

Age and Stage 2

My kids stayed home the entire 2020–2021 school year. My mom moved in, my husband and I worked remotely, and our family hunkered down and tried to ride out the COVID-19 pandemic. Time moved forward and my boys kept learning and growing from home. The following fall, the boys returned to school without us knowing if they were academically and developmentally ahead, behind, or on track with their peers.

On the first day back, we waited an hour in a long line of cars to drop the kids off. There were big posters with instructions on who to drop off where: little kids—kindergarten and first graders—got dropped off at the first door; older kids at the second and third. When it was our turn, my husband pulled up to the first door. I look at him confused. “Why are we stopped?” I asked. Looking equally confused he said, “To let Harrison out. First graders go in this door.”

The thing was, Harrison was not in first grade. He was a third grader. My husband’s slip showed how frozen in time our boys’ in-person schooling was during the 18 months they were home. That morning was our first time back to the building since Harrison *was* in first grade. All time and no time had passed in between.

We found the right door, dropped the boys off, and had a good laugh over the mix-up. Still, I was unsettled. I worried about what it meant that the boys had gone for so long without the relationships and experiences that fuel healthy childhood development, and that happen at school and during afterschool activities. We were lucky to stay home with the boys, but our love and interactions could not make up for everything that was lost when shutdowns and public health restrictions were in place.

A Pandemic Pause

The COVID-19 pandemic shows what happens when learning and development changes for all kids at once. The effects were most profound for kids in a period of significant developmental growth—little ones who missed preschool and spent kindergarten online; high schoolers who missed the socially stormy and forming middle school years; college students who entered adult learning spaces without having fully experienced the last 2 years of high school in person.

Early into the pandemic, the Social Policy Institute (SPI) at Washington University in St. Louis began surveying about 5,000 families on pandemic impacts, including how their children's education and social-emotional development were affected. Participants were surveyed five times between April 2020 and May 2021.

The research team found that kids who struggled the most during the pandemic were those with *profiles* (determinants + demographics) that made life hard before the pandemic started.¹

As soon as schools and the world shutdown, here is what happened:

- Children living in poverty lost the consistent, healthy meals provided to them at school. These same kids may have struggled with virtual learning because they lacked digital devices, internet access, and/or a dedicated space to focus.² If they also lived in a financially poor household, they were likely to stay in *virtual* learning longer than wealthier peers.³
- Children everywhere had to stop their in-person extracurricular and enrichment activities, as well as time with friends and family outside of the home. These activities and connections were vital for learning, health, and development.
- Children with disabilities were suddenly cut off from critical services, supports, and supplies.⁴ Many lost needed accommodations because they didn't convert to an online format, and it was too risky to deliver services in person.
- Children who experienced abuse and neglect found themselves trapped in unhealthy and dangerous living and learning environments, without the protective factors provided by school, afterschool programs, and from other adults. For many, maltreatment worsened because of the pressures and confinement brought on by the pandemic and economic crises.⁵

Dramatic shifts and restrictions in life, learning, and relationships—regardless of reason—always impact learning and development.⁶ Although some kids did better at home and online, most struggled. Across stories, studies, and articles, it's clear that young people who struggled the most were those who were already in vulnerable situations.

The COVID-19 pandemic was also hard for kids who experienced grief and loss. The SPI team found that nearly one in four adults lost their jobs or income during the pandemic. This destabilized and made family life more stressful. Additionally, more than 140,000 kids lost a caregiver to the COVID-19 virus and many more lost loved ones for different reasons, but with the added complexity of it happening during a pandemic.⁷

There were also kids who were burdened with household and family responsibilities in addition to school. Many older kids had to take care of siblings so parents or caregivers could work. These were often the same kids whose families struggled with other hardships that were brought on or made worse by the pandemic.

Overall, COVID-19 accelerated and intensified problems at home and in families. Historic firsts and complex challenges have meant that today's kids are growing up fast and slow. Based on what's happening to them environmentally and experientially, their development is simultaneously speeding up and slowing down. The impacts will be felt for years to come.

Growing Up Fast and Slow

Life-changing circumstances like a pandemic illuminate how important environments and experiences are for learning and development, because kids' brains are wired and rewired by them.⁸ **Development** is a highly dynamic, fluid process that is shaped, sped up, or slowed down by what's happening—from everyday situations and interactions⁹ to broader changes in the world at large.¹⁰

Research suggests that when kids experience prolonged adversity, it interferes with their abilities to learn and thrive.¹¹ Prolonged stress and toxic circumstances can lead to developmental delays and future issues.¹² These challenges can cause children to become wise beyond their years and keep them younger longer.

As we consider who a young person is, we must consider the circumstances and challenges they face. This requires knowing their demands and stresses as well as their protective factors like coping skills

and whether they have supportive family members. These **protective factors** can minimize or even prevent the damaging effects adversity has on development, allowing kids to do well even when times are tough.

Wise Beyond Their Years

The young people we view as “wise” beyond their years are often kids going through difficult circumstances, who have been forced to assume adult responsibilities. While they may not be mature in every way, these young people have been aged by suffering, sacrifice, and struggle. They may have survived a disaster, suffered a tragedy, or experienced living with or loving someone with a chronic illness. These can be kids who have lost someone or something dear to them or who live with that fear every day. Often, they are kids who experience a combination of intensely stressful and challenging situations.

Life challenges change kids, speeding up aspects of development while slowing down or stalling others. A child might be ultra-responsible to survive and support family members while still missing out on developmentally rich experiences and being behind in school.

When this happens, kids get stretched between two life stages: the one they are in chronologically (e.g., teenager) and the one they are in circumstantially (e.g., adult). We cannot mistake demonstrated maturity for developmental maturity. When we do, we miss seeing kids for who they are and what they need.

In extreme cases, young people end up in adult roles that cause them to fall extremely behind in school. I used to run a school for youth who were older (ages 17–21) but far behind academically. Many of my students had caregiving responsibilities and worked. These demands made it hard and sometimes impossible to attend school and engage in class, sports, or extracurricular activities.

“Adultification” of Children

Some kids are treated as adults because of how they look or where they live (their *profiles*). This is especially true for Black and brown children. Adultification has roots in racism and sexism, and in the worst-case scenarios it can be a cause of violence or death. Adultification can lead to improper care or treatment by healthcare providers, police, teachers, and other authority figures. When children are seen as more adult than they are, they may not receive the age- and stage-appropriate care, compassion, attention, and resources they need.

Adultification is at play when kids are treated as their parent's partner, hypersexualized, or perceived as dangerous and capable of adult crimes.¹³ It is why families of Black boys worry about teenage growth spurts, because getting physically bigger means the risk of being perceived as a dangerous grown-up instead of an innocent child. Adultification intensifies the chances of anti-Black violence, which has led to the killings of Black boys for doing normal activities, like walking home or playing with toys at the store. Black girls, starting as early as kindergarten, are seen as less innocent and older than their classmates, leading to exclusionary discipline at school and disproportionately high rates of arrest and incarceration.¹⁴ Adultification is also why Asian parents worry about their daughters being victims of sexual violence—a risk that has increased in recent years.¹⁵

While this book is about how to help young people thrive, it requires we understand what prevents that from happening. We must examine our own actions, behaviors, and power to stop adultification. If you see it, try to intervene, and offer support and protection to minimize damaging effects.

Whenever young people's ages and stages of life are rejected or denied, it jeopardizes their learning, health, and development. In the same way we would never want to dehumanize someone, we should never watch their childhoods taken from them.

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences ("ACEs") is a common term used to describe traumatic experiences that happen in childhood and adolescence. ACEs can disrupt young people's learning and development.

The original Adverse Childhood Experiences Study was led by two doctors, Vincente Felitti and Robert Anda. They analyzed the medical records of 17,000 patients and found 10 common stressors and traumas associated with future health and life challenges.

The original study was made up of mostly white and upper-class patients, but it inspired extensive and related research, which is far more diverse and focuses on the developmental consequences and long-term effects of childhood trauma, toxic stress, and adversity across various populations.

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Today there is ample evidence to suggest that the more adversity young people experience, the more they will struggle to learn and develop, and the more likely it will be they experience physical and mental illnesses and disorders, as well as risky behaviors like addiction.

These are five of the most common ACEs:

- Physical, emotional, or sexual abuse
- Physical or emotional neglect
- Witnessing violence
- Loss of a parent or caretaker
- Systemic oppression

While ACEs can occur at any time, the earlier something happens the harder it is for children to make sense of it.

There are a few things we can do to support children who have experienced ACEs:

(1) Respond to current circumstances in age- and stage-appropriate ways; this can include supporting the family and child in whatever ways are appropriate. (2) Offer supports and accommodations that enable learning and development to continue; this can include providing a low-stress and healing-centered environment. (3) Keep future risk factors in mind and work to build up a child's resilience and resourcefulness.

Younger Longer

Developmental differences go beyond the impacts of a child's environment and experiences. Kids develop differently because of biology, culture, and even generational trends. Kids also inherit genetic predispositions that cause development to go faster, slower, or happen in unique ways.

Collectively, we are in the middle of a historic shift in understanding young people. Before the 20th century, *adolescence* (the tween and teen years) wasn't a universally recognized stage of development. This was probably because people didn't live as long, and many kids transitioned straight from childhood into adult responsibilities.¹⁶ Over the past 200 years, this incredibly vibrant developmental period has become more recognized and valued.

Today, adolescence begins with the onset of puberty (usually 11 or 12 years old) and lasts into the mid-20s (through age 25), collectively representing more than half of the “growing up” years. Adolescence is as intense a period of change and exploration as early childhood.¹⁷ This stage is summed up nicely by clinical psychologist Robert Sherman: “Adolescence is a time in life when the core tasks are navigating a changing brain and body, new relationships, and identity formation.”

Developmental Protective Factors

While global shake-ups like COVID-19 and ACEs may jeopardize development, researchers have found protective factors that nurture young people and protect them from the risks of adversity. Protective factors like strong self-esteem and safety are characteristics that lower the chances that a child’s development will be negatively impacted by hardship.

Table 4 Developmental Protective Factors¹⁸

TYPE	PROTECTIVE FACTOR
Individual	<ul style="list-style-type: none"> • Coping skills • Positive physical development • Strong self-esteem • Problem-solving skills • Self-regulation
Family	<ul style="list-style-type: none"> • Supportive relationships • Strong values • Parents and caretakers who set limits and provide structure • Clear behavioral expectations
Community	<ul style="list-style-type: none"> • Safety • Supportive community relationships • Programs and people who support passions and interests • Positive norms and interactions • Opportunities to engage and belong

Source: Adapted from *Risk and Protective Factors for Youth* table at <https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

Protective factors provide benefits at every age and stage of life. We can encourage and strengthen the protective factors kids have by integrating them into our daily interactions with them.

Developmental Growth Charts

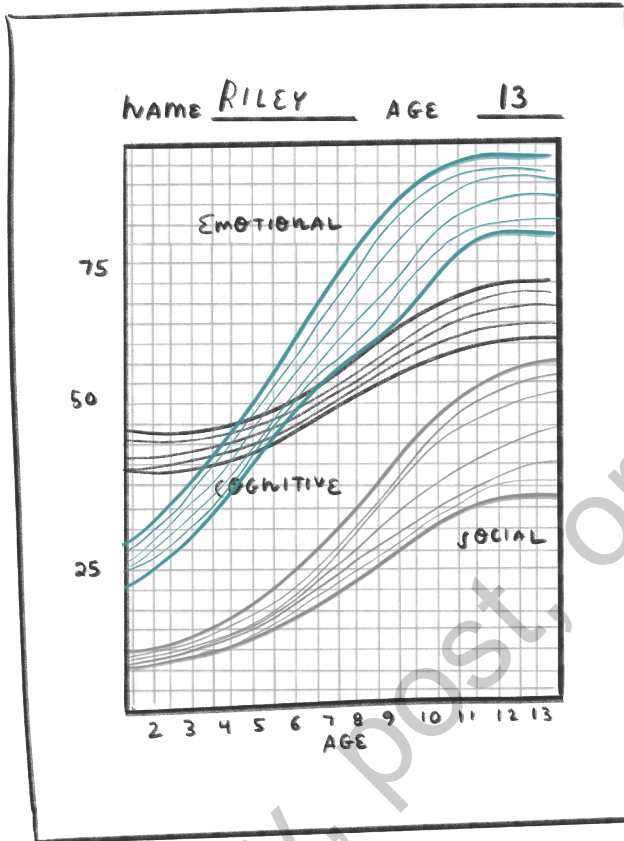
No two kids are the same. Kids' developmental journeys have to do with their living and learning conditions, individual characteristics, and broader context. Development happens across different domains, the main ones being physical, cognitive, spiritual, social, and emotional. Often, kids are developmentally *older* in one domain and *younger* in another. As a result, developmental stage is much more complex than chronological age.

Whenever I take my kids to their annual check-ups, I think about how helpful it would be to get a personalized developmental growth chart from my children's pediatrician or teachers. I value the physical growth chart because it shows me my boys' weight, height, and body mass over time. I can see what is normal or "on track" for them.

A few years ago, my older son told his pediatrician he was worried about being too big. He was taller and heavier than his friends and feeling insecure. His doctor pulled out my son's growth chart and showed him where most kids his age were—below his height and weight—and explained that he was tracking "beautifully" for his unique body. He was born in the 90th percentile and has been there ever since. She used the chart to describe how and when his friends might catch up, and what would need to happen for her to be concerned.

Imagine if we could work with kids to chart their development over time, generating a dynamic and comprehensive picture of their unique development (see Figure 1). We could use developmental milestones to measure and track growth, showing developmental stage and domains against chronological age and academic grade. This would help us visualize areas of strength and concern, variation, and differences with same-aged peers. It could be a valuable tool to gauge how young people are doing and project a more accurate developmental journey for each individual child.

Figure 1 Developmental Growth Charts



The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) each have developmental milestone charts and accompanying adult recommendations that offer a solid base for this type of charting work. In 2022, the AAP updated its developmental milestones for the first time, making it easier to identify signs of neurodivergence (e.g., autism) and various disabilities and disorders. We can use these resources, along with system- and program-specific milestones and requirements, to chart and discuss growth across the ages and stages of childhood and adolescence.

Developmental Milestones

Let's consider some of the major milestones from childhood to adulthood (see Table 5). A broad sense of what happens in the first

25 years will make it easier to determine where kids are developmentally and what they need to live, learn, and thrive.

From birth to 25, kids move from infancy and early childhood (babies and toddlers) through childhood (little and older kids), into adolescence (twens, teens, and young adults), and eventually transition into adulthood. Each developmental stage has stage-specific tasks, demands, and opportunities.

All kids have variation within their developmental stage. If a 15-year-old is emotionally older than their chronological age, maybe closer to a 17- or 18-year-old, her “emotional age” still falls within the same stage as her chronological age—adolescence. However, if this same 15-year-old lives with severe developmental delays, she may have functioning that is closer to a young child. Kids who live with large developmental gaps require specialized services and supports.

Table 5 Developmental Milestones

	STAGE	MAJOR MILESTONES
<i>Infancy</i>	Babies and Toddlers (Ages 0–3)	<ul style="list-style-type: none"> • Full reliance on and attachment to caregivers and family • Recognize and respond to familiar people • Development of gross motor skills and increased body control • Initial social interactions and give-and-takes (smiles, giggling) • Initial development of language and communications, often by copying • First evidence of major health concerns and physical differences
<i>Childhood</i>	Little Kids (Ages 3–7)	<ul style="list-style-type: none"> • Discovery and learning through imaginative play, games, and role playing • Development of fine motor skills, such as holding a pencil or tying shoelaces • Fluency over whatever language is spoken at home • Progress from side-by-side play to easy play and fast friendships • Reliance on caregivers for safety, security, and permission to take risks • First evidence of certain physical limitations, such as hearing or vision

	STAGE	MAJOR MILESTONES
	Older Kids (Ages 8–11)	<ul style="list-style-type: none"> • Learning through active engagement, experiences, and reflection • Establishment of significant friendships that could last for years • Reliance on caregivers for safety, structure, and limits on risk taking • First evidence of certain cognitive differences and disabilities • Initial onset of certain mental illnesses, like anxiety and obsessive-compulsive disorder • Development of more complex thinking and independent decision making • Heightened awareness of self and social pressures
Adolescence	Tweens (Ages 11–14)	<ul style="list-style-type: none"> • Onset of puberty • Greater capacity for abstract thinking and executive functioning • Begin to see self in the context of relationships and a bigger world • Start of an intense period of personal identity formation, including gender and sexual identity • Awareness of marginalization, discrimination, and harassment • Increased sensitivity around image, peer perspectives, and pressure • Start of regular independent risk taking • Increased reliance on peers over family • Possible start of certain behavioral health risks, such as eating disorders and addictions
	Teens (Ages 14–18)	<ul style="list-style-type: none"> • Puberty progresses with hormonal and mood fluctuations • Puberty initiates significant physical and cognitive growth • Reliance on peers over family and other adults • Hypersocial with a need to be socially connected • Push for independence and autonomy • Increased independent risk taking

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	STAGE	MAJOR MILESTONES
		<ul style="list-style-type: none"> • Possible start or acceleration of certain behavioral health risks, such as eating disorders and addictions • Initiation of romantic relationships and sexual exploration • Pregnancy and parenting are possible
	Young Adults (Ages 18–25)	<ul style="list-style-type: none"> • Move to independence and autonomy • Strengthened sense of self and identity • More fully aware of the impacts of demographics and determinants, including oppression, harassment, and discrimination • Stabilization of body and hormonal changes caused by puberty • Experience of longer-term romantic relationships and friendships • Most can live independently and launch into adulthood

Individual variation is why charting kids’ unique developmental journey is so important. It can be harmful to chart the development of a child who is neurodivergent against the projected journey of someone who isn’t, or to expect children who experienced a pandemic to track with previous generations who did not. Developmental journeys, projections, and recommendations must account for the many factors influencing a child’s life.

CHAPTER TAKEAWAYS

- Dramatic shifts or restrictions in life, learning, and relationships—regardless of reason—always impact learning and development.
- The COVID-19 pandemic is an example of a generational event that impacted all children’s learning and development. The pandemic made learning and school easier for some, but harder for most. It was most harmful for young people who already experienced challenges, and/or whose special services and supports were limited or stopped.
- Young people’s brains are wired and rewired by environments, experiences, and interactions.

- Development is a highly dynamic, fluid process that is shaped, sped up, or slowed down by what's happening around us—from everyday situations and interactions to broader changes in society and the world at large.
- Prolonged adversity can prohibit or prevent kids from being able to thrive and lead to developmental delays and future issues.
- Whenever children's age and stage of life is rejected or denied, it jeopardizes their learning, health, and development.
- Children develop differently because of biology, culture, context, and historic events/generational trends.
- Protective factors are internal and external resources that lower the risk of adversity negatively impacting a child. (See Table 4 for examples.)
- Children develop across different domains, the main ones being physical, cognitive, social, spiritual, and emotional. Kids can be developmentally *older* in one domain and *younger* in another.
- From birth to 25, kids move from infancy (babies and toddlers) to childhood (little and older kids), into adolescence (tweens, teens, and young adults) with the eventual transition into adulthood. Each major developmental stage comes with stage-specific tasks, demands, and opportunities.

REFLECTION QUESTIONS

- Consider the children in your life. How do you see their environments, experiences, and interactions changing or challenging how they are growing up?
- How have you seen kids' development change because of historic events (e.g., COVID-19 pandemic)?
- Look at the protective factors listed in Table 4. Which are you able to provide and which—if any—can you not to provide? Think back to Chapter 1 when you reflected on your demographic and determinant *profile*. Which protective factors did you have growing up and what difference did they make?
- Consider developmental growth charts. How could you make this idea work, and what difference would it make?

