



HELEN COWIE

# FROM BIRTH TO SIXTEEN

CHILDREN'S HEALTH, SOCIAL,  
EMOTIONAL AND LINGUISTIC  
DEVELOPMENT



# From Birth to Sixteen

*From Birth to Sixteen* outlines children's physical, social, emotional and linguistic development from infancy through to adolescence. In both its practical application of research and its contribution to the assessment of child development, this text provides essential reading for those studying, or indeed practising, child development in the context of nursing, play work, youth work, play therapy, early years education, teaching, social work and occupational therapy.

This innovative text is accessible and engaging, with case studies, tables and references to relevant studies making links to professional practice throughout. Designed to fit with the requirements of the Common Assessment Framework, it presents developmental models for the years from birth to sixteen under the following themes:

- children's rights and responsibilities
- relationships in the family
- relationships in day care, at school and with the peer group
- language and communication
- children and the media
- health issues in childhood and adolescence
- emotional well-being and resilience.

A dedicated companion website offers additional teaching and learning resources for students and lecturers, including an interactive timeline, further case studies and extensive self-assessment material.

Crucially, the text appreciates the diversity of ways in which children develop, taking into account gender, ethnicity, social background and disability, and it values children's resilience in conditions of adversity. From the foundations of the subject through to its application in practice, *From Birth to Sixteen* provides an indispensable companion to child development courses and beyond.

**Helen Cowie** is Professor Emeritus and Director of the UK Observatory for the Promotion of Non-Violence ([www.ukobservatory.com](http://www.ukobservatory.com)) at the University of Surrey in the Faculty of Health and Medicine. A psychologist by background, she teaches a range of education, psychology, and health and social care students. For over 20 years she has specialized in strategies to counteract school bullying, including peer support as an effective intervention that empowers children and young people to take action themselves to help other young people who are experiencing social and emotional difficulties. Her widely-used training manual *Peer Support in Action*, co-authored with Patti Wallace, influenced practice in the UK and other European countries. In 2009 it was translated into Japanese following a long-standing collaboration with the Japanese Peer Support Association.

In *Managing School Violence*, she and co-author Dawn Jennifer designed training for a whole-school approach to reduce and prevent bullying, while *New Perspectives on Bullying* emphasized the importance of fostering positive relationships in the school community as a whole and provided a wealth of evidence-based good practice for professionals. Her co-authored book *Understanding Children's Development* remains one of the most popular undergraduate psychology textbooks in the field and a fifth edition was published in September 2011.

## Reviews of *From Birth to Sixteen*

‘A valuable and timely source of information on child development, from birth to sixteen. This text addresses key issues and theories in relation to the developing child in a clear and contemporary manner with enough detail to facilitate understanding of key concepts.’

**Wendy Sims-Schouten, University of Portsmouth, UK**

‘This is an excellent book and a must for all practitioners working with children and young people. The author encompasses a wide range of relevant and sensitive issues in a thorough, practical and informed way. Not only is this text a sound contribution to our understanding of childhood from birth to sixteen but it is also a most enjoyable read.’

**Sean MacBlain, University College Plymouth St Mark & St John, UK**

‘*From Birth to Sixteen* provides an excellent comprehensive coverage of the main areas affecting children and early teenagers. It explores key areas of development, emotional health, communication and behaviours and is an essential core text for both students and practitioners alike. The book successfully integrates theoretical and real world perspectives in an accessible and meaningful way. I would highly recommend this text for those studying issues affecting children.’

**Will Medhurst, University of Portsmouth, UK**

# From Birth to Sixteen

Children's health, social, emotional and linguistic development

Helen Cowie

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Dedicated to Corrie, Isabel and Haruki  
(from birth to 14)



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# Preface

In writing *From Birth to Sixteen* I intended to create an evidence-based resource for all professionals who work with and care about children and young people. It seemed straightforward at the beginning simply to describe ‘good enough’ parenting and care as a model. What emerged in the process was an increasing awareness of the sheer diversity of young people’s lives and the impossibility of capturing all aspects of their experience. On the one hand, it was important to document the main stages of typical development; on the other, it was essential to include, without being judgemental, the experiences of children and young people who, for whatever reason, had particular risk factors in their lives. It was important to demonstrate the resilience of vulnerable children and young people in the face of adversity without minimizing the responsibility of adults, communities and the wider society to provide the best opportunities for the next generation. It was necessary to be selective with regard to major health risks that face children and young people in today’s society. It was not possible to include every disorder or disability within the text. However, the book covers substantial health risks that include obesity, eating disorders, addictions, unplanned pregnancy and abusive sexual behaviour, and mental health difficulties.

So, *From Birth to Sixteen* contains many examples of intervention programmes that aspire to prevent risks to social, emotional, language and health development as well as to strengthen protective factors within individuals, their families, communities and schools. My aim throughout the book has been to document the resilience within children and young people, the characteristics of their families and the characteristics of the wider social environment. Protective resources are necessary in each one of these contexts. I hope that *From Birth to Sixteen* succeeds in convincing the reader of the need to view the developing young person in their social and cultural context. I hope, too, to convince readers of the crucial importance of significant relationships with adults and peers for the young person’s emotional development. These relationships lie at the heart of the child’s development and must be nurtured and strengthened in every context in which the young person lives, learns, plays and socializes. All adults who work with young people must be aware of the need for sensitive attunement to their needs.

The text of *From Birth to Sixteen* is only one aspect of a much larger project. There is a companion website available online. A key feature is the interactive timeline for easy reference to major milestones that children and young people progress through with regard to social, emotional and language development. There is also information on children with special educational, behavioural and social needs. This website links to other helpful websites and provides a range of video clips and case studies to illustrate key aspects of development. There

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are also links to relevant research reports, government reports, NGO sites and key journal articles on significant research in this ever-expanding field. For students and instructors, there are resources including self-assessment and multiple-choice questions, chapter summaries, discussion topics, revision guides and small-scale tasks and investigations. It is planned that these will be regularly updated in the light of feedback from readers and I would be interested to hear from you.

I am indebted to the healthcare and education professionals and researchers who so generously shared their knowledge with me. Throughout the book I have made use of the experiences of children and young people through illustrative case studies in order to give greater depth to the concepts being discussed. It is my hope that these voices help the reader to understand more deeply the richness of the experiences documented in this way.

*Helen Cowie*

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I would like to acknowledge the help and guidance offered by Martyn Barrett, Mark Blades, Pat Colliety, Anthony Daly, Gill Francis, Anita Green, Gill Haddock, Vavi Hillel and John Quirk, as well as the comments from a panel of anonymous reviewers.



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# Chapter 1

## The developing child

There are complex interactions between socio-economic, health, educational and socio-emotional factors in any child's development. Children and young people are physically healthier in the twenty-first century than they were in the past and there are now many more professionals supporting families than ever before. In the twenty-first century, infant mortality rates in the UK are generally low, at less than 0.1% of the child population. This was not always the case. At the beginning of the nineteenth century, around 10% of children did not survive their first year of life. Among the poor, this rate was 20%. Causes of death included epidemics of measles, scarlet fever, whooping cough as well as poor nutrition, contaminated water and environmental factors such as low-standard housing.

Despite the advances in education, health and social care for children, there are still major concerns. There remain unacceptable health variations among different social groups in the UK. For example, based on data about children born in 2005, infant mortality in Pakistani and Caribbean groups was twice that of the White British groups. Babies born in Pakistani and Caribbean families had infant mortality rates of 6.9 and 7.8 deaths respectively per 1,000 live births in comparison with 4.2 deaths per 1,000 live births in the White British group (ONS, 2011a). In comparison with the majority White population, children in minority communities are more likely to experience disadvantage and discrimination, and to be living in poverty. According to Barnardo's (2007), 27% of White British children live in poverty compared with 48% Black and Black British and 67% Pakistani and Bangladeshi. Serious outcomes are that families living in poverty experience poorer health, have reduced life expectancy and, in some areas of the UK, have more difficulties in accessing health resources (Vydelingum & Colliety, 2011).

With regard to children's emotional health and well-being, there is strong evidence for an increase in psychosocial disorders during childhood and adolescence (Aynsley-Green, 2009; Rutter & Smith, 1995). The Innocenti Report published by UNICEF (2010) provided evidence that, in comparison with other countries in the developed world, children in the UK scored very poorly in terms of emotional health and well-being. The UNICEF study found that UK children rated their own health as being low, and they also described themselves as the least content in the developed world and as more likely to feel lonely and excluded. In comparison with other countries, children in the UK are more likely to have been drunk. Rates of under-age sex are high, as is the incidence of teenage pregnancy.

Emotional and behavioural difficulties among children and young people have increased over the past four decades (MHF, 1999; Rait *et al.*, 2010). An international study of child well-being in the developed countries (UNICEF, 2007) reported that the UK ranked in the bottom

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third. The emotional health and well-being of children and young people has been highlighted by successive governments as an area of concern (DCSF, 2008; DH, 2004). Today's young people seem to face severe stresses that were unknown a generation ago. Suicidal thoughts are common among young people, as are feelings of hopelessness and futility; two-thirds of suicidal young men feel that they have no one to turn to for help (Samaritans, 2000). Certain groups of young people are especially vulnerable, including young carers, looked-after children, children of asylum seekers and children living in disadvantaged areas. For example, research carried out jointly by The Princess Royal Trust for Carers and The Children's Society (2011) found that a quarter of *young carers* – children or young people who are responsible for caring for an adult in their family who is ill – aged 6–18 years suffered stress because of juggling their family responsibilities and school work; they were also more likely to be bullied by peers at school. There are disturbing statistics on the number of children and young people who run away from home or care. A *runaway* is defined as a child or young person under the age of 16 who has spent one night or more away from home without parental permission. These amount to around 100,000 episodes each year in the UK, with around a quarter running away before the age of 13, and one in ten running away before the age of ten (ibid., 2011). While a child who has gone missing will be reported to the police, this is not the case for most runaways. Tragically, in most cases, these children and young people neither seek nor receive professional help, despite the fact that they are at high risk of physical abuse or sexual exploitation.

Current government policies aspire to achieve better health outcomes for children through provision of health, social and education services for all, and progress in minimizing health and educational inequalities. The infrastructure that contributes to continuing reductions in child death and illness includes policies for immunization against common childhood illnesses, systems for safe drinking water, safe food, improved housing conditions, better quality of air, road safety campaigns and wider knowledge about healthy eating and healthy lifestyles. Government policies provide a framework in which to deliver an array of services to meet the psychological as well as the physical needs of children and young people. These services are delivered through, for example, the *National Service Framework for Children, Young People and Maternity Services*, *The Children's Plan* and through the *Every Child Matters* agenda. Public health concerns regarding children and young people at present include as a priority the issues of obesity, mental health, social health and teenage pregnancy. The public health White Paper, *Healthy Lives, Healthy People* (DH, 2010), highlights sexual health as a key issue and proposes a new integrated sexual health policy, to include confidential, non-judgemental services on sexually transmitted infections (STI), contraception, abortion, health provision and advice on prevention. The UK committed itself to provide at least the minimum standards as stated in the *UN Convention on the Rights of the Child* (UN, 1989). For example, Article 19 states that all children have the right to be protected from physical and mental violence.

Despite this public concern, some children continue to be abused and neglected by their parents or carers and there is unequivocal evidence that this has extremely serious consequences for the child's development. At the time of writing, in the UK the National Society for the Prevention of Cruelty to Children (NSPCC) has some 30,000 cases of children on their child protection register, a rate of 0.25% of the population (NSPCC, [www.nspcc.org.uk](http://www.nspcc.org.uk)) and some writers suggest that the actual figure may be much higher. The outcomes are tragic. Around 200 UK children die each year as a result of direct or indirect abuse by their parents; child abuse is the fourth commonest cause of death in pre-school children. For those who survive, the outcomes include increased risk by the time of adolescence of depression, eating disorders, drug misuse and involvement in crime and violence. By adolescence, children who have been abused



Getty images



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or neglected by their parents are more likely to have relationship difficulties and, in their turn, to find the process of parenting a challenging experience.

The (UNICEF) Report Card series proposes that ‘the true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in the families and societies into which they are born’. Its recurring theme is that ‘protecting children during their vital, vulnerable years of growth is both the mark of a civilized society and the means of building a better future’ (UNICEF, 2010: 1). With this precept in mind, *From Birth to Sixteen* aims to give knowledgeable support and information to all those who work with children and young people, and who wish to give them the best opportunities possible for healthy development. The book is based in the belief that change is possible, whether it is facilitated at the level of society, of community, within the family or by individuals themselves. Resilience is a current theme. One very influential theory of child development is Bronfenbrenner’s (1979) ecological model of human development. It is particularly influential in the thinking that underpins *From Birth to Sixteen* since it takes account of development in a range of different contexts and does not only focus on individual characteristics of the child or young person. Ecology here refers to the environmental settings which the child or young person is experiencing or is linked to, directly and indirectly. Bronfenbrenner proposed that individuals develop in four nested systems:

- *Microsystem* – this inner level refers to the experiences of the individual in a particular setting. For the young child, this is usually the home environment; for the older child or young person, this may be the school environment, with teachers and peers.
- *Mesosystem* – this next level refers to links and interactions among settings that the individual directly participates in. For example, the quality of the child’s home environment might affect his or her academic performance in school or the nature of peer relationships.
- *Exosystem* – this level refers to links with settings that the individual does not participate in directly but which have an influence on that person’s life. For example, the parent’s work environment may affect their physical health or their emotional well-being and so influence the quality of the care that they provide for their child.
- *Macrosystem* – this level refers to the general pattern of ideology and organization of social institutions in the wider society in which the individual exists. So, for example, the effects of parental stress at work, or the impact of unemployment, or the outbreak of war or social unrest, will have an impact on the growing child.

Bronfenbrenner argued that changes in one level of the system could have a huge impact on other levels. For example, recession in the wider society (the *macrosystem*) can affect the parent’s work experience (the *exosystem*) and so impact on the quality of the family’s life (the *mesosystem*) and in turn affect the health and emotional well-being of the child. From this perspective, in order to understand the processes of child development fully, we must take account of the complex interactions among the different levels of the system. This is particularly important when we try to make changes in the child’s life or to undo damage that has occurred in the past. In fact, an essential part of development is the ability to cope with the inevitable changes that will happen in the course of life.

*From Birth to Sixteen* has many examples of interventions designed to improve the lives of children and young people. For example, European initiatives, such as EU Kids Online, alert us to the danger that young people face on the internet and recommend action that might be taken to prevent it happening and to buffer the negative effects. Nationwide interventions such as the Social and Emotional Aspects of Learning (SEAL) curriculum aim to teach children the

skills of emotional literacy. Campaigns like the Teenage Pregnancy Independent Advisory Group (TPIAG) chart some success in reducing the numbers of unplanned births to very young mothers. Smaller-scale interventions pioneer new methods. For example, *Linking Lies* (Jennifer & Williams, 2011) provides guidance on how to use restorative methods for addressing sexual bullying and gender conflict among young people.

Research gives key signposts for the practitioner. The English and Romanian Adoptees (ERA) project provides longitudinal data about the adoption into UK families of children who had been severely neglected in Romanian orphanages. Initiatives, such as the Nurture Group Network, evaluate intervention to help insecurely attached children reintegrate with their families and their peers at school. Sure Start outcomes indicate the crucial importance of high-quality provision for pre-school children. Research plays a key part in guiding professional practice, and, wherever possible, the interventions described in this book have been systematically evaluated.

Chapter 2 focuses on the evolving sense of self and others from the moment of birth right through to identity formation in adolescence, and charts the crucial role that adults play in their everyday interactions, playful encounters and chats in facilitating healthy growth. Methods for promoting emotional literacy at school are also discussed, as well as specialist provision for children with emotional and behavioural difficulties.

Chapter 3 examines attachments within the family and charts the development of relationships with different family members and caregivers. It also examines the emotional impact on the child and young person resulting from the loss of a significant adult. The effects of severe early neglect are illustrated by the ERA study of Romanian adoptees and the case study of a looked-after child.

Chapter 4 examines children's experiences of day care and nursery school, and explores the evidence about the stages at which young children can be deemed to be ready to be cared for outside the home. This chapter also emphasizes the critical importance of peer relationships at pre-school and school. The issue of in-groups and out-groups is discussed in the context of the processes of change, over time and in different socio-historic contexts, of children's ethnic and national identities. The issue of bullying and social exclusion is also considered. Moving on to adolescence, the chapter explores the changing nature of peer relationships, including sexual/romantic relationships. This chapter ends by looking at violent, antisocial behaviour in school and in the community as well as the counterbalancing phenomenon of prosocial activity on the part of young people.

Chapter 5 begins with an overview of major theories of language development and discusses some of the ongoing controversies in this field. Cross-cultural studies provide challenging evidence about the processes of language development in the child. The chapter returns to the influence of close relationships with adults in guiding the development of language and communication skills throughout childhood and adolescence. It documents the importance of shared narratives in fostering the mind-mindedness that underpins the development of language. The chapter also explores some of the difficulties faced by children who enter school without pre-reading and pre-writing skills and identifies some of the interventions that teachers can implement.

Chapter 6 looks at the impact of traditional and new media – including television, advertising, video games, internet, e-mail, blogs and chat rooms – on the lives of children and young people. It explores the benefits as well as major risks, and includes current research and policy on safer use of the internet.

Chapter 7 explores the health risks for children and young people that arise from excessive use of alcohol, drugs and other substances, as well as some effective interventions to counteract this disturbing trend. The chapter continues by examining another major health risk in today's

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society – the growing incidence of obesity – and its impact on the health and emotional well-being of children and young people. It ends with an overview of common eating disorders and describes therapeutic interventions to help young people and their families to overcome these disorders as well as educational programmes that schools can implement to heighten awareness of the problem and promote healthy eating patterns.

The focus of Chapter 8 is on safe and risky sexual behaviour. This chapter includes typical sexual behaviour as well as aspects of precocious and problematic sexual behaviour. It examines common health risks arising from unprotected sex, including sexually transmitted infections and unplanned pregnancy. Interventions to promote sexual health are included.

Finally, Chapter 9 explores methods for addressing emotional and behavioural difficulties in childhood and adolescence and looks at how to promote emotional health and well-being.

## Further reading

There are useful government reports on health in childhood and adolescence, these include: Department of Health/Department of Education (2009) *Healthy Lives, Brighter Futures: The Strategy for Young People's Health*, London: HMSO.

An excellent resource for clinical practice, that covers common paediatric disorders from birth to adolescence, is: Rudolf, M., Lee, T. & Levene, M. (2011) *Paediatrics and Child Health*, 3rd edition, Chichester: Wiley/Blackwell.

Another useful health resource, specifically designed for nursing, is: Davies, R. & Davies, A. (eds) (2011) *Children and Young People's Nursing: Principles for Practice*, London: Hodder Arnold.

For an up-to-date account of adolescent development, see: Coleman, J. (2011) *The Nature of Adolescence*, 4th edition, Hove: Psychology Press.

For a detailed and knowledgeable account of interventions to address social disadvantage, read: Belsky, J., Barnes, J. & Melhuish, E. (2007) *The National Evaluation of Sure Start: Does Area-based Early Intervention Work?* Bristol: The Policy Press.

The league tables of inequality are reported in detail in: UNICEF (2010) *The Children Left Behind: A League Table of Inequality in Child Well-being in the World's Richest Countries*, Innocenti Report Card 9, Florence: UNICEF Innocenti Research Centre.

Redsell, S. & Hastings, A. (eds) (2010) *Listening to Children and Young People in Healthcare Consultations*, Abingdon: Radcliffe, has contributions from a range of healthcare professionals, including paediatricians, midwives, health visitors, general practitioners, nurses and psychologists, and offers perspectives on engagement and communication on the part of healthcare professionals with children and young people within health and social care contexts.

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