (2014) *Statutory Framework for the Early Years Foundation Stage. Setting the standards for learning, development and care for children from birth to five*. London: DfE.

DfE (2016) *Educational Excellence Everywhere*. London: DfE. [online]. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508447/Educational_Excellence_Everywhere.pdf. – [accessed 15th August 2016].

DfES (2007) *Aiming High for Children: Supporting families*. London: DfES.

DfES (2004) *Summary of the Children Act (2004)*. London: DfES.

Doherty, J. and Hughes, M. (2014) *Child Development: Theory and practice 0-11*. (2nd ed.) Harlow: Pearson.

Donaldson, M. (1987) *Children's Minds*. London: Fontana.

Draper, B., Pfaff, J., Pirkis, J., Snowdon, J., Lautenschlager, N., Wilson, I. (2007) Long-term Effects of Childhood Abuse on the Quality of Life and Health of Older People: Results from the Depression and Early Prevention of Suicide in General Practice Project. *JAGS*, **56** (2), pp. 262-271.

Dowling, M. (2013) *Young Children's Thinking*. Los Angeles: SAGE Publications.

Dunn, J. and Plomin, R. (1986), Determinants of Maternal Behaviour towards 3-year-old Siblings. *British Journal of Developmental Psychology*, **4**, pp. 127–137.

Elliot, M. Tucker-Drob, K. Harden, P. (2011) Early Childhood Cognitive Development and Parental Cognitive Stimulation: Evidence for reciprocal gene–environment transactions. *Developmental Science*, **15**(2), pp.250-259.

Erikson, E. H. (1993) *Childhood and Society*. New York: WW Norton and Company.

Field, F. (2010) *The Foundation Years: Preventing poor children from becoming poor adults* London: HM Government.

Gardner, H. (1993) *Multiple Intelligences*. New York: Basic Books.

Ge, X., Lorenz, F., Conger, R., Elder, G., Simmons, R. (1994) Trajectories of Stressful Life Events and Depressive Symptoms during Adolescence. *Developmental Psychology*, **30**, pp. 467–483.

Gibb, G. Rix, K. Wallace, E. Fitzsimons, E. and Mostafa, T. (2016) *Poverty and Children's Personal and Social Relationships: Secondary analysis of Millennium Cohort Study data*. York: Joseph Rowntree Foundation. Available at <http://www.ncb.org.uk> (accessed 19th August 2016).

Goleman, D. (1998) *Working with Emotional Intelligence*. London: Bloomsbury.

Hack, M. Klein, N.K. and Taylor, H.G. (1995) Long-term Developmental Outcomes of Low Birth Weight Infants. *Future Child*, **5** (1), pp. 176-196.

Hemmingsson, E., Johansson, K., Reynisdottir, S. (2014) Effects of Childhood Abuse on Adult Obesity: A systematic review and meta-analysis. *Obesity Reviews*, **15** (11), pp. 882-893.

Institute of Health Equity (2011) *The Health Impact of Cold Homes and Fuel Poverty*. London: IHE.

James, A. and Prout, A. (1997) *Constructing and Reconstructing Childhood: Contemporary issues in the sociological Study of childhood*. London: Routledge.

Jackson, C., Henderson, M., Frank, J., and Haw, S. (2012) An Overview of Prevention of Multiple Risk Behaviour in Adolescence and Young Adulthood. *Journal of Public Health*. **34**(S1), pp. i30-i40.

Kolb, D.A. (1984) *Experiential Learning: Experience as the source of learning and development*. NJ: Prentice Hall.

Leadsom, A., Field, F., Burstow, P., Lucas, C. (2015) *The 1001 Critical Days. The importance of the conception to age two period. A Cross-party Manifesto*. London: 1001 Critical Days Campaign. Available at <http://www.wavetrust.org/sites/default/files/reports/1001%20Critical%20Days%20-%20The%20Importance%20of%20the%20Conception%20to%20Age%20Two%20Period%20Refreshed%200.pdf> (accessed 26th August, 2016).

Marmot, M. (2010) *Fair Society, Health Lives, Strategic Review of Health Inequalities in England Post-2010*, London: The Marmot Review available at <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> (accessed 20th August, 2016).

Marmot, M., Bell, R. (2012) Fair Society Healthy Lives. *Public Health*, **126** (1), pp. 4-10.

National Institute for Health and Care Excellence (NICE) Local Government Briefing (2013) *Social and Emotional Wellbeing for Children and Young People*. London: NICE. Available at <https://www.nice.org.uk/advice/lgb12/chapter/introduction> (accessed 18th August 2016).

Neaum, S. (2013) *Child Development for Early Years Students and Practitioners* (2nd edition). London: SAGE Publications.

Needham, B. L., Crosnoe, R. and Muller, C. (2004) Academic Failure in Secondary School: The inter-related role of physical health problems and educational context. *Social Problems*, **51**(4), pp. 569-586.

Parkin, D. (2011) The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010. *British Journal of Cancer*, **105** (2), pp. 474.

Paterson, C., Tyler, C. and Lexmond, J. (2014) *Character and Resilience Manifesto. The All Parliamentary Group on Social Mobility*. [online]

<http://www.educationengland.org.uk/documents/pdfs/2014-appg-social-mobility.pdf>

[accessed 11th August 2016].

Public Health England (PHE) (2015) *Promoting Children and Young People's Emotional Health and Wellbeing. A whole school and college approach*, London, PHE.

Rehkopf, D. and Buka, S. (2006) The Association between Suicide and the Socio-economic Characteristics of Geographical Areas. *Psychological Medicine*, **36** (2), pp. 145-157.

Royal College of Physicians (2010). *Passive Smoking and Children: A report of the Tobacco Advisory Group of the Royal College of Physicians* London: RCP.

Smith, P. Cowie, H. and Blades, M. (2011) *Understanding children's development*. (6th ed.). West Sussex: John Wiley and Sons:

Sutton, C. (2016) *Promoting Child and Parent Wellbeing: How to use evidence and strengths-based strategies in practice*. London. Jessica Kingsley.

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2012), *Effective Pre-school, Primary and Secondary Education 3-14 Project (EPPSE 3-14). Final Report from the Key Stage 3 Phase: Influences on Students' Development From age 11-14*. London: DfE.

Wave Trust (2013) *Conception to Age 2*. Croydon, Surrey: Wave Trust.

Tickell, C. (2011) *The Early Years: Foundations for Life, Health and Learning. An independent report on the Early Years Foundation Stage to Her Majesty's Government*. London: DfE.

UNICEF (2006) *Behind Closed Doors: The impact of domestic violence on children*. New York: UNICEF.

Vygotsky, L.S. (1980) *Mind in Society: The development of higher psychological processes*. (2nd edition). Cambridge: Harvard University Press.

WHO (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: WHO. [online]

http://www.who.int/social_determinants/final_report/media/csdh_report_wrs_en.pdf
[accessed 6th September, 2016].

Wooldridge, A. (1995) *Measuring the Mind*. Cambridge: Cambridge University Press.