

# Disrupted Childhood Development

*A Whole-Child Approach to Prenatal Influences, Transgenerational Impact, Neurodevelopmental Difference, Trauma, and Lived Adversity*

## **Seeing the whole child, their world, and their developmental journey**

Early developmental disruption, in whatever form and from whichever origin, shapes how children function, process, and experience the world. It reflects the interaction between brain, body, development, relationships, and environment over time.

To understand and support children in permanence, we must consider the whole child, their full history, developmental profile, strengths, protective factors, and developmental journey. When any aspect is overlooked, understanding is partial and responses are limited. A comprehensive perspective requires a bio-psycho-social-neurodevelopmental lens, recognising that multiple domains interact to shape development.

## **Core Principle**

Early developmental disruption is the cumulative impact of biological, prenatal, psychological, relational, and environmental influences shaping how a child develops, functions, and relates.

### Understanding the Comprehensive Impact of Early Developmental Disruption

- Early developmental disruption is not limited to trauma. It includes neurodevelopmental differences, prenatal influences, and the cumulative effects of lived adversity, which interact over time to shape development and experience.
- A whole child perspective is essential. Recognising both need and strength supports positive scaffolding, relational safety, adaptive coping, resilience, and long-term survival. Understanding a child's needs requires seeing their developmental organisation, the world they have experienced, and the journey that has shaped them. This reflects the interplay of brain, body, relationships, and environment.
- A comprehensive lens prevents partial assessment. When any domain is overlooked, biological, prenatal, psychological, relational, or environmental, understanding is incomplete and intervention risks failure.
- Assessments should be developmentally informed, direct, standardised wherever possible, and evidence-based to minimise subjectivity and bias.
- Assessment should remain responsive over time, recognising that some neurodevelopmental differences may not become fully apparent until developmental demands increase.

## **Domains of Influence**

Effective practice working with children in permanence requires consideration of all contributing domains.

### **Biological and Prenatal**

- Genetics and inherited vulnerability
- Epigenetic changes linked to stress and adversity
- Prenatal exposure (e.g. alcohol, substances)
- Maternal stress and in-utero environment
- Neurodevelopmental conditions and neurological injury (including FASD)
- Physical health conditions and comorbidities impacting development, regulation, and functioning

### **Neurodevelopmental and Functional**

- Brain development and organisation
- Cognitive processing and executive functioning
- Memory, attention, academic ability, and application of learning across contexts
- Language and communication differences
- Social communication and interaction
- Gross and fine motor functioning
- Sensory and interoceptive processing and regulation
- Affect regulation and emotional self-regulation
- Adaptive functioning and daily living skills
- Developmental functioning which may differ significantly from chronological age across domains
- Variability in functioning across contexts depending on stress, predictability, sensory demand, cognitive load, and relational safety
- Strengths, interests, and protective factors which support adaptation and wellbeing

### **Psychological and Trauma**

- Exposure to abuse (physical, emotional, sexual)
- Neglect and absence of attuned caregiving
- Chronic stress and fear responses
- Impact on regulation, meaning-making, and internal working models

- Mental health difficulties which may emerge secondary to neurodevelopmental difference, trauma, chronic misunderstanding, or unmet support needs

### **Relational and Attachment**

- Attachment disruption and inconsistency
- Quality of caregiving relationships and caregiver understanding of neurodevelopmental difference and developmental needs
- Capacity to trust, connect, and seek support
- Development of positive coping strategies through co-regulation, scaffolding, predictability, and supportive relationships
- Patterns of interaction shaped by early experience

### **Environmental and Social Context**

- Early home environment and lived experience
- Stability, safety, and opportunity
- Social and community influences
- Nutrition and sleep as foundational influences on regulation and development
- Community understanding and accommodation of neurodevelopmental difference, particularly within education systems
- System responses and care experiences

### **Transgenerational Context**

- Patterns of adversity across generations
- Interplay of relational experience and epigenetic influence
- Repetition of trauma, instability, or unmet need over time

### **Integrated Understanding**

These factors are not separate. They:

- interact,
- accumulate,
- and shape developmental pathways over time.

For some children, disruption begins before birth; for others, through abuse and neglect; for many, it reflects both neurodevelopmental difference and lived adversity. While distinct in origin, these influences converge in their impact on functioning, behaviour, and relationships.

What is observed in the present reflects this cumulative developmental history, not simply current context or choice. Some children may mask or compensate for difficulties in structured settings, resulting in under-recognition of need. Verbal ability may not reflect functional understanding, adaptive capacity, or emotional regulation.

### **Statement of Concern**

Understanding the child requires moving beyond surface presentation to a structured consideration of:

- how the child is developmentally organised,
- what has shaped that development,
- and how this informs current need.

Effective support requires timely assessment, proactive planning, and responsive management across developmental transitions. Written transition and support planning may reduce risk during periods of increased developmental demand or environmental change.

When any domain is overlooked, biological, psychological, relational, or environmental, assessment is incomplete and intervention risks failure.

To support children effectively, we must see the whole child, understand the world they have experienced, and recognise the full developmental journey that has shaped them. Recognising developmental difference, trauma, and unmet need is not about limiting expectations or writing children off; it is about creating the understanding, scaffolding, accommodation, and relational support required for children to survive, develop, and ultimately sur-thrive.

***When systems fail to see the child, they fail the child, the family, and society.***

Current statutory processes often interpret behaviour, parenting, or isolated incidents without understanding the child's developmental organisation or history. This leads to unsafe decisions, misdirected interventions, and escalating long-term costs.

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