

# Integrated Therapy Service for Children and Young People



## Fact File for Early Years

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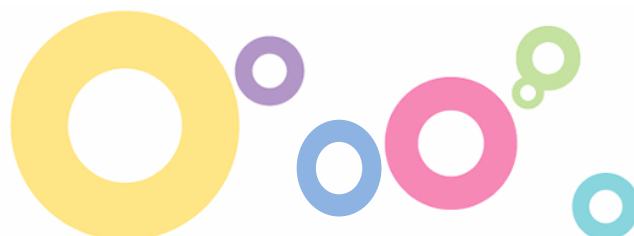
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Integrated Therapy Service  
September 2012

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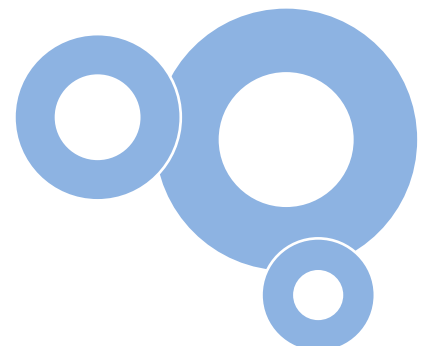




# Section One



## Introduction to the Fact File for Early Years







## Section One

### Introduction to the Fact File for Early Years

The Integrated Therapy Service for Children and Young People in Somerset Partnership NHS Foundation Trust has designed the Fact File for Early Years to support professionals who work with all babies and young children aged 0 – 5 years, in order that they will have a greater understanding of young children's development and the ways they can help them and their families.

#### The Fact File for Early Years contains information on the following:

- How to help promote children's development in the areas that fall within the expertise of Speech and Language Therapy, Occupational Therapy and Physiotherapy
- How to identify common and acceptable variations in young children's development
- How to decide which children may need additional support to promote their development
- Practical Advice Sheets which you can also share with parents
- How and when to refer for specialist assessment by the Integrated Therapy Service

#### General principles of the Early Years Fact File

The Fact File for Early Years has been developed and produced by the Integrated Therapy Service (ITS) for Children and Young People in Somerset. The ITS is a service comprised of Children's Physiotherapists, Occupational Therapists and Speech and Language Therapists working in the community across Somerset.

Many children will show difficulties at some point in their development but most will progress given the right environment and simple strategies used by those around them. The Fact File for Early Years is intended to give practitioners who work with young children aged 0 – 5 years the information and confidence to be able to meet their needs and advise their parents and carers. Early identification of children needing extra support is vital but this does not always mean early referral.

A small proportion of children will require specialist support from the Integrated Therapy Service to enable them to carry out the activities that they need or want to do. This Fact File for Early Years will help you to identify which children may require this specialist support.

## Fact File for Early Years



# Section Two



## Factors affecting children's development and what you can do to help





## Section Two

# Factors affecting children's development and what you can do to help

It is entirely normal for children to develop at different rates. You only need to be concerned about *significant* differences in obtaining expected milestones. More detailed information and guidance on this can be found in Section Four.

Children develop at different rates based on several factors which include those that are environmental, cultural and innate. We can influence some of these but others are out of our control.

- A child's temperament will affect their development. Some children are very keen to explore and move around and may therefore develop their physical skills quickly. Others prefer to sit and play and they may develop their speech and play skills more quickly.
- A child's general health will affect their development. Children who have spent extended periods being unwell or in hospital in the first years of their life may have delayed physical skills.
- Premature babies are more likely to show variations in their development than babies born at full term. When we measure their development we correct their age for prematurity until they are two years old.
- A child's play experiences, for example the opportunities they have to play outside, may affect their development of physical skills.

## What you can do to help children's early development:

### 0 – 12 months

- **The child's environment:** First babies may be slower to roll and crawl as they receive a high amount of one on one attention. Challenging the baby by placing toys just out of their reach will help them learn to move. Having a TV on throughout the day may distract a child from playing with toys, vocalising and moving around and should be avoided.
- **The positions a child experiences:** Placing a new born baby in a variety of positions is essential for their physical development. The majority of a baby's day should be spent on a mat where they can explore and play on their tummy and their back. Prolonged periods in car seats and push chairs should be avoided.

- **Use of equipment with a young child:** Use of baby walkers, standing baby activity gyms, door bouncers and Bumbo style seats should be avoided or their use kept to very short periods. This is because they support the child in a position that they are not developmentally ready for and they replace the need for the child to develop their own physical skills.
- **Interactions with other people:** Babies thrive on praise and interactive play with other children and adults. Young children often learn by copying so that other children around them can be motivating and interesting.
- **Talk to your baby:** It is vital that adults talk to babies long before they can be expected to talk back. This will help the baby to understand and use spoken language themselves. Spending time face to face with babies allows them opportunities to communicate using their eyes, smiling and facial expression.
- **Novel and interesting toys:** Parents don't have to clear out their local toy shop! Bringing out toys that have not been played with for a while will seem as new to a little one and provoke their interest. Equally, household objects such as wooden spoons, colanders and saucepans can make great musical instruments.
- **Adjusting to new sensations:** Babies have to cope with many new sensory experiences within their environment and learn to adjust to them. It is entirely normal for them to react with displeasure the first time. They will need patience and practice to get used to them, for example the sounds and smells of the supermarket or tastes of new foods.

### 12 months onwards

- **The child's environment:** On a daily basis a child needs space and a range of different environments to explore to help them to develop their physical skills such as running, jumping and climbing. Activities such as soft play and play parks provide multiple opportunities for children to be challenged and develop new skills.
- **The positions a child experiences:** Prolonged periods in car seats and push chairs should be avoided. Allow children to walk as much as possible. Using reins can help ensure the child is safe. Playing computer games and watching TV promotes a sedentary lifestyle and should be restricted to short periods.
- **Use of equipment with a young child:** Learning to ride a bike or a scooter is excellent for the development of balance, strength and stamina. Trampolines and space hoppers are also useful to promote these skills.
- **Learning from others:** Children learn by example. Families taking part in activities together is really important in promoting a child's development. Good opportunities for this include playing games with children in the garden or park and eating together as a family.

## Fact File for Early Years

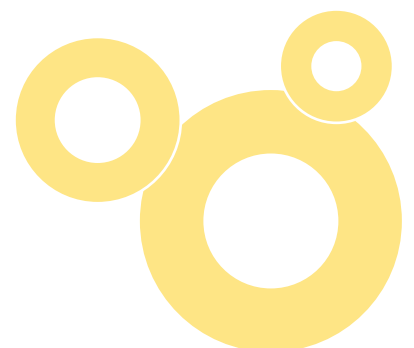
- **Interactions with other people:** Communication is a social skill and only develops through opportunities to interact with other people – both adults and children. Toddler groups, stay-and-play sessions and nursery are all helpful environments.
- **Familiarity and routines:** Young children often cope best with learning new things through familiarity and routines. It is not unusual for them to be upset by new things or a change in routine. Some times it isn't possible to keep things the same and so preparing children in the way they can best understand will help to reduce any possible upset.
- **Opportunities for exploration:** Mobility, curiosity and interest will encourage little ones to want to explore. This can include being outdoors, messy play and movement sensations.
- **Practice makes perfect:** Children master new skills with practice. They will often do something again and again to help them get it right. They might need encouragement if they are getting stuck or reassurance to come back and try again later.
- **Understanding faddy behaviour:** Some children show a preference for the feel of certain soft clothing or the taste of a certain food. They might reject the alternatives that you are offering. It is always best to gently keep offering the less preferred food or the less favourite garment. This will help the child to be more adaptable in the long run.
- **Limit use of dummies:** Dummies can be used for soothing and comforting babies or young children when they are upset or need to settle to get to sleep. They are recommended for young babies when sleeping to help protect from cot death. However, during waking times they stop the baby or young child from moving their tongue freely and can delay their development of talking. They should be removed while the baby is awake to allow them to experiment with using their voice to coo and babble. Once the child is beyond babyhood, the use of a dummy should be stopped.

## Fact File for Early Years

# Section Three



## Common problems and acceptable variations in typical development









## Section Three

# Common problems and acceptable variations in typical development

## Common variations in gait (walking patterns)

There is a wide range of normal variation in children's walking patterns. The following areas are often a cause for concern to parents and carers but are all normal variations that do not require physiotherapy assessment.

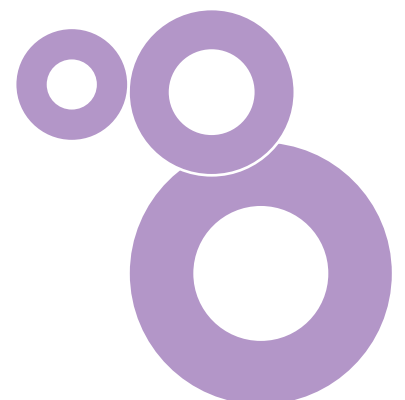
- **Flat feet:** All children are born with flat feet; the medial arch of the foot develops gradually over the first 10 years of life. 20% of 6 year olds still have flat feet with no evidence of a medial arch. There is no evidence that insoles will help an arch to develop in the foot, however they may be useful if a child is experiencing foot and ankle pain associated with walking.
- **Intoeing:** This is where the knee and foot turn inwards in standing. This is common in children, girls more than boys. Often children who intoe sit in a W kneeling position to play. Up to the age of 7 or 8 you can expect gradual improvement and many will resolve completely without requiring treatment. Physiotherapy assessment is not required unless the child is having difficulty with walking or running. The child should be encouraged to sit cross legged and not in a W and to participate in sports. You should not ask the child to try and correct their walking pattern as this can be counterproductive.
- **Bow legs:** This is when there is a larger gap between the knees than the ankles in standing. This usually corrects naturally by the age of 3 with no long-term consequences. Assessment by a Physiotherapist is required if one leg only appears bowed and one leg is straight or if the gap is very large (greater than 10cm).
- **Knock knees:** This is when there is a larger gap between the ankles than the knees in standing. It is common in children aged 3 – 8 years. This usually improves over time without treatment. Assessment is required by a Physiotherapist if one leg appears more bent than the other or if the gap is very large (greater than 10cm). Knock knees that first become apparent in adolescence need to be assessed by a Physiotherapist.
- **Curly toes:** This is common in young children and often runs in families. No treatment is required unless there is pain or skin or nail changes.
- **Toe walking:** This is where a child walks on their tip toes. There are several different reasons why this might occur and it often runs in families. Assessment from a Physiotherapist is advised as treatment may be required.

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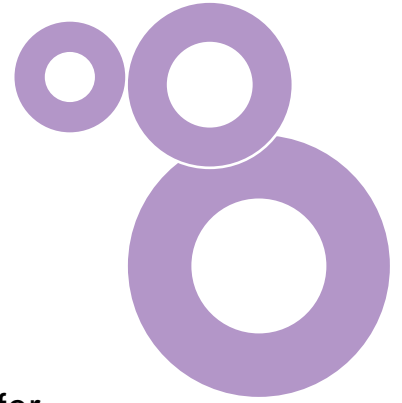
# Section Four



## Problems you may see and what to do







## Section Four

### Problems you may see and what to do

**Please note** - if a child loses a skill they had already developed, this is a cause for concern. You should refer them to their GP and to the Integrated Therapy Service (ITS).

If the Action is to contact the ITS for advice, please use the Telephone Advice Line.

#### What are the hours of the Telephone Advice Line?

**09:00 to 12:00 in the morning**  
**Monday, Wednesday, Thursday and Friday**  
(excluding Bank Holidays)

*What is the number?*

**0303 033 3002**

## 1 month

Observations	Action	See Advice Sheets (Section 5)
<p>Baby turns their head to the same side for the majority of their waking hours.</p>	<p>Follow Advice Sheet If no improvement after 1 month, refer to the ITS</p>	<p>Tummy Time</p>
<p>Head flattening on the back or one side of the baby's head. <i>NB.</i> Many babies have mis-shapen heads following delivery. This should correct itself as the baby develops.</p>	<p>Follow Advice Sheet If no improvement after 1 month, refer to the ITS</p>	<p>Tummy Time</p>
<p>Baby is born with one or both feet turned inwards.</p>	<p>If you can bring the foot into the correct position manually, provide the parents with the Advice Sheet – Talipes or Club Foot.  If the foot is fixed and cannot be fully corrected manually, refer immediately to the ITS.</p>	<p>Talipes or Club Foot</p>

## 3 month

Observations	Action	See Advice Sheets (Section 5)
Baby shows no attempt to keep their head upright when moved from a lying to a sitting position.	Refer to the ITS	
Baby turns their head to the same side for the majority of their waking hours.	Refer to the ITS	
Baby's arms and legs feel stiff when held, dressed, nappy changed or moved.	Refer to the ITS	
Baby dislikes being placed on their tummy.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Tummy Time
Baby <b>always</b> becomes upset by changes in position e.g. lying down to being picked up.	Contact the ITS for advice	

## 6 month

Observations	Action	See Advice Sheets (Section 5)
Baby cannot lift their head and prop up on forearms when placed on their tummy.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Tummy Time
Baby cannot keep their head in the middle when lying on their back.	Refer to the ITS	
In lying or sitting, baby frequently holds their legs in a rigid/stiff position or in a very relaxed 'froglike' position.	Refer to the ITS	
Baby is unable to roll to either side.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Helping a Baby Develop Rolling and Sitting
Baby keeps hand(s) fisted and adult needs to prise them open.	Refer to the ITS	
Baby doesn't reach out for toys, objects or people.	Refer to the ITS	
Baby predominantly uses one side of their body to reach for toys.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Using Both Hands Together



## 9 month

Observations	Action	See Advice Sheets (Section 5)
Baby is unable to temporarily maintain a sitting position when placed on the floor.	Follow Advice Sheet If no improvement after 1 month, refer to the ITS	Helping a Baby Develop Rolling and Sitting
Lying on their tummy, baby is unable to prop themselves on their arms to look around.	Refer to the ITS	
Baby is unable to hold toys to play or to transfer toys from one hand to the other	Refer to the ITS	
Baby lifts their legs up when placed in a standing position.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Helping a Baby Develop Standing and Stepping
Baby dislikes physical play with an adult (e.g. being bounced / rough and tumble play).	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Rough and Tumble Play
Baby has difficulty coping with solids e.g. gagging, choking on lumps.	Contact the child's GP or Health Visitor for advice and contact the ITS if needed	

## 12 month

Observations	Action	See Advice Sheets (Section 5)
Baby is unable to get from a lying to a sitting position.	Follow Advice Sheet If no improvement after 1 month, refer to the ITS	Helping a Baby Develop Rolling and Sitting
Baby has difficulty pulling into a standing position due to stiffness in their legs or tiptoeing persistently.	Refer to the ITS	
Baby is unable to use hands for finger foods or hold a beaker to lift to mouth.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Finger Feeding
Baby is always distressed by or avoids messy activities (e.g. finger painting).	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Messy Play
Baby will not eat and/or dislikes certain food textures (e.g. lumps).	Follow Advice Sheet If no improvement after 3 months, refer to the ITS	Coping with Lumps
Baby resists and dislikes being cuddled.	Refer to the ITS	
Baby does not move around the room either by crawling or bottom shuffling to explore and play.	Refer to the ITS	

## 18 month

Observations	Action	See Advice Sheets (Section 5)
Child is unable to walk holding onto furniture.	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Helping a Child Develop Standing and Stepping
Child stands and walks on tiptoes.	Contact the ITS for advice	
Child is unable to assist with dressing (e.g. pushing their arm through a sleeve).	Follow Advice Sheet If no improvement after 2 months, refer to the ITS	Dressing Skills
Child becomes extremely distressed by certain self care activities (e.g. textures of clothing, teeth brushing, hair brushing).	Contact the ITS for advice	
Child becomes extremely distressed by loud noises such as thunder, sirens, vacuum cleaner, hairdryer.	Contact the ITS for advice	
Child shows little or no interaction. Rarely responds to their name or to other single words. May not recognise familiar routines. Has little pretend play e.g. pretending to drink from a toy cup.	Follow Advice Sheets Check the child's hearing has been assessed Use Somerset Total Communication Strategies. Use the ECAT monitoring form to record any progress If no improvement after 3 months, contact the ITS	Baby Talk  Basic Communication Strategies
No babble or single words	As above	Toddler Talk

## 2 years

Observations	Action	See Advice Sheets (Section 5)
Child is unable to walk independently.	Refer to the ITS	
Child is unable to stand from the floor without using furniture for support.	Refer to the ITS	
Child is repeatedly anxious when walking barefoot on certain surfaces (e.g. grass, sand).	Contact the ITS for advice	
Child refuses to try new foods. Becomes faddy at mealtimes.	Follow Advice Sheet. If no improvement after 6 months, contact the ITS	Trying New Foods
Child has a dislike of large play equipment and soft play such as swings, slides, round-a-bouts, ball pools.	Contact the ITS for advice Follow Advice Sheet	Rough and Tumble Play
Child has an intense need for constant movement such as swinging and cannot sit still.	Contact the ITS for advice	
Child shows little or no interest in communication and interaction. Little pretend play, poor attention. Is not responding to simple instructions e.g. 'Where's your coat?'	Refer to the ITS Follow Advice Sheet Use Somerset Total Communication strategies	Toddler Talk
Child shows pretend play and is able to concentrate for short spells but has few or no words. Responds to instructions such as 'give the apple to teddy'.	Follow Advice Sheets Use ECAT monitoring form to record any progress. If no improvement after 2 months, refer to the ITS	Toddler Talk  Basic Communication Strategies

## 2½ years

Observations	Action	See Advice Sheets (Section 5)
Child is unable to squat to play and get back up again.	Refer to the ITS	
Child is unable to jump with two feet together from a low step.	Refer to the ITS	
Child is unable to use a spoon to feed themselves independently.	Follow Advice Sheet If no improvement after 3 months, refer to the ITS	Developing Cutlery Skills
Child shows little or no interest in interaction and communication, or has few or no words, or has limited understanding of simple instructions e.g. ' <i>Give the ball to Daddy</i> ', or is unintelligible to mother/close family, or has no word-joining e.g. ' <i>Daddy gone</i> ' ' <i>More Juice</i> '	Refer to the ITS Follow Advice Sheets	Toddler Talk Basic Communication Strategies
Child is showing features of stammering e.g. repeating parts of words several times, 'stretching' sounds in a word, having difficulty getting started with no sound coming out for a period of time.	Refer to the ITS Follow Advice Sheet	Stammering

### 3 years

Observations	Action	See Advice Sheets (Section 5)
Child is unable to undress.	Follow Advice Sheets If no improvement after 4 months, refer to the ITS	Dressing Skills Dressing Skills Additional Guidance 1 & 2
Child has difficulty with hand skills in comparison to peers of a similar age (e.g. threading, crayon skills).	Follow Advice Sheets If no improvement after 6 months, refer to the ITS	Developing Hand Skills Pre-writing Activities
Child uses only 1 - 2 word combinations, or is echoing adult language or learnt phrases, or has word order which is unusual.	Refer to the ITS Follow Advice Sheet	Pre-school Talk
Child shows limited understanding of spoken language e.g. following instructions or answering simple questions.	Refer to the ITS Follow Advice Sheet	Pre-school Talk
Child is unintelligible (unable to be understood) most of the time to family or pre-school setting.	Refer to the ITS Follow Advice Sheet	Helping Children with Unclear Speech
Child shows early features of stammering – see details in section for Age 2½.	Refer to the ITS Follow Advice Sheet	Stammering

### 3½ - 4 years

Observations	Action	See Advice Sheets (Section 5)
Child has difficulty with balance and gross motor skills in comparison to peers of a similar age e.g. falls frequently, is unable to jump with two feet together.	Follow Advice Sheet If no improvement after 4 months, refer to the ITS	Helping a Child Develop their Balance
Child has persistent difficulty with walking as far as peers and may complain of leg pain.	Contact the ITS for advice	
Child is unable to attempt fastenings such as buttons and zips.	Follow Advice Sheets If no improvement after 6 months, refer to the ITS	Fasteners Developing Hand Skills
Child is unable to use a fork and spoon together.	Follow Advice Sheet If no improvement after 6 months, contact the ITS	Developing Cutlery Skills
Child is unable to pedal a tricycle.	Follow Advice Sheet If no improvement after 6 months, contact the ITS	Learning to Ride a Tricycle
Child is unable to hold a crayon/pencil to draw straight, vertical and circular lines.	Follow Advice Sheets If no improvement after 6 months, contact the ITS	Pre-writing activities Developing Hand Skills
Child is not using simple sentences or may use unusual word order. Shows inability to take turns in a conversation. Utterances may be echoed or repetitive.	Refer to the ITS Follow Advice Sheet	Pre-school Talk
Child often can't understand everyday instructions. May have difficulty with interacting and playing with others.	Refer to the ITS	
Child's speech is difficult to understand or a limited range of sounds used.	Refer to the ITS Follow Advice Sheet	Helping Children with Unclear Speech





# Section Five



## Advice Sheets for parents, carers and pre-school settings







## Section Five

### Advice Sheets for schools, parents and carers

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## Baby talk

Babies start to learn about language, speaking and communication as soon as they are born. Straightaway they take in all your words, tunes and messages through body language, facial expression and tone of voice and their noises start to mean basic things

### How does my baby learn about talking?

Babies need to be shown things and told about them. If they experience lots of activities then they begin to understand what is going on. Later on they will be able to say what things are called, what they are for and what we can do with them, for example

- Baby experiences bath-time, you give a simple commentary on what you are using and what is happening
- Baby understands bath-time and can anticipate a bath
- Baby starts to say a first word like 'bath', 'water'

### What can I do to help?

Be face to face with your baby when you can. Communication is about people connecting and learning the rules about taking turns. Your baby needs to see your face to pick up on your facial expression and body language as well as hearing what you are saying.

Think about background noise. Having the television, DVD and music on constantly makes it hard for your baby to focus on your voice. Turn them all off for some of the time to let your baby concentrate on you, your voice and the sounds you make with your mouth. This helps your baby to develop listening and copying skills.

Talk to your baby whatever you are doing, long before you can expect them to talk back. They will tune into your voice and the sounds and words you use and these will eventually be meaningful to them. They will pick up your tone of voice from very early days.

## How do babies progress from making noises to using words?

Babbling is your baby's first attempt at making sounds and words. Copy your baby and see if you can keep the noises going for longer. Take turns to make noises. Some noises might mean a word. Is "dadadadada" your baby's first attempt at "daddy"? You say "daddy" and your baby will know you have understood a first word.

## What about using dummies?

Dummies can be useful to sooth a restless baby or when your baby is settling to sleep but try not to let your baby suck on a dummy all of the time. Babies need to experiment with lots of tongue and lip movements and the dummy may get in the way. If your baby is awake and interested then remove their dummy so they can join in the conversation.

## Remember

Learning to understand, talk and be sociable is about people interacting. The television and video are fine some of the time, but they can't respond to babies. People can respond so you are the best way of helping your baby to learn to talk.

## Basic communication strategies

Everyone involved in a child's life can help them to develop communication by following these basic strategies. These can be used in all activities including play and daily routines such as dressing and mealtimes.

- Listen to your child's noises and words and repeat them back to them
- Give your child time to process what you said and respond
- Let your child lead play and give them choices wherever possible
- Mirror what your child is doing – this encourages you to follow their lead rather than be too directive
- Make comments instead of asking your child too many questions
- Keep your language simple and repetitive to give your child lots of experience of important words and phrases
- Remember that communication is more than just the words. Use body language, facial expression, gestures and signs and respond when your child uses these
- Get down on your child's level and talk face to face



## Coping with lumps

### Why do some children find coping with lumps difficult?

You have been directed to this Advice Sheet to help you encourage the baby or child you are caring for learn to move from strained or pureed food to food with a more lumpy texture.



Your child may be finding it hard to move on to more lumpy foods because they have some movement or sensory difficulties. They may alternatively have some oral difficulties which make it hard for them to manage different textures. If you suspect your child has feeding or drinking difficulties, you must make sure the child is not offered food that is unsafe for them to swallow. If you have observed choking episodes, or are already receiving the advice of one of the Feeding Team, then please contact the Integrated Therapy Service for further advice before trying this Advice Sheet.

### What you may see

- The baby or child dislikes the lumpy food and spits it out or becomes upset when offered lumpy food.
- The baby or child has difficulty swallowing the food without gagging or coughing
- The baby or child may become increasingly fussy and only willing to eat preferred smooth foods

### Strategies and Advice

- Ensure the baby has head control and is preferably able to sit unsupported. If they are unable to sit without support due to having special needs then ensure you have the right seating equipment.
- Make sure the baby is seated in a suitable chair or on your lap which is giving them support to keep their body or trunk still.
- Make sure you are not trying new foods when your child is tired or you are rushed. Be patient as it takes time for your baby to get used to these new experiences.
- Make sure you are having fun together. Try not to become stressed if your



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baby gags as it is normal while they get used to the sensation of a lump in their mouth as they swallow. It might sound unpleasant but they will normally recover very quickly. Let them know it is okay and to try again.

- Try a very small serving of the new or lumpy food at the start of the meal so if they are sick only a mouthful comes up. Start with a mouthful or two at each meal, slowly introducing the new texture when they are hungry and more willing to try.
- Try serving the new food alongside a preferred food, offering alternate mouthfuls. This can be really helpful for babies who spit as they won't spit out their favourite food.
- Sweet lumpy foods can often be more motivating to get started and the fruit lumps can often be softer. Try lumpy puddings first if savoury foods are not being accepted as readily.
- If your child prefers lumpy jar food but rejects your cooking, don't lose heart. Often the lumps in jar foods are softer so try cooking pasta or vegetables for longer to help your baby get used to the texture and taste.
- If your child can eat home cooked puree but is struggling with lumps, gradually reduce the amount of time you blend the food to get to the lumpier texture.
- Try adding very small lumps into puree or smooth foods, such as crunched up Rice Krispies or couscous. Slowly add very small amounts to gradually build up the baby's acceptance of texture
- Have a drink to hand if they need to clear their mouth between mouthfuls.
- Recognise and respect your child's signals. If their mouth is open for another mouthful, they are telling you to try again.
- Don't lose heart if it takes time. All babies are different and achieve this at different rates.
- Some babies progress onto finger food before coping with lumpy or stage 2 foods. This doesn't normally mean that they won't eat lumpy food. When your baby is reaching out for finger food, try offering bite and dissolve foods first. This will mean that they are less likely to choke on this texture if a small bit breaks off in their mouth. (See the Finger Feeding Advice Sheet for more details)

If you see no improvement after 3 months with development of skills using this Advice Sheet, please contact the Integrated Therapy Service for further advice.

## Examples of Bite and Dissolve Foods

### Savoury

Prawn Crackers  
Quavers  
Skips  
Wotsits

### Sweet

Ice Cream Wafers  
Meringues  
Rice paper  
Sponge cakes  
Sponge finger biscuits  
Wafer biscuits

The bite and dissolve foods listed above are foods not normally encouraged in a baby's diet. However, in babies with feeding difficulties they are recommended in small quantities to help develop chewing skills and tolerance of texture.

## Examples of Bite and Chew Easily Foods

### Savoury

Ripe peeled avocado  
Soft cooked potato  
Soft cooked carrot  
Soft cooked parsnips  
Soft cooked swede (chunks)  
Soft cooked swede (chunks)  
Crumbly cheeses  
Filletted cooked fish  
Cooked pasta

### Sweet

Ripe peeled pear (canned or fresh)  
Ripe peeled nectarines  
Cooked peeled apple

## Examples of Bite and Stay Firm Foods

### Savoury

Dried meat  
Dried fish (oriental stores)

### Sweet

Dried banana  
Dried peaches  
Dried pears  
Dried apricots  
Dehydrated fruit strips  
Bikkiepegs  
Liquorice sticks

## Examples of Soft 'Lumpy' Texture Foods

### Savoury

Baked beans

Scrambled egg

Fork mashed vegetables with baby gravy

### Sweet

Rice puddings

Stewed fruit

Porridge

Cereal with milk

## Developing cutlery skills

### Why do some children find this skill difficult?

There are many reasons why children find using cutlery difficult, including movement or learning difficulties. Lack of experience can also impact on their level of skill, for example a child who mainly has finger foods may not get the chance to practise and therefore develop cutlery skills.

If you have used this Advice Sheet and have not seen improvement within 6 months, please contact the Integrated Therapy Service.



### What you may see

- Reluctance to use cutlery, opting to use hands. Avoidance of certain types of food that would require cutlery
- Difficulties holding the cutlery in the hand.
- Some problems with knowing what to do with each hand at the right time
- A loose and/or awkward grip
- Messy eating with lots of spillage
- Unable to stab with the fork and cut effectively with the knife
- A reluctance to feed themselves

### Strategies and Advice

- Expect messy eating when starting out. Practice feeding just before bath time and when time is not so pressured
- Consider the size and shape of cutlery. Try using child size cutlery or adapted cutlery with larger handles for children who have a loose or weak grip
- Make sure the bowl is secure using either a non-slip mat or a damp cloth underneath

## Fact File for Early Years

- Consider the child's sitting posture. Preferably, their feet should be supported. Make sure the table is a good height for the child and add a cushion if needed.
- Try to eat with your child when you can so they have the opportunity to copy you.

### Using a spoon:

- Introduce the spoon between 9 and 12 months. Initially your child will play with it but eventually they will make an association between the utensil and eating.
- When your child is happy to hold the spoon and place it in their mouth, help to guide them in holding the loaded spoon. Assist them by supporting either at the elbow, if they can hold the spoon, or by using your hand over theirs to feel the movements they need to make. Gradually aim to give less and less help. They may need you to place the spoon in their hand to make the correct grip at this stage.
- Allow your child to finish off what's left in the bowl to practise self feeding if you do not want all the food spilled.
- Give sticky foods that will readily stick to the spoon like porridge, mashed potato, puddings etc.
- Practice using the spoon in play with your child feeding you or their dollies or teddies.

### Using an open cup:

- Start by using a cup with two handles to help your child hold the cup steady. After this you can progress to a one handled cup and then on to the child holding a beaker using both hands.
- To help your child make a good lip seal around the cup, practise using thickened liquids like smoothies, milkshakes or yoghurt drinks to give them more time to get organised.
- Only fill the cup half way up or less to reduce spillage.
- Try to offer less and less help and gradually allow your child to hold and bring the cup to their mouth and then tip it to drink from it.
- Encourage your child to sit still so that they have the best control of their arms and their body to make a slow and graded movement when tipping the cup to drink from it.
- Some children like cups they can see into or cups that are tilted to reduce how far they have to tip their heads back e.g. Flexi cups or Doidy cups.

## Using a fork:

- Once your child can use a spoon, you can introduce a fork at mealtimes
- Offer you child a child size, easy grip fork at first.
- Let the child practise initially taking foods off the fork you have loaded for them, then progress to foods that are easy for them to stab like fruit or cooked vegetables.
- Eventually offer the spoon and fork together at mealtimes to let them practise holding two pieces of cutlery at the same time.

If you do not see an improvement in 6 months of using this Advice Sheet and you are concerned about your child's development please contact the Integrated Therapy Service for further advice.



Doidy Cup



Flexi Cut Cups

## Developing hand skills

### Why do some children find this difficult?

You have been directed to this Advice Sheet because your child is having difficulty developing their fine motor / hand skills. These are the skills needed to complete activities like feeding, dressing, playing or drawing. There are many reasons why children have difficulty developing these skills including movement problems, learning difficulties or developmental delay.



If you see no improvement after 6 months of using this Advice Sheet, please contact the Integrated Therapy Service for further advice

### What you may see

- Your child may not be able to use their hands easily to play or look after themselves
- Your child may get frustrated trying to do something with their hands
- They may have a poor or loose grip
- They may use their whole hand to hold something small, long after this developmental stage has been passed

### Strategies and Advice

- Try the following activities to develop palmar grasp and release. This is the first grasp to develop. These activities will help promote gross grasp, hand strength and release:
  - Squeezing water from sponges at bath time or in water play
  - Posting toys such as shape sorters
  - Squeezing Playdoh
  - Scrunching up paper balls
  - Stacking blocks one on top of another
  - Throwing objects
- Then to develop a cylinder grasp, which involves the movement of the wrist, try the following activities:
  - Pushing and pulling toys such as prams etc.

## Fact File for Early Years

- Playing 'Row, row, row your boat' holding a broom stick or long cardboard roll
- Tug of war games
- Tipping water from a beaker during bath or water play
- Holding on to the swing
- Holding on to the handles of a trike or pedal car
  
- The pincer grip is a refined movement which involves holding the thumb in opposition to the fingers. We use it to pick up, hold and release small objects. We need it to do up buttons, tie our laces, write and use scissors. Use the following activities to help develop this grip:
  - Threading beads or cotton reels
  - Playdoh – pinching and pulling it
  - Pulling toys along on a string
  - Lacing and sewing boards
  - Picking up small objects with the thumb and fore finger, such as raisins, Cheerios etc.
  - Peeling off stickers
  - Making pictures using Fuzzy Felts
  - Playing with pipe cleaners or Bendaroos
  - Popping bubble wrap
  
- Finger isolation refers to the ability to point with one finger at a time and helps in the development of the pincer grip and the pencil grip. Try the following activities to help develop this skill:
  - Singing and doing the actions to 'Two Little Dickie Birds'
  - Drawing in shaving foam or spray cream with fingers
  - Flicking a ping pong ball or cotton wool ball with the fingers
  - Playing with finger puppets
  - Rhymes like 'Round and Round the Garden' or 'Incy Wincy Spider'
  - Playing with a toy keyboard or press button toy
  - Dialling the numbers on toy telephones
  - Poking holes into Playdoh with fingers
  
- The development of hand arches helps to shape the hand while holding objects. It allows the hand to make skilled movements through the fingers, apply the right pressure and use the right amount of strength. The following activities will help your child develop hand arches:
  - Cutting Playdoh using a knife or pizza slice
  - Using a turkey baster to blow ping pong or cotton wool balls across the table
  - Using tweezers or salad tongs to pick up objects
  - Games with clothes pegs
  - Squeezing games with Playdoh and sponges
  - Actions to 'Two Little Dickie Birds' keeping fingers in the palm of the hand



## Dressing skills

Some children find dressing difficult due to movement or learning difficulties. All children learn to undress first. You can help your child by breaking the task down into little steps and getting them to assist you at first. Then, as their ability grows, you can let them carry out that stage of dressing for themselves.



If you have used this Advice Sheet and not seen improvement after 3 months, contact the Integrated Therapy Service for advice

### What you may see

- The child being reluctant to take part in dressing themselves
- The child seeking help and reassurance
- Clothes put on backwards or inside out
- Clothes left twisted on the body
- Some items of clothing left off because it was missed during the sequence
- Frustration due to their inability to dress independently

### Strategies and Advice

- Choose loose fitting clothes with minimum fastenings. Look for tops with easy openings, stretchy socks and elasticated waists
- Start by encouraging your child to assist in the process of undressing / dressing, for example by waiting for your child to push their arm through a sleeve
- Make sure your child is well supported in sitting or standing so that their hands are free to use. If they have poor balance, get them to sit on a chair or use a corner wall for support
- Start by teaching your child to undress as this is easier than dressing
- Talk your child through the order in which clothes are put on, that is which ones are put on first. Draw attention to different parts of the body and name them to help improve their body awareness

## Fact File for Early Years

- Establish a routine to avoid confusion, so that the activity becomes predictable. Keep the sequence of dressing / undressing the same
- Try to practise when you are not rushed. Allow time for your child to cooperate in the process e.g. pause when their arm is placed in the sleeve hole so that they can push their arm through independently
- Practise dressing in the evening or at weekends when there is time
- Lay the clothes out in the order they are put on. Lay jumpers out with the bottom edge nearest the child and the neck furthest away
- When you are assisting the child to dress, give simple verbal and gestural instructions e.g. “give me your foot”
- Practise dressing / undressing during doll play or in dressing up games
- Dress in front of a mirror for added reinforcement
- Provide a visual timetable / schedule. This can help the child by giving a pictorial sequence of the stages involved
- Remember to reinforce their effort and give positive feedback

## Suggested Resources

Ball, F. (2002) Hints and tips for activities of daily living. London, Jessica Kingsley.

Klein, M.D. (1995) Pre-dressing skills. Tuscan A.Z, Therapy Skill Builders.

Websites for visual symbols:

[www.do2learn.com](http://www.do2learn.com)

[www.ispeek.co.uk](http://www.ispeek.co.uk)

## Dressing skills – Additional Advice Sheet 1

Please read this in conjunction with the Dressing Skills Advice Sheet which provides information on why children can find dressing difficult, what you may see and general advice.



This Advice Sheet deals with putting clothes on and off, including upper and lower garments. There is a separate Advice Sheet for shoes, socks and fasteners.

### Sweaters and Jumpers

Start by practising undressing with loose jumpers. Progress from a sleeveless shirt → T-Shirt → long sleeved shirts

- Teach your child one of two methods for putting on a sweater/jumper:
  1. Put both arms in first and then pull over their head
  2. Pull over their head first and then put arms through
- For putting on a sweater/jumper, have your child lay out their jumper in front of them with the bottom edge nearest to them, the neck furthest away and the front of the garment face down
- Any dressing activity can be taught using 'Backward Chaining' which means teach the last step first. For example, when teaching a child to put on a jumper you would:
  1. Place their arm through the holes
  2. Push their head through the hole and then encourage them to
  3. Pull the jumper down as the final step
- Once the child has mastered Step 3, get them to do Steps 2 and 3. Once they can do this, they can move onto doing Steps 1, 2 and 3.

### Shirts and Cardigans

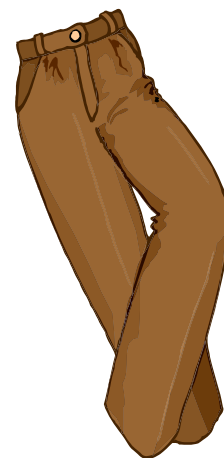
- Teach your child one of two methods for putting on an open shirt or cardigan:
  1. Put one arm in and teach your child to reach to the back for the other sleeve

2. Place the open shirt facing upwards in your child's lap with the collar closest to their body. The child puts both arms into the armholes, raises their arms and brings the shirt over their head.
- To help your child distinguish between back and front, it may be helpful to mark one side with a coloured label or patch or to choose clothes which have a design on the front.
  - Bunch up a shirt or so that the armhole is visible and then put in each arm in turn.

## Trousers

Start practising undressing with loose trousers and shorts as these are easier.

- Demonstrate to your child how to remove trousers and encourage them to do the same. Show them how to use both hands to grip the sides of the trousers to pull them up and down.
- Trousers with elastic waistbands are easier to put on and take off.
- Place a coloured label in the back of the trousers to help your child to differentiate between the front and the back.



If you do not see any improvement after 6 months of using this Advice Sheet please contact the Integrated Therapy Service for further advice.

## Dressing Skills – Additional Advice Sheet 2

Please read this in conjunction with the Dressing Skills Advice Sheet which provides information on why children can find dressing difficult, what you may see and general advice.

This Advice Sheet deals with socks and shoes. There is a separate Advice Sheet for upper and lower garments and fasteners.



### Socks: what you may see

Children often have difficulty putting socks on correctly and end up with the heel on the top of their foot.

### Strategies and Advice

- Demonstrate to your child how to remove and put on socks correctly and allow them to help you.
- Try buying socks that have different coloured heels and toes.
- Trainer socks can help to establish where the heel goes without a lot of sock that needs pulling over the heel.
- Looser socks are easier so let your child practice with your socks. A little talc can be added to the bottom of the foot to help the sock slide on easily.
- Cotton socks are easier to handle than nylon ones.
- Practice putting socks onto dolls or stuffed teddies.
- Backward Chaining can also be used for teaching your child to put socks on. This means that you will break down the task into small steps, help them with the task and teach the last step first. When they have mastered this, let them do the last two steps and so on. In this way your child will finish the task every time and you will gradually reduce the help you are giving.

## Shoes: what you may see

Children can find putting on their shoes a challenge and much prefer to take them off. You may see:

- Laces left untied or stuffed into the shoe.
- The tongue wedged into the toe part of the shoe, causing discomfort and making it more difficult to put on.
- The heel of the shoe downtrodden at the back where the child has not been able to pull it up over their heel.
- Shoes on the wrong feet.
- Velcro straps not pulled tight so the shoe is loose on the foot.

## Strategies and Advice

- Start with taking the shoe off properly.
- Sit behind the child and demonstrate how to take off their shoes by undoing the fastenings, pulling the shoe open to loosen it and pulling it upwards with the hand under the heel.
- Repeat the task but allow your child to do the last step i.e. to pull the shoe off.
- Continue practising the task in the same way and, as your child progresses, allow them to do more of the task e.g. pull open the shoe and then pull it off the foot.
- Allow them to practise taking off your shoes for you or shoes off their toys.
- Encourage your child to assist with fastenings.

## Putting on shoes is a little trickier

- Start with putting on larger/looser shoes – dressing-up games are a good time to practise this.
- Allow your child to practise with your shoes.
- Open-back or slip-on shoes are easier to start with.

## Fact File for Early Years

- Teach your child one of two methods according to their ability.
  1. Left foot over right knee and put shoe on – and visa versa
  2. Place the shoe on the floor and let the child wriggle their foot into the shoe.
- If your child needs extra support allow them to sit on the bottom step, against a wall or in the corner of a sofa.
- Always do the task in the same order so it is easier to remember which bit comes next e.g. loosen fastenings, pull shoe open, pull out tongue of shoe, wriggle in foot, readjust tongue and fasten.
- Initially you may need to position the correct shoe by the correct feet. If your child has difficulty putting each shoe on the correct foot you can:
  1. Fix something bright onto one shoe and teach your child 'bright is right'.
  2. Buy shoes with a logo on the outer side.
  3. Hold shoes next to each other before putting them on to see if they are 'friends', that is they 'face' each other.
  4. Place shoes in front of your child in their correct position, so that the left shoe is matching the left foot.
  5. Help your child recognise their left and right shoe by drawing arrows inside the shoes pointing together.

If you do not see any improvement after 6 months of using this Advice Sheet, please contact the Integrated Therapy Service for further advice.

## Fasteners

You have been directed to this Advice Sheet because the child is having difficulty with buttons, zips and other fastenings.

If you have used this Advice Sheet and not seen improvement after 6 months, please contact the Integrated Therapy Service for advice.



### Why do some children find this difficult?

A child may have difficulties doing up buttons and zips for a variety of reasons such as poor bilateral coordination, postural instability, poor fine motor manipulation, reduced muscle tone, or visual perceptual difficulties.

### Strategies and Advice

#### Buttons

- Start by using large buttons on a doll, a jumper worn by someone else or a toy.
- Teach the child using the 'Backward Chaining' technique. This means that you first break the activity down into steps. You carry out most of the steps but leave the last step for the child. When the child has mastered that step you allow them to do the last two steps and so on until they can complete the whole task. This way they will always be the person to finish the task. This will ensure that your child finishes the task every time. For example you may start your child off with the last stage of the task, which is to pull the button through the button hole.
- Once the child has mastered large buttons, move on to fastening items with smaller buttons.
- Reattach the buttons with a thick thread, leaving about half an inch of thread between the button and the fabric for easier buttoning.
- Make a 'Button Box' for a fun and interesting toy. Use a shoe box and make slots on the top (horizontal and vertical). Let the child post buttons or coins through the holes.



## Fact File for Early Years

- Make a 'Button Board' out of fabric and large buttons. Make the button holes at least a quarter of an inch larger than the button. Sew the button on loosely with strong thread. Place an attractive picture on the button board under the fabric so that after the button is unfastened, it reveals the picture.
- Use threading cards / games / activities. The same skills and principles in threading are used when fastening buttons.
- When teaching the child to fasten shirt buttons, remember to start buttoning from the bottom to the top to ensure the button and button hole correspond correctly.
- Encourage the child to check him or herself in the mirror.
- Top buttons are often very difficult and can be replaced with Velcro or a popper (sew the button on permanently on the outside). Alternatively, all buttons, including sleeve buttons, can be replaced with Velcro fastenings or poppers.

## Zips

- Demonstrate how to fasten and unzip a zip by pulling on the tab. Allow your child to assist you by pulling the zip up or down with you.
- Zip tags can be adapted by attaching a piece of ribbon, a zip ring or a large paper clip. This makes it easier to grasp.
- Start with heavy-duty large zips which have big tabs or rings as these slide more easily.
- Practise unzipping a purse or pocket to reveal a surprise!
- Velcro tabs can replace zips to encourage independence.

## Finger feeding

### Why do some children find this difficult?

You have been directed to this Advice Sheet to help you encourage the baby or child you are caring for learn this developmental skill. If you notice they have closed or fisted hands, please contact the Integrated Therapy Service for further advice.



Your child may be finding it hard to move on to finger foods because they have some movement or sensory difficulties. They may alternatively have some oral difficulties which make it hard for them to manage bigger lumps. If you suspect your child has feeding or drinking difficulties, you must make sure the child is not offered food that is unsafe for them to swallow. If you have

observed choking episodes, or are already receiving the advice of one of the Feeding Team, then please contact the Integrated Therapy Service for further advice before trying this Advice Sheet.

### What you may see

You may see that the baby or child

- dislikes picking up the food or getting their hands messy
- has difficulty picking up the food
- may dislike lumpy food (often described as stage 2 foods)

### Strategies and Advice

#### To encourage movement skills:

- Ensure the baby has head control and is preferably able to sit unsupported. If they are unable to do so due to having special needs then ensure you have the right seating equipment.

## Fact File for Early Years

- Make sure the baby can bring their hands to their mouth to explore objects. If they cannot, please seek advice from the Integrated Therapy Service.
- Make sure the baby is seated in a suitable chair or on your lap which is giving them support to keep their body or trunk still and use their hands in a controlled way.
- Offer finger food on a surface within their reach at the right height. The surface should be level with their elbow when sitting unless you are handing it to them.
- Food should be the right size for their stage of development. Initially they will be using their whole hand to pick up so may struggle to grasp a tiny raisin.

### **To encourage sensory skills:**

- Do not wipe their hands if they are not complaining – expect your baby or child to get messy.
- Reassure them if they are uncomfortable with the mess. Have a damp flannel or cloth in view and encourage them to touch it if they need to wipe.
- Try to distract them away from the mess if they are complaining or get messy yourself to show them it is nothing to worry about.
- Try using foods that do not leave a residue, such as baby bread sticks, rice cakes, dry cereal or prawn crackers.
- Dry off fruit with a paper towel to take away some of the excess juice that may run down their arms when they are eating.
- Offer cooked vegetables that may be less sticky than fruit, for example soft cooked carrot sticks, baby sweet corn or courgette pennies.

### **To encourage oral or mouth skills:**

- Ensure baby is coping safely with stage 1 or purée food first. Ideally they should also be coping with lumpy or stage 2 foods as well (for 7 to 9 month old babies).
- Ensure that baby can move their tongue up and down, side to side and spit out to safely cope with finger food.
- Foods that dissolve in the mouth are usually the safest to try if this is the first time. Try snacks like Goodies Organic and Baby Organix snack range. Let them hold them to suck on first.

## Fact File for Early Years

- Have a drink to hand if they need to clear their mouth between mouthfuls.
- Consider putting fleshy, juicy foods in a net bag for your child to chew on
- Always offer food that is safe to be swallowed if biting and chewing is still being developed so as to avoid choking episodes, especially with grapes or cherry tomatoes which need cutting up.
- Try offering lightly toasted wholemeal bread to introduce sandwiches as it is less likely to get stuck in the roof of their mouth.

If you see no improvement with skills development after 3 months of using this Advice Sheet, please contact the Integrated Therapy Service for further advice.

Net bag to encourage chewing available from all supermarkets.



## Examples of Finger Foods

### Bite and Dissolve:

- Rice cakes
- Sponge fingers
- Wafer biscuits
- Maize snacks
- Meringues
- Goodies Organic and Baby Organix snack range



### Bite and Chew Easily:

- Ripe peeled avocado
- Soft cooked vegetables e.g. carrot, courgette, swede or broccoli
- Ripe peeled pear, nectarine, banana, or cooked apple
- Tinned mandarins
- Hot dog sausages
- Hard boiled eggs
- Cooked filleted fish
- Grated cheese
- Soft cooked pasta



### Bite and Stay Firm (requires a lot of chewing):

- Fresh apple or pear
- Raw vegetables e.g. carrot and celery
- Dried fruit e.g. raisins or apricots
- Meat e.g. ham or chicken slices
- Fish fingers
- Chicken Nuggets
- Sausages
- Breadsticks
- Toast
- Crackers or cheese biscuits
- Potato crisps
- Hard cheeses



## Helping a baby developing rolling and sitting

### Why do babies learn to roll?

Babies learn to roll to grasp for toys that are outside of their reach and to explore their environment.



### Why is rolling important in a baby's development?

Rolling helps develop the muscles in your baby's tummy and back which helps them to gain the strength they need to be able to sit and move between positions. It allows them to explore and gain new experiences which helps with other areas of development.

### How can I encourage my baby to roll?

It is important for your baby to spend lots of time every day on the floor playing in different positions. Placing toys just out of your child's reach around them on the floor will encourage them to try to roll. Ensure your child isn't always placed under a baby gym when they are on the floor where toys are in easy reach above them. Avoid placing your baby in any type of seat including bouncy chairs, push chairs, car seats, door bouncers and baby walkers for long periods. These may prevent a baby from learning how to roll if used for long periods.

### How often should I practise rolling with my baby?

You should encourage your baby to roll throughout the day. If you are moving them from their front to their back or their back to their front, help them to roll rather than picking them up and placing them.

### Rolling from tummy to back

Babies commonly first learn to roll from their tummy to their back by pushing up unevenly on their hands and rolling to one side. It is therefore really important to place your baby on their tummy to play frequently throughout the day so they have the chance to practise this skill.





## Rolling from back to tummy

- With your baby lying on their back, gain their interest in a toy and then place it to the side of their head.
- Hold the leg on the opposite side of the toy at the knee and slowly bring it across their body so that they roll onto their side and then onto their tummy towards the toy.
- Do this slowly so that your baby can join in with the movement and do some of it for themselves.
- They might need some help to bring their arms out in front of them if they get trapped under them as they roll.

## How can I help my baby learn to sit?

- Sit with your baby on the floor, supporting them around their body.
- Put toys in front of them for them to play with. Babies need to prop on their hands as they learn to sit. You can help them learn this by placing sturdy toys in front of them for them to lean on.
- Give them as little support as they need so that they are using their tummy and back muscles.
- As they improve, you can move your hands from their body to their shoulders or their hips.



You might like to sit your baby in a play ring to give them some support. Place toys in or on the ring so that they can play.

## How can I help my baby learn to get from lying to sitting?

- Start with your child lying on their back. Grasp one hand and bring their arm up towards you across their body.
- They should start to push off the floor with their other hand and help get themselves into sitting.
- You can do this throughout the day whenever you want to help your baby move from lying to sitting so they get regular practice and they start to understand how to move position by themselves.
- Avoid holding both their hands to pull them up as this means that they can't push up for themselves.

## Helping a baby develop standing and stepping

### How can I help my child to stand?

Your child can be held supported in a standing position from an early age

This allows the child to experience the feeling of their body weight through their feet.

They may bounce up and down. They do this to develop the strength in their leg muscles.

You can stand your child in many different ways, for example on your lap when you are sitting in a chair, in front of a coffee table or sofa or on the sofa cushion next to you with their back against the back cushions.

As they get stronger, they will need less support from you and they will use their hands on the furniture to support themselves more.

When they can stand briefly without holding on, they are ready to learn to step along the furniture or 'cruise'



### How can I help my child to learn to pull to stand?

- You should kneel-sit on the floor in front of a sturdy coffee table or low sofa. Place toys on the furniture.
- Sit your child on your knee with their feet on the floor.
- Encourage your child to reach forward and hold onto the furniture.
- Put your hands around their hips and assist them into standing by moving their hips forwards as they straighten their legs.
- Alternatively you can place your child in kneeling position





## What can delay my child learning to pull to stand?

It is important for your child to spend lots of time every day on the floor playing in different positions. Baby bouncers and baby walkers can actually delay a child's ability to learn to pull to stand and to stand independently.

This is because they support the child in a position that they are not developmentally ready for. They don't allow the child the opportunity to develop strength in the right muscles. As you have to lift a child in and out of the equipment they cannot learn how to move in and out of standing for themselves. Avoid using equipment and support your child in a standing position at your household furniture.

The Association of Paediatric Chartered Physiotherapists does not recommend the use of baby walkers and door bouncers.

## Pulling to stand?

Babies pull themselves to standing at furniture in preparation for standing without holding on and eventually walking.

A child may start to pull to stand as early as 9 months of age or as late as 18 months. Children who bottom shuffle rather than crawl are often later in pulling to stand.

Initially they will be unable to get back down to sitting in a controlled way and will 'plop' back onto their bottom.

## How can I help my child to start stepping?

Once your child is confident in standing, they will be keen to explore by taking steps. They will usually side step along furniture first.

As they stand at a coffee table or sofa, place a toy just out of their reach. This will encourage them to try and step sideways along the furniture towards it.

Walking along furniture helps develop strength and balance. As their confidence increases, they will hold on with one hand only and eventually let go.

You can walk along with your child holding their hands until they are ready to let go.

Push-along toys can be fun as a child moves from cruising to walking independently. Heavier wooden trolley style toys give more stability to the child than lighter plastic ones.

## Helping a child develop their balance

### Why is it important to have good balance?

In order to move safely, a child must be able to adopt a balanced position and then move from this to another balanced position. Good balance skills enable you to correct yourself and stay upright in unstable conditions, for example uneven ground, walking in crowds or standing on one leg.



### What might I notice if my child has poor balance?

If your child has poor balance you may notice that they

- trip or fall over far more often than their peers
- dislikes physical / outdoor play and activities
- are unable to balance on one leg for 2-3 seconds at 4 years of age. They may need to use their arms to help them balance

### How can I help my child improve their balance?

Take time to practise the things that they find difficult and work on the following activities to help improve balance.

### General activities that improve balance

- Playing regularly in the garden, playgrounds and parks
- Walking on a variety of surfaces such as gravel, sand, pebbles, wood chip
- Soft play areas that allow children to experience a wide variety of challenging activities in a safe environment
- Learning to ride a bike or scooter. Start with stabilisers until skills progress
- Space hoppers or gym balls
- Trampolines which help with strength and flexibility as well as balance
- Swimming

- Ballet, gymnastics and martial arts classes
- Stepping stones – try making your own out of card or paper. Vary the distance apart that you place them
- Standing with feet as close together as possible to play throw and catch
- Walking along a line on the floor e.g. a chalk line on the playground/a piece of string at home

## Postural Control

Postural control is the ability to control the muscles of the tummy, back, shoulders and pelvis. Having good postural control is important in order to be able to balance. Gymnasts and ballet dancers are examples of people with excellent postural control.

### Activities that improve postural control include:

- **Aeroplanes** – the child lies on the floor on their tummy and lift their head and arms to fly like an aeroplane for 10 seconds.
- **Tummy skate boarding** – the child lies on a skateboard and propels themselves around with their hands.
- **Human footballs** – the child starts lying on their back. They bring their knees up to their chest and hold tight with their arms with their chin on their chest. They hold for as long as they can up to 30 seconds.
- **Crab walking** – the child sits on the floor with their hands on the floor behind them and their knees bent so their feet are on the floor in front. They lift their bottom and try to walk in different directions.
- **Bridging** – the child starts lying on their back with their legs bent and feet on the floor. Ask them to make a bridge by lifting their bottom up off the floor. Roll a ball or a toy car under their bridge.
- **2 point balance** – the child starts on hands and knees. They lift one leg straight out behind and lift the opposite arm straight out in front. They hold for 10 seconds. They throw bean bags into a target in this position.
- **Half kneeling** – the child starts in kneeling up position and then lifts one leg to place their foot in front of them (as if to stand up from the floor). In this position they play throw and catch, target games etc. As their balance gets better, you can avoid throwing directly to their hands to challenge them further. Remember to swap which knee is down and which foot is forward.
- **Standing on one leg** – If this is too hard rest one foot on a low box.

## Helping children with unclear speech



- **It is important to respond to what the child says, not how clearly they speak**

Children often do not realise they are mispronouncing words so correcting them can be confusing. For example, if the child says “fis” and the adult says “Did you say fis?” the child may look puzzled and reply “No. I said fis, not FIS”!!
- **Repeat what the child says but give a correct speech model**

If the child says “I like tories at cool”, you could say “Yes, stories at school are fun.” This way you are saying “Yes I know what you mean but this is how you say it.” You may want to give just the slightest emphasis to the sound(s) the child has mispronounced.
- **Don’t make the child repeat the words**

Drawing too much attention to mispronunciations is not helpful.
- **Build self esteem**

If part of the child’s conversatin is understood, repeat it back. This shows them that they have been partially successful and may encourage them to tell you more. Use strategies to help anticipate what the child might say. For example by using a home-school book, in which the parents can record events or weekend activities, or use books, pictures, models etc. These can help if the child’s speech is very unclear because you have some idea of what they might be trying to communicate. Give praise for other things the child does well.
- **Don’t pretend to understand**

Try:

  - asking questions
  - saying “show me .....” and encouraging the use of gesture and mime as well as the child taking you to things.

Sometimes you just have to admit that you can’t understand. Be as reassuring as possible.
- **Children may be able to articulate a sound but not use it in words**

This is quite normal. A child may be able to make the “s” sound on its own but then say “tock” for “sock”. The best way to help is to repeat the words correctly so they hear good models. Sometimes speech and language therapy is needed.

## Learning to ride a tricycle

### Why do some children find this difficult?

Balance and the ability to co ordinate both sides of the body at the same time can make it difficult for some children to perform this skill. There are also children who have abnormal postural tone, which affects the control they have on their movements and their body. If you suspect that your child has difficulty with this, please contact the Integrated Therapy Service for advice.



### What you may see

- Your child may not want to sit on the Trike
- They may not know what to do with their legs
- They may be fearful of moving
- They may not be able to steer safely

### Strategies and Advice

- Make sure your child's tricycle fits them properly and that their legs can touch the pedals or reach the floor.
- If their sitting balance is poor, consider purchasing one of the modular tricycles that are suitable from infancy and have straps and adapted seat backs.
- Some children are helped by practising on Balance Bikes without pedals which allows them just to focus on their balance. There are a range of makes available on the commercial market.
- Young children can also practise gaining their balance on other sit-and-ride toys such as rocking horses, little cars etc. This will give them the opportunity to practise getting on and off and sitting on. Make sure their feet can touch the ground.

## Fact File for Early Years

- Practice with getting on and off the tricycle. Help them by steadying it to start with. This will involve them getting on and off balancing on one leg.
- Practice with pushing the tricycle along with both feet doing the same movement without the pedals to start with. If they need help to move the tricycle forward, consider buying one with an adult push bar or use a walking stick, pushing against the frame.
- Once they are confident, try encouraging them to place their feet on the pedals. Some makes of tricycle have pedal straps to keep their feet in position.
- Place their feet on the pedal with one knee at the top and physically prompt and/or tap their knee to push down to get started. You may need to use the push bar to help them if they are not strong enough.
- Keep prompting and praising the child so they continue pushing down with the top knee to keep moving the pedal and the tricycle forward.
- You will initially need to help your child steer as they get used to doing all the different components of tricycle riding, gradually offering less and less support until they master it.

If you find that your child does not master riding their tricycle with regular practice in 6 months, please contact the Integrated Therapy Service for advice.



## Messy play

### Why do some children find this difficult?

You have been directed to this Advice Sheet because your child is finding it difficult to cope with being messy.



**Tolerating being messy in play is an important area of development and can lead to problems** with eating, art and craft, even going to the beach and playing on the sand. Some children need extra help to learn to cope with sensory experiences such as getting messy. Movement, learning or sensory difficulties can impact on a child's confidence as can their experience.

### What you may see

- Your child avoids activities that get them messy, for example feeding themselves, painting or sand play etc.
- They become distracted, even distressed, when they are messy and need their hands or face wiped quickly.
- They may even show signs of experiencing sensory overload such as changing colour, sweating and even vomiting. If this is the case, please contact the Integrated Therapy Service for further advice and do not use this Advice Sheet.

### Strategies and Advice

- Identify the textures your child can cope with and start to play with these, for example dry cereal, lentils, sugar or water, before introducing any new or disliked textures.
- Use play to support the child's engagement so that the focus is on the game and not on the goal of getting messy. The more motivating the game, the better. Try using farm animals, cars, favourite TV characters or dinosaurs.
- Offer the new messy materials in small amounts at first, on a tray or table, so the child is not overwhelmed.

## Fact File for Early Years

- Let the child explore the texture by placing their hand on top of yours first, rather than putting their hands in. We call this 'hand under hand'. As the child gains confidence, they will start to place their own hand in.
- Have a wet flannel or bowl of water available to wash off hands or toys as the sensory stimulation becomes too much for the child.
- Encourage, distract and join in so the child is reassured there is nothing to be distressed by.
- Only wipe or clean if the child cannot be distracted or reassured – these are not your hands!
- Empathise, because we are all different and what is tolerable for one person is unpleasant for another.
- Do short bursts of the activity regularly. It is better to do only 2 minutes and have a happy experience than do 10 minutes and have tears. Negative emotional experiences are more likely to put off a child trying again.
- If you are using food, make sure there is good food hygiene. Sterilise toys in Milton or wash in hot soapy water so that food can be explored with mouths as well as hands.

If you do not see any improvement with the child's skills or their confidence in 2 months, please contact the Integrated Therapy Service for further advice.





## Pre-school talk

### Making friends

Adults are important when helping children's language. So are other children. Pre-school settings such as mother and toddler groups, playgroup and nursery help your child to learn how to play with other children and how to talk and listen to other.



### Explore words

Everyone learns new words all of the time. Young children meet new words every day. Explore the new word, explain what the item is made of, what it is for, how it is made. Talk about related items or think of a category, for example:

<b><i>New word</i></b>	wardrobe
<b><i>Made of</i></b>	wood
<b><i>Purpose</i></b>	to keep clothes in
<b><i>Category</i></b>	furniture
<b><i>Related items</i></b>	chair, table

Exploring words and ideas helps to expand your child's word knowledge. Remember to talk about what your child is doing and what they are interested in.

### Making sentences

Children sometimes use only the words that give meaning and miss out the small, grammatical words. Comment about what your child says and fill in the small words, for example:

<i>Child says</i>	"Go nanny's car now"
<i>Your comment</i>	"We'll go to nanny's in the car"

When your child has heard examples of this kind of grammatical structure many times, they will store it for future use.

## Rhymes, poems and songs

Nursery rhymes and little poems really appeal to pre-school children. They help them to listen well, hear all about sounds and words and prepare them for school.

## Share stories

Encourage children to share books with you, even if for only a short time each day. Books which pop up, have flaps and have bright pictures work well. Talk about what happened in the story. Begin to talk about what happened next and link the story to the child's own experience.

## Sounds fun

It is usual for a child not to be sound perfect before school but you should be able to understand most of what they say. Listen carefully and comment back. It is not a good idea to correct sounds or to ask a child to say it again. Better to say it yourself and see if they copy you. It might take a while but their sounds will mature if they hear good examples and feel confident about talking.

## The essential rule – HAVE FUN, lots of it!



## Pre-writing activities

For a child to be able to write and form letters properly in the future, they need initially to learn how to copy and form simple shapes. Always emphasise that work should be from 'Top to Bottom' and 'Left to Right'.



Pre-writing skills do not have to be developed by sitting at a table and doing writing tasks. Movement is a great way to teach children about shape, direction and other concepts associated with pre-writing. Try to keep the movements large and talk to the child about what they are doing in order to draw their attention to the movement, for example: a square goes down, across, up, across.

If you have used this Advice Sheet and not seen any improvement after 3 months, please contact the Integrated Therapy Service for further advice.

### Activities that help develop shape formation include:

- Feeling wooden or plastic shapes/letters with eyes open and then trying to guess what they are with eyes closed.
- Tracing the shape of letters and shapes made of string or sandpaper glued onto card.
- 'Walking' shapes and letters on the floor or 'writing' with your finger on your child's back.
- Drawing shapes and letters in the air, using a whole arm movement.
- Practising drawing on a vertical surface for example a blackboard or paper pinned on the wall.
- Making patterns in flour/talc/sand/shaving foam.
- Potato or sponge printing.
- Making shapes and letters out of play dough or pipe cleaners.
- Copying activities to a defined pattern, for example peg board, fuzzy felt or block patterns.

### Activities that help develop pencil control:

- Simple Dot-to-Dots
- Simple Mazes

## Fact File for Early Years

- Copying and drawing patterns in the sand tray, on a chalkboard, in flour or in shaving cream on a tabletop. You make a simple pattern and then encourage the child to copy it.
- Using finger-paints to make or copy patterns.
- Drawing round other people's hands/feet/body or simple stencils.
- Tracing activities.
- Picture completion. Simple items to be filled in. Start with a completed picture to copy.

Start the activities on a large scale, for example use large pieces of paper stuck to the wall with patterns to copy on rather than A4 sheets. As the child's control and concept of the shape develops, progress onto smaller pieces of work.

### Checklist for Pre-Writing Developmental Skills:

Below are the developmental stages that children move through in making shapes or patterns. Learning how to make these shapes will help them develop the necessary skills needed to be able to form letters correctly.

Children learn to imitate the shape first, that is they watch an adult draw the shape first and then do it themselves. They then learn to copy a shape, which means they don't have to watch how the shape is made anymore but can form it just from looking at the pre-drawn shape.

Developmental Stage	Date achieved	Age norms (age and months)
Draws a horizontal line		3.0 (copied)
Draws a vertical line		2.10 (copied)
Draws a circle		3.0 (copied)
Draws a cross		4.1
Draws a left to right diagonal		4.7
Draws a square		4.6
Draws a X		4.11
Draws a triangle		5.3
Draws a diamond		8.1

## Suggested Resources

### **National Handwriting Association**

[www.nhahandwriting.org.uk](http://www.nhahandwriting.org.uk)

Klein, M.D (1990) **Pre-writing Skills-Revised**. Tuscan, AZ, Therapy Skill Builders.

Olsen, J (2003) **Handwriting Without Tears**. Cabin John, MD, Jan Holsen

### **Galt Educational and Pre-school.**

Johnsonbrook Road, Hyde, Cheshire SK14 4QT

Tel :08451 203005

[www.galt-educational.co.uk](http://www.galt-educational.co.uk)

### **Special Direct**

TTS, Park Lane Business Park, Kirby-in-Ashfield, Nottinghamshire NG17 9LE.

Tel: 0800 318686

[www.specialdirect.com](http://www.specialdirect.com)

## Rough and tumble play

### Why do some children find this difficult?

You have been directed to this Advice Sheet because your child dislikes rough and tumble play. Children may dislike this kind of play due to movement or sensory problems, lack of experience or because they have been sick a lot as babies. The sensations we get from moving in this way give information to several sensory systems, for example to our eyes as we move around, to our skin as we are touched, to our joints as our body moves and to our balance system in our inner ear.



It is important to consider where the child is in their development, particularly their movement skills. If they cannot sit up on their own, they will need a lot of support around their body or trunk. If they are not holding their head up by 9 months, or are intolerant of being picked up or handled, they should be referred to the Integrated Therapy Service and you should not use this Advice Sheet.

### What you may see

- A baby or child who is reluctant to engage in rough and tumble play with an adult or another child
- A child who is cautious with their movement, especially climbing or outdoor play.
- A baby or child who easily gets overloaded with sensory information and may have colour changes, sweating and even vomiting.

## Strategies and Advice

### When head control has been mastered:

- When you pick the child up, hold them up in front of you and then bring them in to cuddle you.
- Then work towards holding them up above your head, supporting them around their body or trunk and slowly bring them down to you. Give them a kiss or a raspberry on their tummy if they are enjoying themselves



## Fact File for Early Years

- Hold them against you, giving as much support as they need including at the head, and move around quickly in a dancelike way. Add in some music or your singing if they are enjoying it. Try a little spin or jump forward and backward. Do not let them jar their head or neck or move too quickly.
- Never shake or move too quickly forward and backward using any force. This is supposed to be enjoyable for your baby or child.
- Try rocking them gently in your arms or sitting in a rocking chair together and rocking rhythmically, especially when calming baby.
- Find the right time when your baby is alert and ready to play.
- Be considerate of how much touch your baby can cope with – we are all different.
- Start gently and increase the speed and amount of touch depending on what baby can cope with. It may be kisses or raspberry blows at first.
- Start with hands before coming in closer to tummy or the face.
- Use rhymes like 'Incy Wincy Spider' or 'Round and Round the Garden' to encourage some anticipation of what is going to happen.
- Play on baby's level so you are on the same eye level, for example on the floor together.
- Think about other things going on that may be distracting your baby, for example turn the TV or radio off.
- Add a little rhythmic tap to their bottom or a gentle bounce when you are holding them close to you against your body.
- Give them experience of independent movement such as playing on the floor; rolling and moving around.

### **For a toddler who is confident walking:**

- Visit the park or soft play areas and support your toddler as they explore, using their body to move around.
- Try Tumble Tots or similar classes for opportunities to practise moving in different ways and developing confidence.
- Try rocking horses or sit-and-ride toys for experiences of movement.
- Play together moving around in lots of different ways like lions or monkeys. Make it fun and playful.

## Fact File for Early Years

- Let your child move within their abilities and level of confidence.

If you do not see any improvement in skill development in 2 months, or your child becomes extremely distressed, please contact the Integrated Therapy Service for further advice.



## Stammering

Learning to talk, like learning to walk, is a skill which develops gradually. Many young children will often stop, pause, start again and stumble over words when they are learning to talk.

Between the ages of two and five, it is typical for a child to repeat words and phrases and to hesitate with 'ums' and 'ers' when sorting out what to say next.



### What you may see

About five in every hundred children stammer for a time when they are learning to talk.

- Your child may repeat parts of words several times e.g. “mu-mu-mu-mummy”
- They may stretch out parts of words e.g. “sssstory”
- Some cannot seem to get started and no sound comes out for a period of time e.g. “.....I got a ball”.

Many children will find it easier to talk as they get older but others will be at risk of developing a persistent stammer.

### Should you seek advice?

If there are concerns about a child's fluency, a referral to the Integrated Therapy Service (ITS) is advised as soon as possible. Early intervention by a Speech and Language Therapist can help young children with fluency difficulties.

### What can you do to help?

- Show you are interested in what the child says, not how they say it. Look at the child so they know you are listening.
- Give the child time to finish what they are saying.
- Slow down your own rate of talking. This will help the child feel less rushed and is more helpful than telling a child to slow down start again or take a deep breath.

## Fact File for Early Years

- Use language that the child can easily understand.
- Give the child periods of individual time in a calm, relaxed atmosphere without competition and interruptions from other children.
- Reduce the number of direct questions you ask the child.
- Pause for a second before you respond to the child's question. This less hurried way of talking reduces the pressure on the child to reply quickly.
- Accept non-verbal responses from the child (such as a nod of the head).
- If the child is experiencing great difficulty with the non-fluency or stammering, reduce any demands of spoken language.

### Where can you get further information?

The British Stammering Association (BSA)

[www.stammering.org](http://www.stammering.org)

The Michael Palin Centre for Stammering Children

[www.stammeringcentre.org](http://www.stammeringcentre.org)

The Communication Trust

[www.talkingpoint.org.uk](http://www.talkingpoint.org.uk)



## Talipes or club foot

### What is Positional Talipes or club foot?

Talipes or club foot is when a newborn baby's foot or feet turn inwards and point downwards.

There are 2 types:

- Positional
- Structural

If a baby has Positional Talipes, you can stretch the foot out into a standard position.

If a baby has Structural Talipes the foot will be stiff and the position not correctable. This type is often diagnosed during prenatal scanning and requires treatment.



### What can you do to help?

You can speed up the natural improvement in your baby's foot/feet by doing the following stretches each time you change your baby's nappy.

Leave your baby lying on their changing mat so that they are supported whilst you do the following exercises. Remove socks so that the baby has bare feet.

### Stretches Step 1

- Hold the heel firmly between your thumb and fingers.
- With your other hand, hold the front of the foot just underneath the toes.
- Bring the front of the foot across so that it is straight in line with the heel.
- Hold for 10 seconds.
- Move to step 2.



## Stretches Step 2

- Start with the foot in a straight position as in Step 1.
- Pull down on the heel as you lift the front of the foot up toward the shin.
- Make sure that you are not only lifting the toes but the whole foot.
- Hold for 10 seconds.
- Repeat steps 1 and 2 with the other foot if both feet are affected.



## Encouraging active foot movements

- Stroke the outside of the baby's foot from the toes to the heel.
- You may see that this stimulates them to turn out their foot.
- Repeat 5 times with each affected foot.
- If this does not seem to encourage foot movement, try stroking / tickling other parts of their feet.



Continue doing these exercises until there is no longer a concern with the position of the foot.

Speak to your health visitor or GP if you do not see any improvement.

## Toddler talk

Parents and carers are very important in developing children's language.

Children learn language best from the people around them talking about the things that are happening to them and that they are interested in. Although the television and DVD are very useful, they cannot respond like you do to your child.



### How can I help my toddler to talk?

The following activities and strategies can all help your child learn to understand and to talk:

#### Keeping language simple

Add to your child's talking just a little. If your child says no words, you could use one word. If your child says one word, you could help by saying two words, such as:

- Child points to car
- Adult points to car and says "Car"
- Child says "Car"
- Adult adds to what the child said – "Blue car"

#### Symbolic noises

Encourage use of symbolic noises, for example 'choo choo' for train and 'meow' for cat. These are easier for children to copy than words and children often use these before true words.

#### Using gestures

By using gestures alongside words, for example pointing, you are helping the child to understand what words mean.

#### Providing experiences

Children learn language by hearing about things and doing things. Give a simple commentary for everyday activities and routines. Talk about what you are doing, what things are called and why you are doing it. Your child will understand the language through their experiences and, in time, will start to use the words.

## Trying new foods

### Why do some children find this difficult?

All typically developing children are suspicious of trying new foods between the ages of 2 and 5. Some children are even more resistant and can become very upset. We call this developmental stage 'Food Neophobia' which means 'fear of new foods'.



As a result of this reaction to new foods, adults can fall into the trap of offering foods that the child prefers and so the child's diet can become limited in variety over time. Young children often like things to be the same and are not keen on new things. Children with developmental difficulties often also need this and can therefore be more resistant to trying new foods so that this stage may last for much longer. The risk with eating a limited diet, especially if important food groups like fruits and vegetables are missing, is that it may lead to nutritional deficiencies or health problems.

### What you may see

- Your child may become very upset when asked to eat new or unfamiliar foods.
- Your child may refuse a previously accepted food and claim they no longer like it.
- Their diet may become more restricted over time so they only eat a few key foods.
- Whole food groups, for example dairy or vegetables, may be absent from their diet.
- Mealtimes may become very stressful for the whole family.

### Strategies and Advice

- Try to stick to regular, consistent mealtimes. This allows your child to become hungry before the meal so they are more ready to eat.
- Try to have a particular place for eating meals, for example the kitchen table. Children are often happier sitting in a comfortable chair and are less likely to leave the table.



## Fact File for Early Years

- Motivate your child by giving them positive attention during the meal. If possible, try to eat at the same time as them but be careful not to nag them to eat.
- Use cutlery and crockery that they find interesting at each meal, possibly with favourite cartoon characters. This will give them consistency and will be comfortable for them to hold and use.
- Offer very small servings of the new food alongside food they like on the plate. Offer praise for any attempts to explore it before eating.
- Offer the new food regularly at intervals so that your child remembers what it is. If necessary, take a photo so they can see what it is and to reassure them they have had it before.
- If your child is very resistant to trying the new food or becomes upset, you may need to offer an immediate reward or motivator. There is no harm in having two spoons of the new food and their favourite food and offering the favourite food right after they have the new food in their mouth. They will be less likely to spit it out if they have a mouthful of their favourite food!
- Avoid trickery or hiding new foods with some children. It works for some but, if you find it doesn't, avoid doing this. Some children lose trust in their feeders and it is better if they know and understand that it is a new food. The danger of tricking them is they will stop eating the food you have been using to hide the new food.
- Try to eat the new food with your child, making it clear from what you say and your facial expression that the food is lovely and not to be feared.
- Allow your child to use all their senses to explore the new food, just as you would if you were looking for food on a desert island. For them, even Tuna pasta may be as scary as eating wild grubs! Below are the stages that children may need to go through before they can successfully eat and swallow a new food:
  - Looking at the food, either while it is on your plate or on the table. Progressing to it being on their plate.
  - Smelling the new food, either while it is on the plate or as they pick it up and examine it.
  - Touching the new food to test its texture. This could be messy so have a wash cloth to hand if you don't like mess.
  - Licking the food to see if it initially tastes OK.
  - Biting off a small piece. This may be followed by spitting it out if the first taste or bite doesn't feel good. Have something for them to spit into if they need to do this.
  - Biting off, chewing and then finally swallowing.

## Fact File for Early Years

- Time for the taste to eventually become a portion.
- It can take children up to 30 exposures to finally get to like a food. Equally they may accept new foods straight away.
- Be relaxed and look for fun times to try foods where the emphasis is not on the mealtime, for example at a party, picnic or snack time.
- Don't stop offering foods that have been refused. Just keep offering the food and wait for the fad to pass and for your child to start eating it again.

If your child is still very resistant and major food groups are absent from their diet after using this Advice Sheet for 6 months, please discuss this with your Health Visitor who may recommend that you contact the Integrated Therapy Service for further advice.





## Tummy time

### Why is tummy time important?

Lying your baby on their tummy and encouraging them to lift their head to look around helps to strengthen the muscles in their neck, shoulders, back and hips.



Developing these muscles will help them learn to hold their head up, roll over, sit, crawl and eventually walk.

Tummy time reduces the risk of developing flattening at the back or one side of your baby's head.

### Is tummy time safe?

Yes – when your baby is awake and supervised.

The 'Back to Sleep' campaign recommends that babies should always sleep on their backs. This advice should still be followed as it reduces the risk of Sudden Infant Death (SIDS) or cot death.

Parents' concern about placing their baby on their tummy has led to babies spending too much time lying on their backs or sitting in car seats and bouncer chairs and not enough time on their tummies when they are awake.

Babies spending too much time on their back can result in:

- Delay in reaching some stages of development.
- Flattening on the back of the head or one side of the head.
- A preference to turn the head to one side.

### We recommend

### 'Back to Sleep and Front to Play'

## Using both hands together

### Why do some children find this difficult?

You have been directed to this Advice Sheet because your child mainly uses one side of their body to reach for objects and toys.



There are many reasons why some babies find this difficult, including if they have motor or movement difficulties, sensory difficulties or developmental delay. If you suspect any of these or you notice your baby cannot turn their head to the side, please contact the Integrated Therapy Service for further advice.

### What you may see

This will vary but the baby is likely to prefer to lie on their back and will not reach out to hit their play gym or touch their parent's face. If they are held in sitting position, their arms may be held stiffly by their side and they may not use them to reach out. They may also appear to reach out or use one side of their body but not the other.

### Strategies and Advice

#### For babies who are not sitting yet

- Make sure your baby is comfortable, has the right amount of support and is developmentally ready. A baby who is learning to lift their head up while lying on their tummy will not be ready to reach out for toys as well.
- Make sure you have picked the right time and that your baby is alert and interested. Turn off the TV and music or even offer a dummy to suck on to help them concentrate.
- Give them an object or your face – something that is easy to see and without complicated patterns. Some toys will help gain your baby's attention better than others as each child is different.
- Help your baby by gently guiding their hands or their arms at the shoulders to the object or your face so they know what movement or action you are encouraging. Let their hands go and then help them find their way there again, hopefully giving less and less help each time.



## Fact File for Early Years

- Try using toys with a variety of textures and watch to see if your baby has any preferences. Not all babies like cuddly toys.
- Always encourage your baby to use both arms, initially together. Then alternate using left and right sides. If you are doing this in side lying then make sure your baby lies on both sides.

### **For babies who are sitting up**

- Make sure your baby has enough support and they are developmentally ready. If they are just learning to sit unsupported they will not be ready to reach out as well. You may need to go back to floor play or make the activity easier until they are ready.
- Present each toy or object in their reach and at the right height. If your baby is sitting on the floor between your legs you could make or use a small table to place things on. Alternatively, the high chair with a tray may be suitable.
- Make sure your baby can clearly see what to reach for. If the surface is cluttered, it may be difficult to see.
- Guide your baby's hands to the object, supporting them at the elbow or shoulder. This gives them the sensation of the movement you want them to make. Give them time to practise. Take your hands off and allow them time to try and find the object again before offering your hands to help, hopefully giving less and less help each time.
- Hold the objects or toys out to both their left and right sides and in the middle. Watch which hand they prefer to grasp with.
- Offer toys of varying sizes. This will encourage them to use both hands, for example a beach ball or large cuddly toy.

If you see little improvement in these skills after 2 months of using this Advice Sheet, please contact the Integrated Therapy Service for further advice.

## Fact File for Early Years

# Section Six



## The Integrated Therapy Service and how to refer





## Section Six

# The Integrated Therapy Service and how to refer

## What is the Integrated Therapy Service for Children & Young People?

The Integrated Therapy Service (ITS) for Children and Young People is provided by Somerset Partnership NHS Foundation Trust to deliver an equitable and integrated service for the children and young people of Somerset.

We provide a local community therapy service for children and young people aged 0 – 19 years with physical, occupational and speech and language difficulties in Somerset. The service is mainly provided within community settings such as schools, children's centres and other pre-school settings, patients' own homes or our Integrated Therapy Service clinics.

Our vision is to provide family centred therapy as an integrated package of care tailored to the child's individual needs.

However, many children show delays or difficulties with their development and, therefore, a key role of the service is to inform and skill the wider children's workforce to enable them to follow good practice guidelines, give general advice to parents and adopt a 'watch-and-wait' strategy to see if the advice results in an improvement. When this occurs, the child will not need referral for specialist assessment and intervention from the ITS.

It is also vital that other agencies are able to recognise when a referral is indicated and more specific advice or intervention is needed. The ITS aims to support the children's workforce and referrers to achieve this by circulating information such as the Fact File for Early Years and Fact File for School Age and by delivering training courses for other professionals.

## Staff teams

The Integrated Therapy Service for Children and Young People is comprised of:

- Physiotherapists
- Occupational Therapists
- Speech and Language Therapists
- Therapy Support Practitioners
- Administrators

Our Occupational Therapists, Physiotherapists, Speech and Language Therapists and Therapy Support Practitioners work together in area based teams to deliver assessments and interventions.

Our paediatric therapists are graduate health professionals who are registered with the Health Professions Council (HPC).

Our Therapy Support Practitioners are non-qualified members of staff who may carry out a programme of therapy under the direction of a therapist, train families and staff in how to carry out the programme, adjust equipment or assist in group therapy sessions.

Each of the four area teams has a Clinical Area Manager, who also acts as a Professional Lead for one of the therapy professions, and there is an overall Service Manager.

### **Speech and Language Therapists**

Speech and Language Therapists work with children and young people with communication or feeding difficulties. These may include difficulties in understanding or using language, speech or voice production or fluency.

The Speech and Language Therapist considers the child's communication skills and environment and the impact these are having on his or her life. The therapist then works with adults around the child to enable successful communication throughout their daily lives.

### **Occupational Therapists**

Occupational Therapists who work with children and young people help them to carry out the activities that they need or want to do, in order to lead healthy and fulfilling lives.

Occupational Therapists work with people who have physical, learning and/or social problems, either from birth or as a result of accident or illness. They are experts in supporting the development of independence and provide assessment, advice and guidance, therapy sessions and specialist equipment where necessary.

### **Physiotherapists**

Physiotherapy helps develop or restore movement and function to as near normal as possible when a child or young person is affected by injury, illness, developmental delay or other disability.

Physiotherapists assess and treat children and young people helping them achieve mobility and function. Treatment might include specific exercises,



positions and hands on therapy. Physiotherapists sometimes use specialist equipment and mobility aids.

## **Area Bases**

The Therapy and Administration staff in the four area teams provide a service to different geographical areas in Somerset. The contact details for the four area teams are below:

### **South Somerset**

Charter House  
Bartec 4  
Lynx West Trading Estate  
Watercombe Lane  
Yeovil  
BA20 2SU

Telephone: 01935 848237

### **Mendip**

Priory House  
Priory Health Park  
Glastonbury Road  
Wells  
BA5 1XL

Telephone: 01749 836691

### **Taunton and West Somerset**

Park Gate House  
East Reach  
Taunton  
TA1 3EX

Telephone: 01823 346100

### **Sedgemoor**

Pearl House  
Church Street  
Bridgwater  
TA6 5AT

Telephone: 01278 435858

## Who can refer?

Referrals may come from anyone who has professional or parental responsibility for a child or young person and has concerns about their development. Our referrers include GPs, Consultants, Teachers, Advisory Teachers, Educational or Clinical Psychologists, Health Visitors, School Nurses, Children's Centre staff, Social Care Teams, parents/carers and young people themselves.

Following the assessment of a child or young person, the Integrated Therapy Service will ensure that the referrer receives accurate and timely information about the outcome of the assessment and whether any intervention from the ITS is needed.

## How to make a referral to the ITS

### Telephone Advice Line

If you are uncertain whether to refer to the ITS or would like to discuss your referral, please contact us on our Telephone Advice Line. The ITS Telephone Advice Line supports parents/carers and professionals to meet the needs of children and young people whose development may be causing concern.

The line is staffed by therapists from the three disciplines. They can discuss the caller's concerns, advise them on how to support the child or young person and consider whether a referral to the ITS may be needed.

### Using the Telephone Advice Line

#### What are the hours of the Telephone Advice Line?

**09:00 to 12:00 in the morning**  
**Monday, Wednesday, Thursday and Friday**  
(excluding Bank Holidays)

*What is the number?*

**0303 033 3002**

## Making a written referral

Anyone who wishes to refer a child or young person to the Integrated Therapy Service should complete:

### **Appendix 1 'Integrated Therapy Service Referral Form'**

If you are referring for an Occupational Therapy assessment you will need to complete

### **Appendix 2 'Additional Information to Support Occupational Therapy referral'**

If you are an Early Years setting referring for a Speech and Language Therapy assessment please also complete:

**Appendix 3 'Every Child a Talker monitoring form'** (if your setting already uses these) or ensure you include as much information as you can about how the child is communicating in the setting and the reasons for your concerns.

**Copies of all three forms are also available on our website at:**

[www.sompar.nhs.uk/integratedtherapies](http://www.sompar.nhs.uk/integratedtherapies)

You can send the forms electronically to:

[ITSreferrals@sompar.nhs.uk](mailto:ITSreferrals@sompar.nhs.uk)

or by post to:

**ITS Referrals,  
Integrated Therapy Service for CYP,  
Priory House,  
Priory Health Park,  
Glastonbury Road,  
WELLS,  
Somerset BA5 1XL**

## Triaging referrals

A team of therapists, one from each discipline, considers all referrals and decides on whether the referral is appropriate and, if so, on the most appropriate professional(s) to assess the needs of the child or young person. If the referral is not accepted, the referrer and parent/carer will be informed. If an alternative service is identified that is more appropriate to meet the child's needs, this will be suggested.

Waiting times for initial assessment will vary depending on service demand. Certain referrals will be prioritised to be seen more urgently according to best practice guidelines. You are welcome to contact the department for information on the current waiting times.

A convenient time and location for the assessment appointment is agreed with the parents/carers and a letter is sent to confirm the appointment.

### Assessment

Assessment clinics are generally held at the area team bases. Any subsequent appointments may take place in the child's school while some children are seen in their home.

During the assessment process, the therapist gathers further information about the child or young person and their family, to gain a better understanding of their current development and the nature of the concern.

The therapist may also wish to talk to the child or young person's teacher/tutor or visit the school to get a clearer idea of how they function there.

At the end of the assessment process, a discussion will take place with the family to determine whether further involvement from the Integrated Therapy Service is required. If no further involvement is required, a discharge letter will be sent to the parents/carers and copied to the referrer. The therapist may also recommend that the child is seen by another member of the Integrated Therapy Service or a professional in another service.

The assessment process may highlight a goal that the Integrated Therapy Service can help the child to achieve by providing a form of intervention.

### Intervention

Depending on the child's needs and difficulties, one or more of the following options may be agreed with parents/carers in order to help the child to achieve their goal.

- advice and recommendations for achieving the agreed goal
- a programme of therapeutic activities to be carried out at home and/or in school
- training of parents or involved professionals to meet the child or young person's needs
- a review to check the child or young person's progress after a few months
- a block of individual or group therapy sessions

Following the episode of care, the child's progress towards their goal and their continuing needs will be reviewed in order to decide on the next steps.

### Discharge

When it is determined that the involvement of the Integrated Therapy Service is not currently required, this is discussed and agreed with the parents/carers. The family's GP and other involved professionals are notified of the discharge.

Referral back into the service can be made at anytime should the child or young person's needs or circumstances change.

Parents/carers need to be aware that non-attendance without notifying the department may result in their child being discharged from the service without being seen.

### Appendices

**Appendix 1** 'Integrated Therapy Service Referral form'

**Appendix 2** 'Additional Information to Support Occupational Therapy Referral'

**Appendix 3** 'Every Child a Talker monitoring form'

## Fact File for Early Years

## INTEGRATED THERAPY SERVICE REFERRAL FORM

### Speech and Language Therapy, Occupational Therapy and Physiotherapy for Children and Young People

*Please indicate the profession(s) you would like the child/young person to be assessed by*

Occupational Therapist (OT), Physiotherapist (PT) and/or Speech and Language Therapist (SLT)

*Please write OT, PT and / or SLT*

#### **Identifying details**

*Record details of infant, child or young person referred or attach a report which contains the required information*

Surname <input style="width: 90%;" type="text"/>	First names <input style="width: 90%;" type="text"/>
Any previous names <input style="width: 90%;" type="text"/>	
Male (M) / Female (F) <i>please write M or F</i> <input style="width: 50px;" type="text"/>	Date of birth <input style="width: 150px;" type="text"/>
Address <input style="width: 95%; height: 60px;" type="text"/>	NHS number (if known) <input style="width: 150px;" type="text"/>
	Name of School or Pre-school <input style="width: 150px;" type="text"/>
	Name of GP <input style="width: 150px;" type="text"/>
Postcode <input style="width: 150px;" type="text"/>	Location of GP <input style="width: 150px;" type="text"/>

#### **Details of parents/carers**

Name(s) <input style="width: 90%;" type="text"/>	Contact telephone <input style="width: 150px;" type="text"/>
Relationship to infant, child or young person <input style="width: 90%;" type="text"/>	Parental responsibility? <input style="width: 150px;" type="text"/>

*Please write YES or NO*

#### **Reason for Referral**

- Reason: *NB. If preferred, please attach a report with **clear** indication of the reasons for referral*
  
- Please explain the impact of this problem on the child/young person's daily life:
  
- Please outline any strategies that have been used to help the child/young person and whether these have been successful:

**Previous contact with Speech and Language Therapy / Occupational Therapy / Physiotherapy, if known**

**Other services working with this infant, child or young person**

**Date and result of last hearing test, if applicable**

**Specific requirements**

Child's first language:

Parent's first language:

Is an interpreter or  
signer required?

*Please write YES or NO and, if YES,  
the service required*

Can parents/carers access  
written information?

*Please write YES or NO*

**PLEASE NOTE: All boxes below MUST be completed to enable us to process the referral**

***I confirm that parents/carers have given their consent for this referral***

Signed  Date:   
(unless emailed)

Print name  Role:

Address

Telephone number(s)

Email address

**PLEASE NOTE: REQUIRED ADDITIONAL INFORMATION FORMS**

All forms are available on the ITS website at [www.sompar.nhs.uk/integratedtherapies](http://www.sompar.nhs.uk/integratedtherapies)

- If you are in a school and referring a child with speech, language and/or communication needs, you will need to attach a completed **Communication Competencies in School Questionnaire**
- If you are in a pre-school setting and referring a child with speech, language and/or communication needs, you will need to attach a completed **Every Child a Talker Monitoring Form**
- If you are referring a child for Occupational Therapy assessment, you will need to attach a completed **Additional Information to Support Occupational Therapy Referral Form**

*Please return the completed referral form and additional information form, as appropriate, either by email to: [itsreferrals@sompar.nhs.uk](mailto:itsreferrals@sompar.nhs.uk) or by post to: ITS Referrals, Integrated Therapy Service for CYP, Priory House, Priory Health Park, Glastonbury Road, Wells, Somerset BA5 1XL*



## INFORMATION TO SUPPORT OCCUPATIONAL THERAPY REFERRAL

Child's Name  DOB

**Person completing the form**

Name  Relationship to child

	<i>Unable to do</i>	<i>Can do with support</i>	<i>Can do well</i>	<i>Not observed</i>	<i>Comments</i>
<b>SELF CARE SKILLS</b>					
<i>Dressing and undressing (including fastenings)</i>					
<i>Getting to sleep</i>					
<i>Using cutlery</i>					
<i>Washing and drying face hands and body</i>					
<i>Going to the toilet</i>					
<b>PHYSICAL ACTIVITIES</b>					
<i>Walking and running</i>					
<i>Balance including jumping and hopping</i>					
<i>Riding a bike</i>					
<i>Swimming</i>					
<i>Ball skills – throwing and catching</i>					
<b>CLASSROOM SKILLS</b>					
<i>Drawing and writing</i>					
<i>Using scissors</i>					
<i>Following instructions</i>					
<i>Organisation</i>					
	<i>Unable to do</i>	<i>Can do with support</i>	<i>Can do well</i>	<i>Not observed</i>	<i>Comments</i>

**BEHAVIOURS**

<i>Attention</i>					
<i>Concentration</i>					
<i>Sitting still during a task</i>					
<i>Plays well with others</i>					
<i>Can tolerate changes in their routine</i>					
<i>Will try new foods</i>					

**He/she avoids certain activities (more than other children their age)**

Please give an example:

**He/she seeks certain activities (more than other children their age)**

Please give an example:

**Has he/she participated in the Learn to Move coordination programme at school?**

Please give details:

**Any other comments relating to the child's needs:**

Please attach this to the Integrated Therapy Service referral form

## Appendix 3 - Early Communication and Language - Monitoring Progress

## ECAT monitoring protocol

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)	Social Communication
<b>0-11 months</b>	<p>Turns toward a familiar sound then locates range of sounds with accuracy.</p> <p>Listens to, distinguishes and responds to intonations and sounds of voices.</p> <p>Quietens or alerts to the sounds of speech.</p> <p>Fleeting attention – not under child's control, new stimuli takes whole attention.</p>	<p>Stops and looks when hears own name. <i>(by 12 months*)</i></p>	<p>Enjoys oro motor play (eg <i>blowing raspberries, sticking tongue out, making silly faces</i>).</p> <p>Gradually develops vocal play (babbling) to communicate with adults; says sounds like '<i>baba, nono, gogo</i>'. <i>(by 11 months*)</i></p>	<p>Gazes at faces and copies facial movements, eg sticking out tongue.</p> <p>Concentrates intently on faces and enjoys interaction, eg laughing.</p> <p>Uses voice, gesture, eye contact and facial expression to make contact with people and keep their attention. <i>(by 12 months*)</i></p>
<b>8-20 months</b>	<p>Concentrates intently on an object or activity of own choosing for short periods.</p> <p>Pays attention to dominant stimulus – easily distracted by noises or other people talking.</p> <p>Moving whole bodies to sounds they enjoy, such as music or a regular beat.</p> <p>Has a strong exploratory impulse.</p>	<p>Responds to the different things said when in a familiar context with a special person (eg '<i>Where's Mummy?</i>', '<i>Where's your nose?</i>').</p> <p>Understanding of single words in context is developing (eg '<i>cup</i>', '<i>milk</i>', '<i>daddy</i>').</p>	<p>Uses single words. These can include 'communicative sounds and noises such as 'uh-oh', 'brmm brmm', 'mmm', etc.) and animal noises. <i>(by 16 months*)</i></p> <p>Frequently imitates words and sounds.</p> <p>Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (eg <i>teddy, more, no, bye-bye</i>).</p>	<p>Likes being with familiar adult and watching them.</p> <p>Developing the ability to follow and adult's body language, including pointing and gesture.</p> <p>Learns that their voice and actions have effects on others.</p> <p>Uses pointing with eye gaze to make requests, and to share an interest. <i>(by 18 months*)</i></p>

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)	Social Communication
<b>16-26 months</b>	<p>Listens to and enjoys rhythmic patterns in rhymes and stories.</p> <p>Enjoys rhymes and demonstrates listening by trying to join in with actions or vocalisations.</p> <p>Rigid attention – may appear not to hear.</p>	<p>Selects familiar objects by name and will go and find objects when asked, or identify objects from a group.</p>	<p>Beginning to put two words together (eg <i>'want ball', 'more juice'</i>). <i>(by 24 months*)</i></p> <p>Uses different types of everyday words (nouns, verbs and adjectives, eg <i>banana, go, sleep, hot</i>).</p> <p>Beginning to ask simple questions.</p>	<p>Gradually able to engage in 'pretend' play with toys (supports child to imaging another's point of view).</p> <p>Looks to others for responses which confirm, contribute to, or challenge their understanding.</p>
<b>22-36 months</b>	<p>Single channelled attention. Can shift to a different task if attention fully obtained – using child's name helps focus. <i>(by 36 months*)</i></p> <p>Listens with interest to the noises adults make when they read stories.</p> <p>Recognises and responds to many familiar sounds, eg turning to a knock on the door, looking at or going to the door.</p>	<p>Identifies action words by pointing to the right picture, eg <i>'Who's jumping?'</i> <i>(by 30 months*)</i></p> <p>Understands 'who', 'what', 'where' in simple questions (eg <i>Who's that/can? What's that? Where's is?</i>).</p> <p>Developing understanding of simple concepts (eg <i>big/little</i>).</p>	<p>Learns new words very rapidly and is able to use them in communicating.</p> <p>Uses action, sometimes with limited talk, that is largely concerned with the 'here and now' (eg reaches towards toy, saying <i>'I have it'</i>).</p> <p>Uses a variety of questions (eg <i>what, where, who</i>).</p> <p>Uses simple sentences (eg <i>'Mummy gonna work'</i>).</p> <p>Beginning to use word endings (eg <i>, cats</i>).</p>	<p>Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts.</p> <p>Holds a conversation, jumping from topic to topic.</p> <p>Enjoys being with and talking to adults and other children.</p> <p>Interested in others' play and will join in.</p> <p>Responds to the feelings of others.</p>

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)	Social Communication
<p><b>30-50 months</b></p>	<p>Listens to others in one to one or small groups, when conversation interests them.</p> <p>Listens to stories with increasing attention and recall.</p> <p>Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories.</p> <p>Focusing attention – still listen <b>or</b> do, but can shift own attention.</p> <p>Is able to follow directions (if not intently focused on own choice of activity).</p>	<p>Understands use of objects (eg 'What do we use to cut things?').</p> <p>Shows understanding of prepositions such as 'under', 'on top', 'behind' by carrying out an action or selecting correct picture.</p> <p>Beginning to understand 'why' and 'how' questions.</p>	<p>Beginning to use more complex sentences to link thoughts (eg using <i>and, because</i>).</p> <p>Can retell a simple past event in correct order (eg <i>went down slide, hurt finger</i>).</p> <p>Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences.</p> <p>Questions why things happen and gives explanations. Asks for example, <i>who, what, when, how</i>.</p> <p>Uses a range of tenses (eg <i>play, playing, will play, played</i>).</p>	<p>Beginning to accept the needs of others, with support.</p> <p>Can initiate conversations.</p> <p>Shows confidence in linking up with others for support and guidance.</p> <p>Talks freely about their home and community.</p> <p>Forms friendships with other children.</p>

Stage	Listening and Attention	Understanding (Receptive Language)	Talking (Expressive Language)	Social Communication
<p><b>40-60+ months</b></p>	<p>Sustains attentive listening, responding to what they have heard with relevant comments, questions or actions.</p> <p>Maintains attention, concentrates and sits quietly when appropriate.</p> <p>Two-channelled attention – can listen and do short span.</p> <p>Integrated attention – can listen and do in range of situations with range of people; varies according to the demands of the task.</p>	<p>Understands humour, eg nonsense rhymes, jokes.</p> <p>Demonstrates understanding of 'how?' and 'why?' questions by giving explanations.</p> <p>Able to follow a story without pictures or props.</p> <p>Understands instructions containing sequencing words; first..., after..., last, and more abstract concepts – long, short, tall, hard, soft, rough.</p>	<p>Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words.</p> <p>Links statements and sticks to a main theme or intention.</p> <p>Uses language to imaging and recreate roles and experiences in play situations.</p> <p>Uses talk to organise, sequence and clarify thinking, ideas, feelings and events.</p> <p>Introduces a storyline or narrative into their play.</p>	<p>Has confidence to speak to others about their own wants, interests and opinions.</p> <p>Initiates conversation, attends to and takes account of what others say.</p> <p>Explains own knowledge and understanding, and asks appropriate questions of others.</p> <p>Shows awareness of the listener when speaking.</p> <p>Expresses needs/feelings in appropriate ways.</p> <p>Forms good relationships with adults and peers.</p> <p>Works as part of a group or class, taking turns.</p>

## Notes on monitoring Early Communication and Language

### Observation and best-fit judgements

- Judgements of a child's stage of development are made through a process of ongoing observational assessment
- Observation involves noticing what children do and say in a range of contexts, and includes information from the family about what children do and say at home
- For children learning English as an additional language, it is important to find out from families about how children use language in their mother tongue and how they communicate at home
- The assessment is a 'best-fit' match to a stage band. This involves considering what is known about the child, and matching it to the development described in the bands. This should be considered separately for each strand of communication and language
- Within each band, a judgement will be made in two levels – either 'Emerging' when a child shows some development at that level, or 'Secure' when most of the statements reflect the child's current development
- Development of speech sounds need not be assessed specifically, but it is useful to be aware of typical development which is described in the table to the right

### Checkpoints

- Alongside the 'best-fit' judgement, certain 'Checkpoint' statements are included. Marked with a \* and a specific age, these are particular statements which should be noted
- Where a child has not reached a Checkpoint by the age indicated, this is not necessarily a sign of difficulty. The Checkpoint statements serve as an alert for close monitoring including discussion with the family, and perhaps further assessment or support

## Guidance on typical development of speech sounds

Stage	Speech Sounds
<b>0-11 month</b>	Babbles using a range of sound combinations, with changes in pitch, rhythm and loudness. Babbles with intonation and rhythm of home language.
<b>8-20 month</b>	Speech consists of a combination of babble, attempts at words, and some real words and may be difficult to understand.
<b>16-26 months</b>	Many immature speech patterns, so speech may not be clear. May leave out last sounds or substitute sounds (eg 'tap' for 'cap'). Uses most vowels, and <i>m, p, b, n, t, d, w, h</i> .
<b>22-36 months</b>	Speech becoming clearer, and usually understood by others by 36 months although some immature speech patterns still evident. May still substitute sounds or leave out sounds. Emerging sounds including <i>k, g, f, s, z, l, y</i> .
<b>30-50 months</b>	Speech mostly can be understood by others. Emerging use of <i>ng, sh, ch, j, v, th, r</i> – may be inconsistent. Sound clusters emerging (eg <i>pl</i> in <i>play</i> , <i>sm</i> in <i>smile</i> ) though some may be simplified (eg 'gween' for 'green').
<b>40-60+ months</b>	Most sounds accurate. May still be developing <i>r</i> and <i>th</i> . May simplify complex clusters (eg <i>skr, str</i> ).

\* *Developing speech and being understood applies to all languages. Order of acquiring specific sounds – here in English – may vary with other languages*

### **Making good progress**

- The goal of monitoring children's development is to plan and provide more accurate support for each child to make good progress
- How well a setting helps children to make good progress can be determined by analysing the proportion of children who are at risk of delay, as expected, or ahead of expectations in each strand of language and communication. If children are making accelerated progress, the proportion of children at risk of delay should decrease over time
- In considering whether a child is at risk of delay, as expected, or ahead in each strand of language and communication, it is necessary to consider the child's actual age in months in relation to the overlapping age bands. If a child is within two months of the end of the age band and development is not yet within the band or is judged to be 'Emerging', then a judgement of 'risk of delay' would be appropriate.







Somerset  
Partnership

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