

Induction to Hackney's 2 Year Review Partnership Happy, Healthy and Ready to Learn

Caroline Hart, IR Education Lead (Hackney Learning Trust)
Kelechi Ukandu, Asq-3 Health Lead (Homerton University NHS)

Aims and objectives



Aim

To prepare attendees to provide high quality integrated 2-2.5 yr year developmental reviews (incorporating the EYFS Progress Check at Two and Healthy Child Programme)

Objectives

- Embed Hackney's shared vision (partnership working)
- Understand content and process (flow chart) for Integrated Reviews
- Develop an awareness of local priorities and services for children (and parents of children) 2-2.5 years of age



Happy, Healthy and Ready to Learn
 Tuesday, 18th October, 9.00-12.30, Homerton Education Centre

An Introduction to the Hackney model for Integrating the EYF's Progress Check at Two and the 2-2.5 year Healthy Child Programme Review

Time	Speaker (s)	Title/Service	Name and session overview
8.15-8.20	Elizabeth Begley Caroline Hart	Senior Nurse (Early Years and Health Visiting) HUH Early Years Consultant HLT	Welcome and overview of the morning
8.20-8.30	Angela Scattergood Sarah Webb	Head of Early Years HLT Head of Nursing HUH	Introduction to Hackney and the City's Best Practice Partnership for reviewing the development of children 2-2.5 years
8.30-10.00	Dr Mirsada Smallbegovic	Consultant Paediatrician HUH	Implementing high quality Integrated Reviews at 2-2.5 years Part 1 A well child? What to expect at 2-2.5 yrs Q & A
10.00-10.30	Kelechi Ukandu	Health Visitor/ABC-3 HUH Lead, GP Lead Cluster E	Implementing high quality Integrated Reviews at 2-2.5 years Part 2 Making the Integrated Review happen...and happen effectively!
10.30-10.40	Kelechi Ukandu Caroline Hart	HUH HLT	Q & A
10.40-11.10	-	-	Break DRINKS WILL NOW BE PROVIDED
11.10-11.15	Jessica Veitnam	Public Health Hackney Council	<ul style="list-style-type: none"> Presenting the new Early Years Public Health Newsletter for all early years professionals Healthy Start Vitamins Update
11.15-11.30	Liz Metcalfe	Speech and Language Therapist, HLT/HUH	Specialist Input 1 - Communicating Two Year Olds
11.30-11.40	Lindsay Gilbert	Eat Better Start Better Specialist Dietician, HUH	Specialist Input 2 -The nutritional needs of two year olds and support for children and parents
11.40-11.55	Dr Catherine Hunter	Clinical Psychologist, First Steps Psychology	Specialist Input 3 - Introduction to using the Solihull Approach in the 27 Month Integrated review
11.55-12.05	Elizabeth Begley	Senior Nurse (Early Years and Health Visiting) HUH	Information Governance
12.05-12.30	Specialist Panel	Various including area B professionals and specialist HV (SEN)	Q&A for the specialist panel

Introduction to Hackney and the City's Best Practice Partnership for reviewing the development of children 2-2½ years

Sarah Webb

Divisional Head of Nursing,
Children's Services, Outpatients
and Diagnostics Division

Homerton University Hospital
NHS Foundation Trust

Angela Scattergood

Head of Early Years & Early Help
Hackney Learning Trust

Impact of policy

- Revised **Early Years Foundation Stage** - Progress Check at two
- **The Healthy Child Programme**- 'integrated approach' to the 2/2 ½ year old review in partnership with other early years services
- **Healthy 2 year olds and school readiness**- one of the health visiting six high impact areas
- **Two year old free early learning/childcare** entitlement

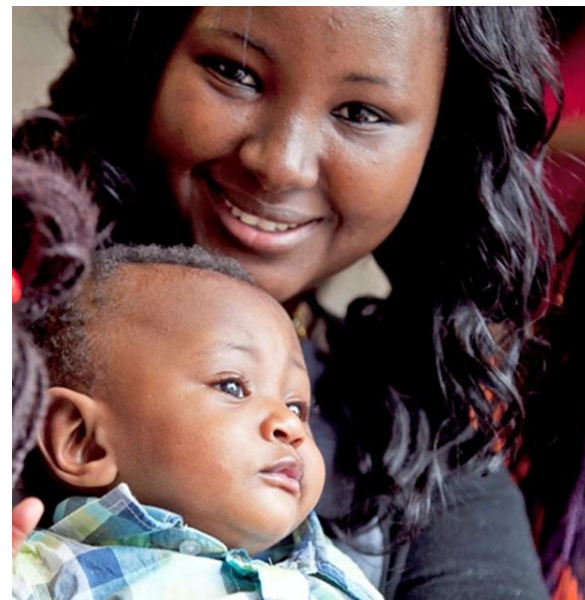
Hackney's integrated approach

Overall aim:

- **To improve school readiness**

Objectives:

- To improve the quality of the 2 year reviews
- To improve access to the 2 year reviews
- To further improve multi-professional working, in particular across health visiting and early years (education)



Hackney's integrated approach

Common Purpose

- Creating local solution to local needs (school readiness)
- Shared strategic vision
- Governance & accountability

Communicating the Vision

- Communicating the shared vision with both EY & Health
- Implementation roll out
- Developing joint workforce

Enabling the Vision Process

- Model, Toolkit and Process
- Mapping out the area- linking Health practitioners to EY settings
- Monitoring & evaluation
- Ongoing professional development

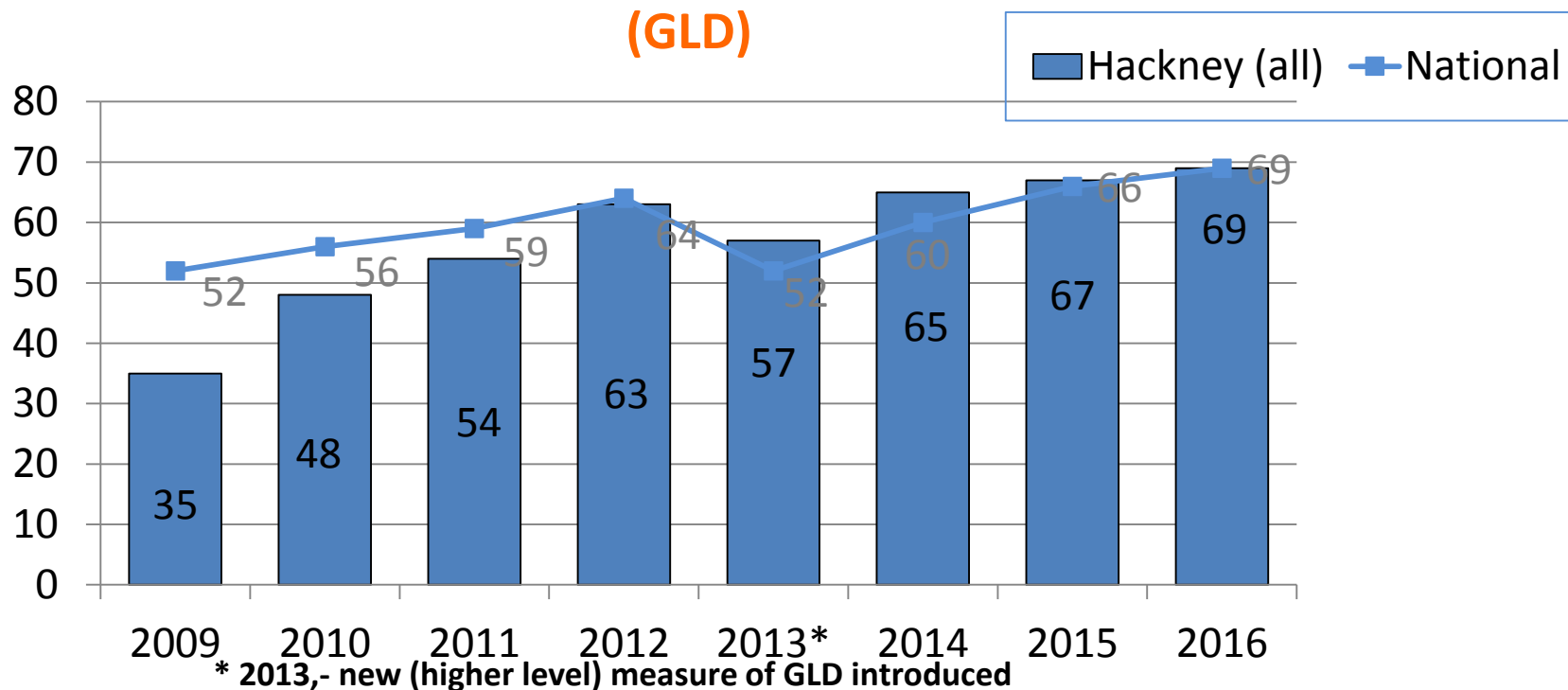
Hackney's successes



- Increase uptake in 27 month reviews
- National recognition as best practice integrated model
- The model replicated and extended through wider projects & initiatives
- EY outcomes upward trajectory since partnership commenced

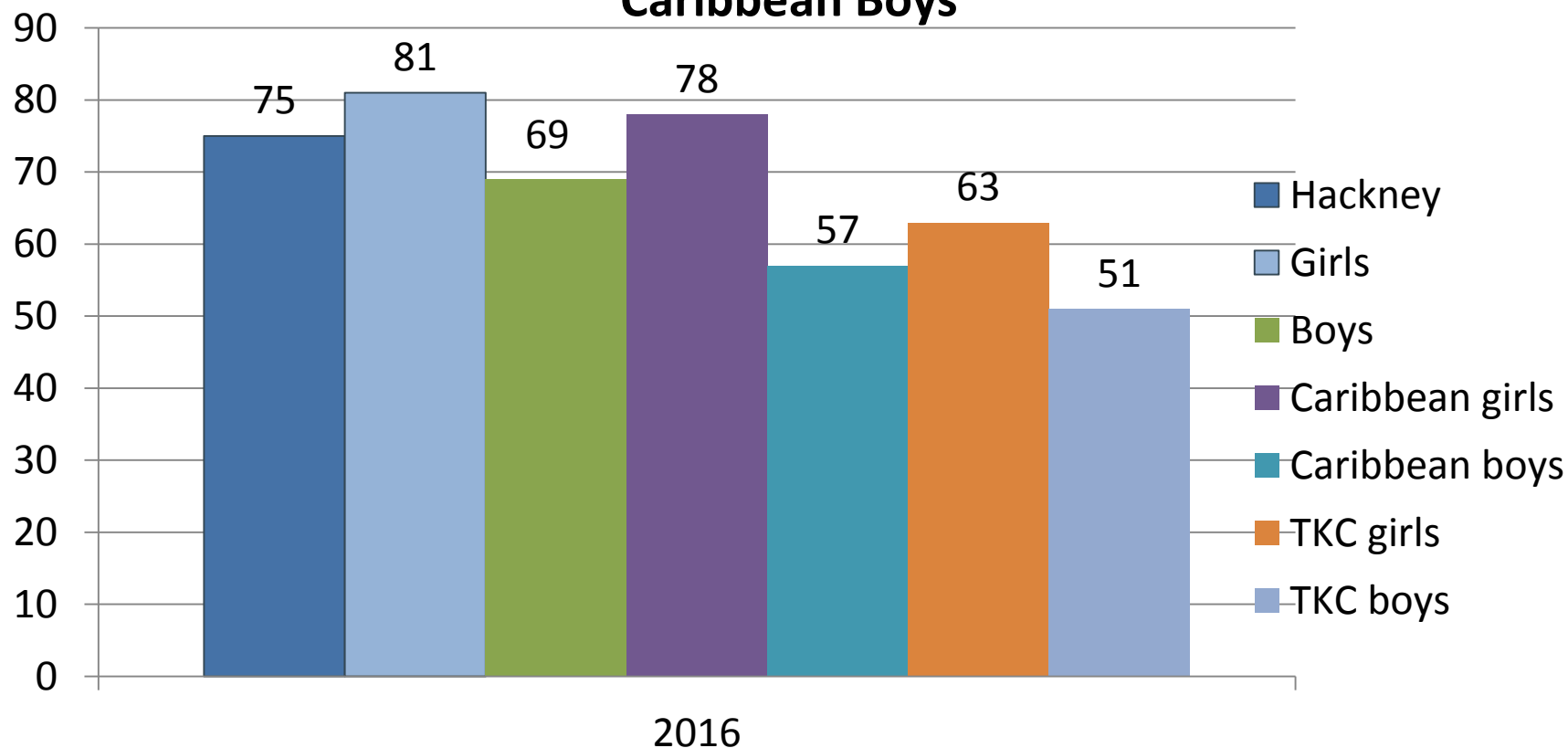
2016: Hackney's 5 year olds

% of 5 year olds reaching a 'good level of development' (GLD)



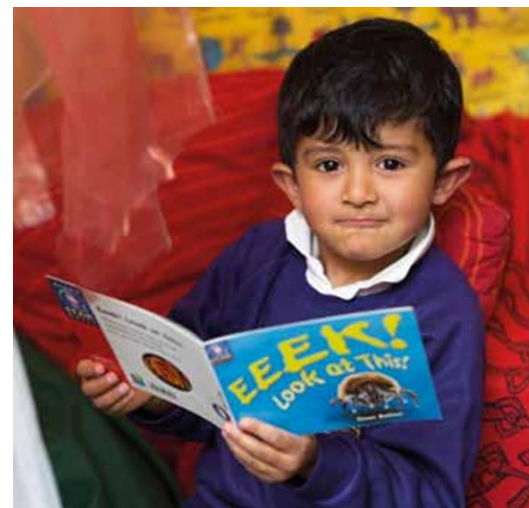
Mind the gap...

% GLD Hackney (schools) comparison with TKC & Caribbean Boys



Priorities

- Narrowing achievement gaps for 5 year olds-
 - Boys, boys, boys!
 - TKC boys
 - Caribbean boys
- Improving % of reception age children with healthy weight
- Improving outcomes for less-advantaged children
- Early help- early identification and intervention



2016: Hackney's 7 year olds



Hackney- first out of 151 LAs in England for key stage 1 children reaching the expected standard in reading, writing and maths.

Hackney in the top five LAs in the country for children eligible for FSM and those with an ECHP reaching the expected standard in reading, writing and maths.

Implementing high quality Integrated Reviews at 2-2.5 years

Part 1 A well child? What to expect at 2-2.5 yrs

Dr Mirsada Smailbegovic

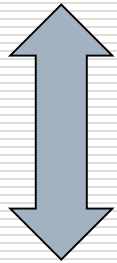
DEVELOPMENT AND DEVELOPMENTAL ASSESSMENT 2 YEARS OF AGE

Dr Mirsada Smailbegovic
Consultant Paediatrician



-
- ❑ Development is an ongoing process that begins with conception and continues through life
 - ❑ Child development is a dynamic process through which a child is transformed from reacting to sensation and being dependent to making sense of the information and responding in a planned, organised and independent fashion
 - ❑ Development occurs in a predictable fashion
 - ❑ The pattern of development may be very different for individual children within the broad limits that characterise normal development
-

Development



Growth

Factors Affecting Development:

Biological influences:

- Inherited characteristics such as cognitive potential and temperament
 - Antenatal and perinatal factors
 - General health
 - Vision and hearing
-

Environmental influences:

- ❑ Opportunities such sensitive and supportive parent/family and educational placement
 - ❑ Disadvantages such as social and economic deprivation
 - ❑ Culture values & concept of IQ
-

Mechanism of Development

- Although developmental change runs parallel with chronological age the age itself cannot cause development and the developmental process does not simply unfold with neurological maturation
-

The Pattern of Development (Arnold Gesell)

- ❑ Defined sequence
 - ❑ From head to toe
 - ❑ From inner to outer
 - ❑ From general specific
 - ❑ From simple to complex
-

Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range.

- Children's developmental milestones are convenient guidelines to assess the rate and the pattern of developmental progress. However, many aspects of developmental change are continuous and stages of development may overlap and transitional stage may not mean that the previous stage is completely finished.
-

Developmental Domains

- ❑ Gross motor development
 - ❑ Visual perception and fine motor development
 - ❑ Speech & language and communication
 - ❑ Social behaviour and play
 - ❑ Attention, emotion and self-regulation
 - ❑ Attachment and development of self
 - ❑ Hearing and vision
-

Motor Development

Biologically Dependent Maturation

- ❑ Maturing muscle tone and muscle strength
- ❑ Improving balance and coordination
- ❑ Developing information processing ability

Experience

- ❑ Perceiving possibility and self-capability
 - ❑ Dependant on other factors such as general health, motivation, vision, cognitive development
-

Gross motor skills at 2

- ❑ Walk up and down the stairs while holding hand
- ❑ Run fairly well ; Jump with feet together
- ❑ Squat to play ; Climb nursery apparatus
- ❑ Stand on tiptoe with support;
- ❑ Start to use ride-on toys
- ❑ Throw a ball into a box
- ❑ Kick a ball



Red Flags for Gross Motor Development

- Child walks on his/her toes all the time
 - Child is excessively clumsy
 - Something appears wrong with child's legs and/or feet
 - Child complains of persistent pain or fatigue
 - Child's skills are regressing
-

□ Individual Differences

- Individual differences in motor ability are common and depend in part on the child's weight and built. After the infant period normal individual differences are strongly affected by opportunities and practice.
 - Population Differences
 - Ethnic differences have been reported.
 - Sex differences in motor development with girls showing some advances in small muscle use.
 - Cultural differences (learning of motor skills such as using the left hand for sanitary purposes and the right hand for the rest)
-

Fine motor skills at 2 years

- Can build tower of five or more blocks
-

- Turn a doorknob
- Hold crayons or pencils (but not as an adult)
- Draw a horizontal line
- Manipulate spoon and fork (but not holding them the way an adult would)
- Suck through a straw
- Remove shoes and socks
- Work puzzles with knobs



May also: Remove other clothes (without buttons), diaper, scribble, brush teeth (with help), wash hands

Red Flags for Fine Motor Development (2 years)

- Child cannot imitate you drawing a vertical line (|)
- He is still putting lots of toys in his mouth
- He is not able to put a simple, large puzzle piece into a wooden puzzle
- Asymmetry of movements
- Child is not able to put a simple shape into a shape sorter
- Child cannot feed himself with a spoon
- Child cannot stack 2-3 blocks on top of one another

S&L, Communication

- Understands simple questions and commands
 - Identifies many body parts
 - Carries on "conversation" with self and dolls
 - Asks "what's this?", "what's that?", and "where's my..."
 - Sentence length of 2-3 words (ie: "more juice" or "want cookie")
 - Names pictures and actions
 - Refers to self by name
 - Uses 2 - word negative phrases such as "no want", "not go" or "no right"
 - Forms some plurals by adding "s" (e.g. books)
 - Asks for a drink or snack
 - Has about 200 spoken words in their vocabulary
-

RED Flags

If (2-2 ½ year) old toddler

- Does not follow verbal instructions without needing gestures
 - Does not add gestures to help get their meaning across when they have not been understood
 - Does not understand more complex sentences (When....then)
 - Frequently “echoes” words
 - Does not use at least 100 words
 - Is not saying some 2 and 3- word combinations
-

Social behavior and play

- Mimic what other kids and adults do and say, as well as ~~how they say it~~
- Be happy to play near, if not with, other kids
- Start to realize they can do things without your help
- Disobey more than before; doing things told not to just to test what happens
- Have tantrums when frustrated
- Show increasing separation anxiety by 18 months, which typically eases considerably by 24 months

Toileting

Some children develop the necessary physical and cognitive skills as early as 18 to 24 months, and others aren't ready until they're 3 or 4. (Boys are often ready slightly later than girls.) Similarly, some children get the knack in just a few short days, while it can take others a year or more.

PLAY (Exploratory play Relational play
Symbolic play Imaginative play
Narrative play)

- A shift from solitary play to parallel play typically occurs, between 2 to 4 years of age. This means children may be playing side by side and there will be little to no interaction between them, but you may see them imitate each other.
- Physical games running ,jumping, climbing
- Building with construction toys
- Role play such as putting dolls to bed or driving a truck



RED Flags

- ❑ Doesn't imitate other people

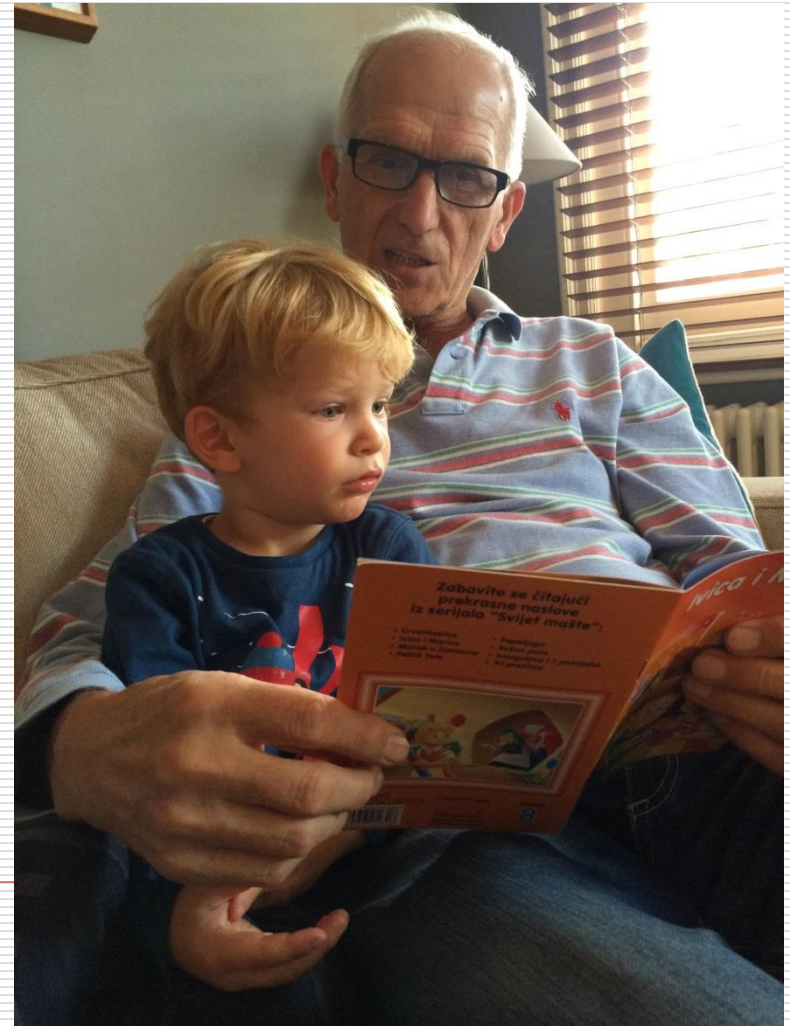
-
- ❑ Constantly moves from one activity to another and is not able to stay at an activity for brief periods
 - ❑ Requires constant attention to stay at an activity
 - ❑ Doesn't show any interest in other children
 - ❑ Doesn't "show" things to other people
 - ❑ Extremely "rigid" about routines, becoming extremely upset when they are changed
 - ❑ Too passive, and doesn't want to try things other children her age are doing
 - ❑ Has extreme difficulty waiting for items he wants
-

Attention, emotion and self-regulation

First year - High level of distractibility

Second year – Rigid attention on a task of their choice

Ability to modulate emotions by doing self-comforting activities such as sucking thumb or seeking comfort from others
By 18 months toddlers learn to ignore emotionally stressful situations by talking to themselves or moving to do something else



Attachment and development of self

- ❑ Attachment is emotional bond between two people
 - ❑ Attachment is formed as a result of close and effective relationships between the infant and parents/care giver

 - ❑ Attachment is not simply dependency(parent's sensitivity and motivation to read the signals quality of those response)
 - ❑ Baby's sense of security and trust
-

Patterns of Attachment

- Secure attachment
 - Insecure attachment
 - Insecure resistant
 - Insecure avoidant
 - Disorganised/disorientated
-

Developmental Delay? Disorder?

- ❑ Mild - functioning above $\frac{2}{3}$ of the chronological age
 - ❑ Moderate- developmental age $\frac{1}{2}$ - $\frac{2}{3}$ of the chronological age
 - ❑ Severe -less than $\frac{1}{2}$ of the chronological age (not sitting by 10 months, not walking by 18 months and no single words by 18 months)
 - ❑ Disordered developmental sequences such as an infant who is finding it easier to walk than to crawl, understanding of language better than expressive language or hyperlexia (advanced reading skills with poor language)
-

Developmental Assessment



The purpose of assessment of young children is to collect information necessary to make important decisions about their developmental and educational needs. Assessment must always serve in ways that enhance opportunities for optimal growth, development, and learning.



Young children are difficult to assess because of their activity level, distractibility, short attention span, wariness of strangers and inconsistent performance in unfamiliar environment.

Conclusion

Testing children is a difficult task, and various factors have to be taken into account.

- Different culture and different value systems
 - Testing techniques developed for Western children
 - No test which is culture-free

 - Individual developmental skill/ability is not most important
 - Integration of abilities into functional units relevant for everyday living
-

Parental *opinion and concerns* are important predictors of children's developmental status



'AT WHAT AGE CAN WE EXPECT HIM TO UNDERSTAND DIGITAL TECHNOLOGY?'

References/Bibliography

From Birth to Five Years - Mary D. Sheridan

Community Paediatrics – Leon Polnay/David Hall

From Neurons to Neighborhoods:

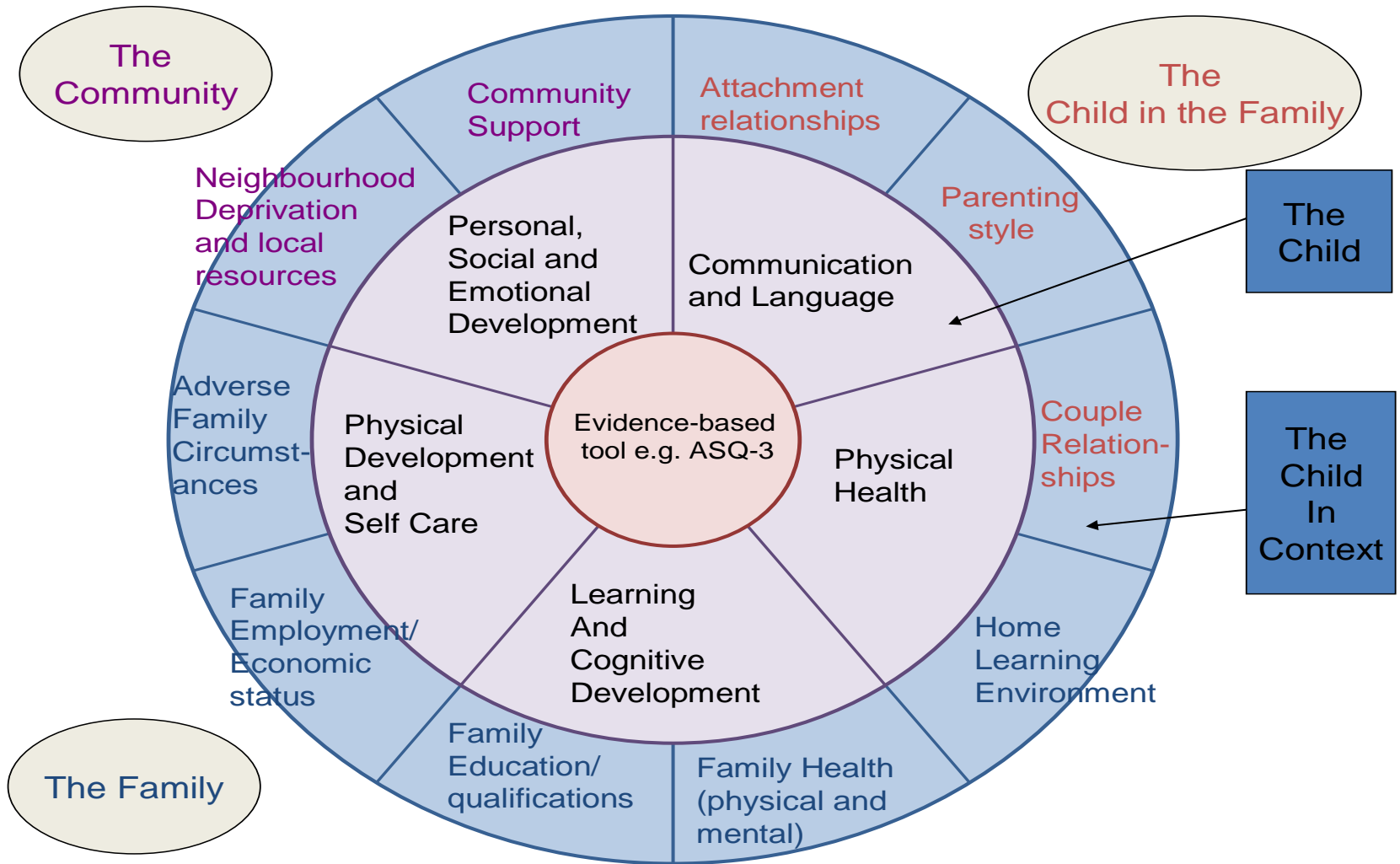
The Science of Early Childhood Development Jack P.
Shonkoff and Deborah A. Phillips

Implementing high quality Integrated Reviews at 2-2.5 years

Part 2 Making the Integrated Review happen,
and happen effectively!

Kelechi Ukandu and Caroline Hart

Integrated Review Content



Source: Implementing Integrated Reviews in health and early years, at age 2 (Slide Pack), slide 15, Department for Education and Department of Health, 2014)

Hackney Model

An Integrated review at 27 months-for Hackney resident children attending a day care setting



Link Health
Professional

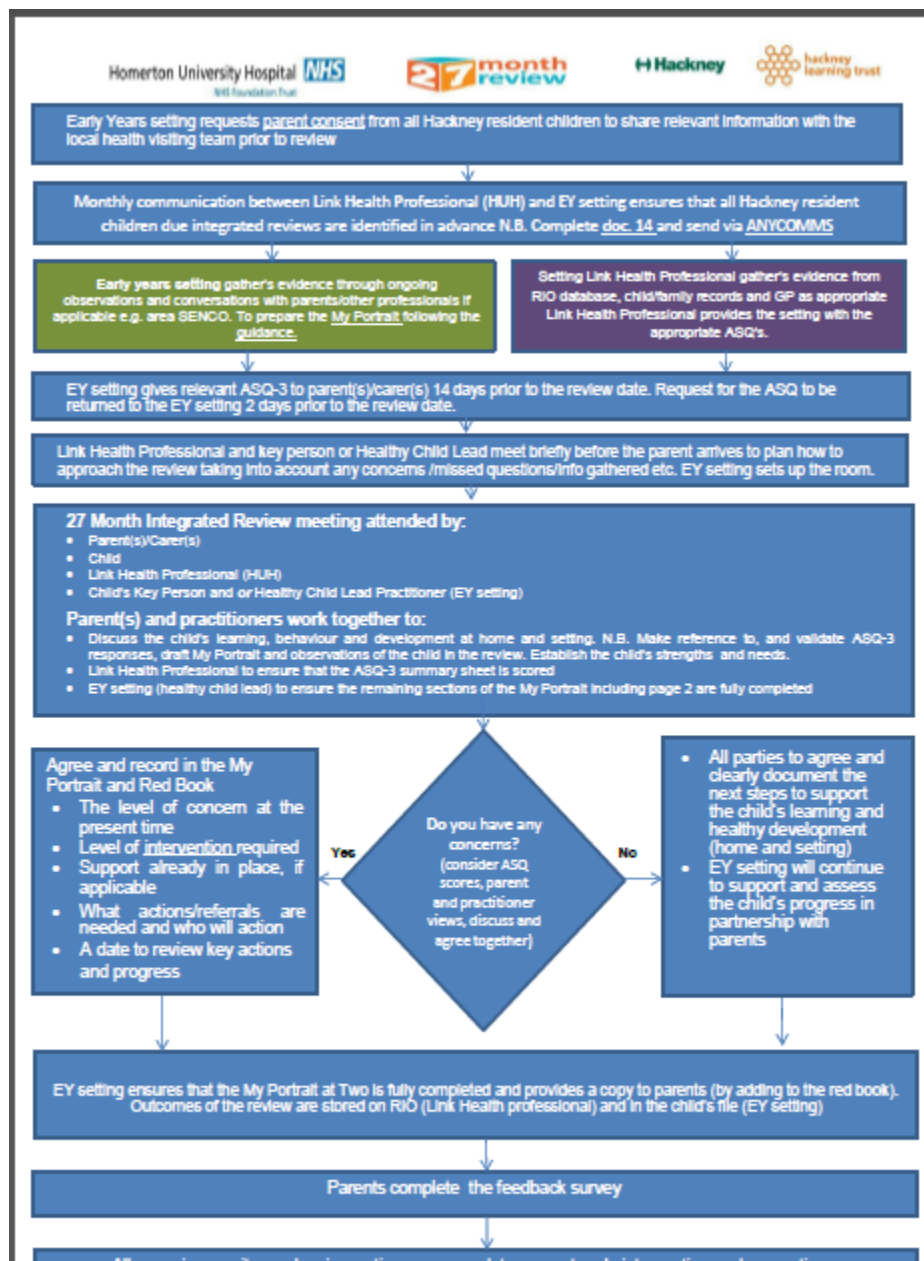


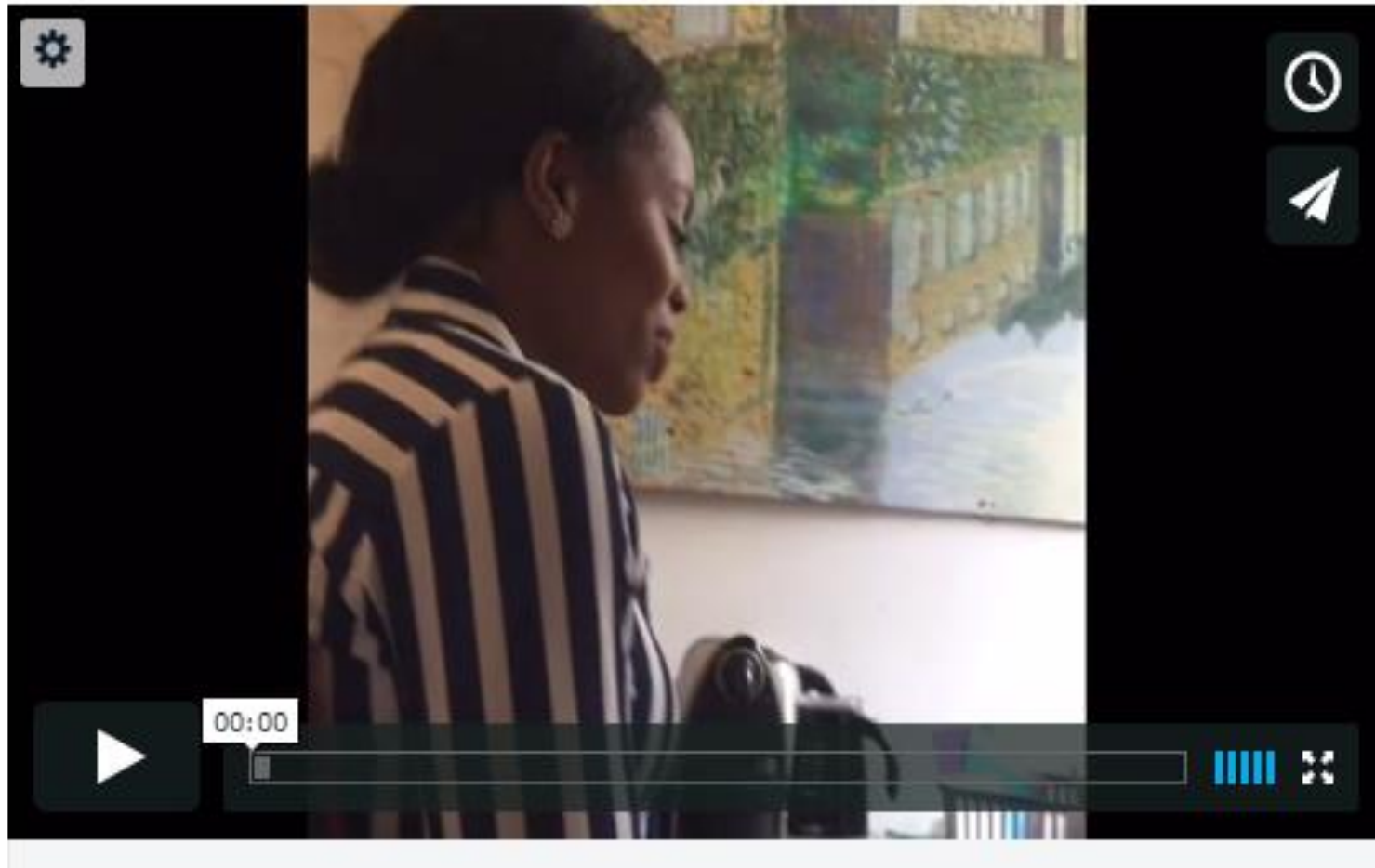
Child &
parent(s)/carer



EY Practitioner

Flow Chart

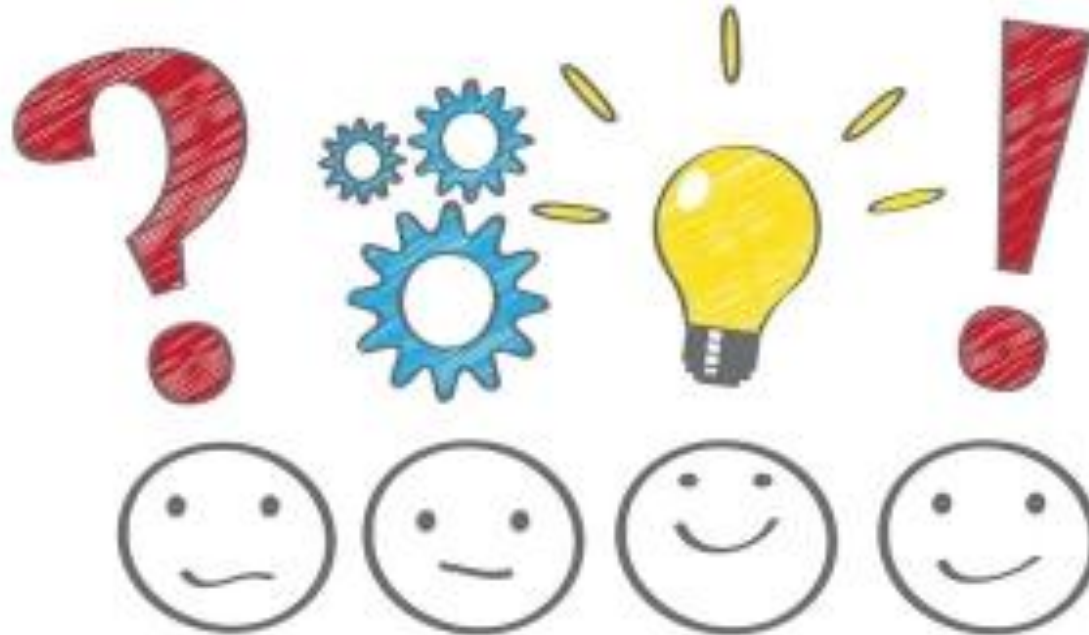




Agreed Next Steps

- Parents to bring in photographs of their weekends/times at home – extend speech-encouraging Mila to talk about past and future events and carers to plan personal activities for Mila.
- Encourage more self-care, activities to develop self-help-skills setting up clothing shop/dresser room with spare clothes trousers, zippers and buttons.
- Imaginative play – as much as possible as she loves it and has a great imagination.
- Dummy – all Key carers to encourage her to be less dependent on the dummy, continue to distract her. Set up a reward chart .Key Person will reinforce this with other members of staff and will continue to support parent(s).

Q & A



Some Tips for Effective Partnership

- **Care-** Getting it right for each child/parent is dependent on strong relationships
- **Communication-** Listening and understanding the needs of our children, parents and practitioners
- **Compassion-Child and family at the heart-**if this is prioritised you can't go wrong!

Some Tips for Effective Partnership

- **Courage**-Encouraging those involved to have the confidence to **Innovate**
- **Competence**-High quality/joint discipline training has been crucial
- **Commitment**-To shared goals and a '**Can do attitude**' really helps when organisational change is taking place

Compassion in Practice (6C's), NHS England, 2014



hackney
learning trust



Homerton University Hospital 
NHS Foundation Trust

Coffee Break



Update from Public Health

Jessica Veltnam

Specialist Input 1

Communicating Two Year Olds

Liz Metcalfe

Speech and Language Therapy: Communicating 2 year olds



Liz Metcalfe

Speech & Language Therapist

**Children's Integrated Speech & Language Therapy Service for
Hackney & the City**

Objectives...

By the end of this session you will:

- Have an overview of how Speech and Language Therapy works in City and Hackney
- How to refer to speech and language therapy
- Be able to inform families about the Speech & Language Therapy Drop In Service -
Talking Walk in

Speech and Language Therapy in Hackney & the City

Locality-based

NORTH
Children's Centre
A & B
John Scott Health
Centre

Annabelle Burns

CENTRAL
Children's Centre
C & D
The Learning
Trust

Stephen Parsons

SOUTH
Children's Centre
E & F
Hackney Ark

Seema Garg

Service areas

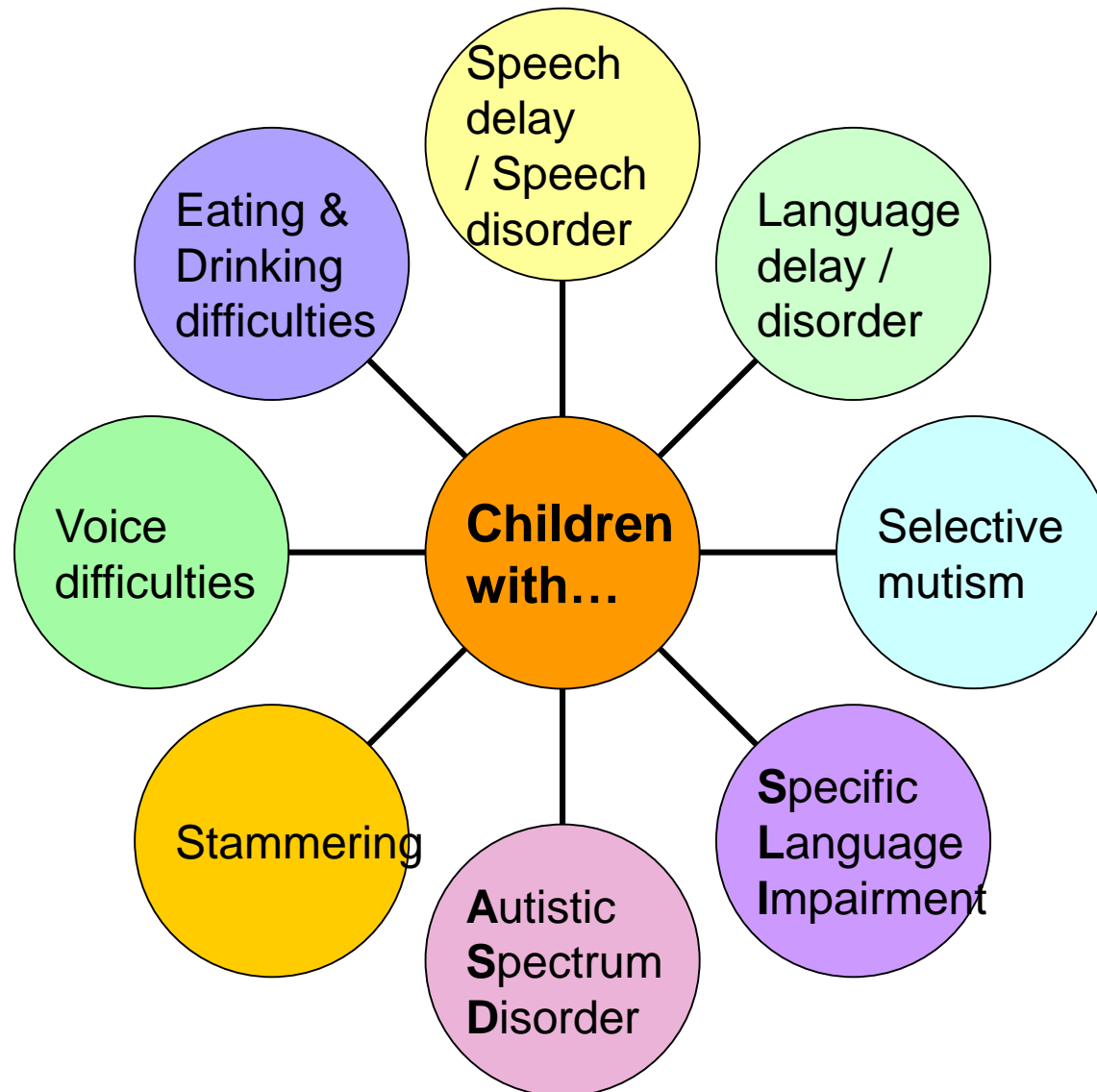
Schools
-Primary
-Secondary
-Special

Complex Needs
-EYCN
-Eating & Drinking
-AAC

Early Years
-Children's Centres
- Settings
- Home

Specialist
-ASD
-SLI
-Fluency

Who do we see?





Possible warning signs of a speech & language difficulty at 2 ½ years

- ↳ Difficulty following simple instructions, e.g. 'come here' without gesture.
- ↳ No recognisable words or limited vocabulary
- ↳ Relying on pointing or other gesture to get what they want (or not pointing at all)
- ↳ Only using single words in utterances

Possible additional difficulties

- ↳ Poor socially/withdrawn, doesn't want to play with others
- ↳ Little pretend or imaginative play
- ↳ Does not concentrate on anything for more than a few seconds

Bilingualism

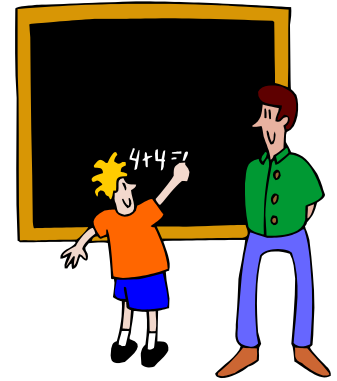
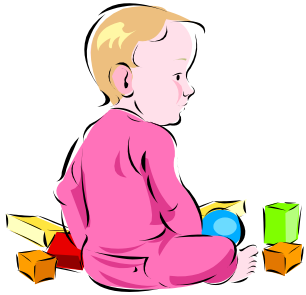
Key messages

- Being bilingual is very common, it's not unusual or a problem.
- Most children learn to be good at speaking in both / all their languages.
- Being bilingual is an asset!

Advice to give parents

- Using your stronger language will allow your child to have a natural and fluent model of how to talk.
- Bilingual children sometimes mix up words from two languages when talking – this is normal!

How to refer to SLT



Under 5s (not in full time school)

- Give parents information about the nearest **Talking Walk In** drop-in session
- OR
- Complete a referral form (with parental permission) and send to:

Speech & Language Therapy, 2nd floor Defoe Block, Hackney Community College, Falkirk St, N1

If you have any queries, call the SLT Hotline on: 020 7683 4587.

Children in school

- Every school has link SLT
- Referrals via SENCO
- SLTs work directly or indirectly in school – usually ½ term on, ½ term off
- Aim is to work as part of team to support the child
- Specialist teachers and EP also will advise

Speech and Language Therapy Referral Form

Please hand to your link SLT or return to:
 Speech and Language Therapy, Room 201, 2nd floor Defoe Block, Hackney Community College, 50 Hoxton Street, London, N1 6LP
 Tel: 020-7683-4587 Fax: 020-7014-7259

CHILD DETAILS	FIRST NAME OF CHILD:	OTHER NAMES:	
	SURNAME OF CHILD:		
	FEMALE / MALE:	ETHNICITY:	DOB:
	HOME ADDRESS OF CHILD:	POSTCODE:	
	LANGUAGE(S) SPOKEN:	INTERPRETER REQUIRED:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT / CARER DETAILS	CARER 1 NAME:	CARER 2 NAME:
	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
	ADDRESS:	ADDRESS:
	POSTCODE	POSTCODE
	HOME PHONE:	HOME PHONE:
	MOBILE PHONE:	MOBILE PHONE:
	CONTACT CARER 1 FIRST? <input type="checkbox"/> Yes	CONTACT CARER 2 FIRST? <input type="checkbox"/> Yes

OFFICE USE ONLY	CC AREA:	EY/MS:	NEXT ACTION:	<input type="checkbox"/> TIM	NOTES:
	RIO I.D.:		<input type="checkbox"/> FORWARD TO:	SIGNED:	

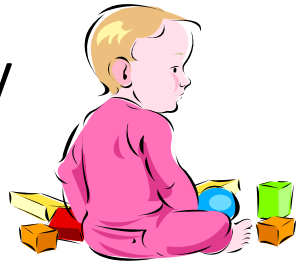
GP & SETTING	NAME OF SCHOOL / SETTING:	
	GP NAME:	CHILD'S NHS NUMBER:
	GP PRACTICE:	

REFERRAL DETAILS	DATE FORM COMPLETED:	REFERRER NAME:
	REFERRER PROFESSION:	REFERRER TEL:
	REFERRER ADDRESS:	
	CONCERN:	
	<input type="checkbox"/> IEPs PROVIDED	

FOR SCHOOL AGE REFERRALS: Please tick if you have provided copies of at least one term's IEP, outlining strategies/targets that have been put in place for this child's Speech, Language & Communication Needs. New referrals cannot be accepted without this. Please refer to Primary School Screener for SLCN for exceptions in which referrals can be received sooner.

Drop in Assessment Sessions; 'Talking Walk-Ins'

Talking Walk-Ins are drop-in Speech and Language Therapy assessment sessions for pre-school children.



Parents are invited to their local session, but can turn up on the day as a drop in without an invitation.

You can refer a child by sending a referral form - or give the parents a flyer and they just can turn up.

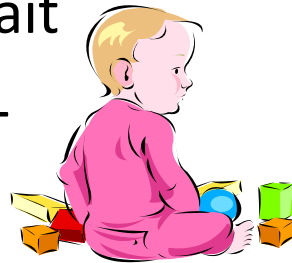
- **Always refer if you have any concerns or if parents will need an advocate to translate.**

Drop in Assessment Sessions: Talking Walk-ins

Area	Date	Time	Location
A	1 st Monday of month	9.30 – 11 am	John Scott Health Centre Green Lanes N4 2NU
B	3 rd Tuesday of month	1.30 – 3 pm	Stamford Hill Community Centre Stamford Hill Estate Stamford Hill N16 6RS
C	3 rd Wednesday of month	9.30 – 11 am	Linden Children's Centre 86 – 92 Rectory Road London N16 7SH
D	1 st Wednesday of month	9.30 – 11 am	Daubney Children's Centre Daubney Road Clapton E5 OEG
E	Last Tuesday of month	1.30 – 3.00 pm	Sebright Children's Centre Haggerston Park Queensbridge Road E2 8NP
F	2 nd Monday of month	9.30 - 11 am	Ann Tayler Children's Centre 1-13 Triangle Road Westgate Street E8 3RP
Lubavitch	Last Tuesday of month (not a drop in – please call to make an appointment)	1.30- 3pm	Lubavitch Children's Centre 107-115 Stamford Hill London N16 5RP

What happens at a 'Talking Walk-In'

- Takes place during a drop in at a Children's Centre
- Usually have 2-3 SLTs available, so parents may have to wait
- Each Parent/ Carer have about 15 -20 minutes with a SLT
 - case history
 - Observe the child in play
- Agree with the parent/ carer what the next steps will be



After 'Talking Walk-Ins'

- A brief report is sent to parents, referrer, GP, HV and any others involved, e.g. Setting, Audiology

- From October 2016, SLT reports will be uploaded on to Rio



NB Currently SLTs are not writing notes on Rio – but this will change

Useful Websites

- www.talkingpoint.org.uk – Information on children's communication. Also has a self-assessment tool.
- www.talktoyourbaby.com – useful hand-outs in community languages
- <https://www.linguisystems.com/pdf/Milestonesguide.pdf> - Speech, Language & Communication Milestones



You are here [Health visitors](#)

- Parents
- Young people
- EY workers
- Teachers
- Health visitors**
- GPs
- SLTs

I am looking for

search

Supporting Parents:

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Ages and stages:

[0-6 months](#)

[6-12 months](#)

[12-18 months](#)

[18-24 months](#)

[2-3 years](#)

[3-4 years](#)

[4-5 years](#)

[5-7 years](#)

[7-11 years](#)

[11-17 years](#)



Health visitors are in a perfect position to support families, so that they can help their children to communicate. Read how.

Supporting Families

[Get Help and advice](#)

[Check the progress of a child](#)

[Ages and stages of development](#)

[Factsheets to give to parents](#)

Health visitors

Speech, language and communication skills are vital for all children. Without these skills they will not reach their full potential. Health visitors are in a unique position to be able to identify when they might be having difficulty. 1 in 10 children have speech, language and communication needs, so all health visitors need to know what typical development looks like, and be able to spot when something isn't right.



10 likes. Sign Up to see what your friends like.



Help & advice

If you have any concerns, get help and advice here.



Progress checker

Check the progress of a child's language development.



Directory:

COMMUNICATION AREAS:

	Attention & Listening	Play & Interaction	Understanding Verbal Language	Expressive Language	Speech
By: 6 months	Extreme distractibility; Flits from one object/person to another.	Mouthing, hitting, banging, shaking, explores objects.	Responds to different tones of voice. Selective response to familiar / unfamiliar sounds.	Babbles for attention. Reduplicated babble e.g. 'dada'. Uses body language. VOCAB: 0	Variety of vowels and cooing (tuneful babble) noises. Consonant – vowel combinations emerge.
12 months		Relates two objects appropriately e.g. spoon and cup.	Responds to own name, several words / phrases in familiar situations e.g. bye, food.	First words related to own needs. VOCAB: 1-3 <i>No babbling</i> <i>No gestures, e.g. waving, pointing</i>	
18 months	Concentrate on task of own choosing; does not tolerate intervention by an adult. Single channelled attention.	Recognises miniatures. Self-pretend play e.g. feeding self with spoon. Enjoys 'peek-a-boo' (people games).	Can select a single object upon request. Can point to several body parts. Follows simple commands in context (e.g. get your shoes).	Single words used in a variety of ways to convey different meanings (over generalisation). Indicates interest, needs and gains attention-babble/pointing. VOCAB: 10-20 <i>No single words by 16months</i>	Simplified sound system: b,d,m,n,w. FCD
2 years	Single channelled. Cannot listen to adult directions during play but can shift attention with adult help.	Simple pretend play leading onto sequenced pretend play e.g. washes teddy and puts it to bed. Enjoys symbolic play e.g. using banana as a phone.	2 key word instructions e.g. 'put the <u>keys</u> on the <u>table</u> '. Understands: 'who?' 'what?' 'where?'	Possible joining two words together e.g. 'mummy drink'. Emergence of verbs. VOCAB: 50+ (should start to combine words). <i>No spontaneous 2 word utterances</i> <i>ANY loss of language or social skills</i>	Sound system extending p,t, b,d,m,n,w. FCD; stopping; fronting.
3 years	Still single channelled but begins to listen to an adult	Pretend action in sequence. Basic imaginative play (picnic)	Longer more complex sentences. Past tense, negatives, plurals. Concepts: big/little/in/on/under. Objects by function.	3-5 words. Statements, questions, requests. VOCAB: 500-1000	f,s,sh
4 years	Child looks automatically when adult speaks, Shifts attention from task to speaker	Co-operative play with peers. Imaginative play with roles.	2-3 part instructions (e.g. put coat on table and bring me the box). Concepts: behind/in front/ more/ same. Colours.	4-6 words. Much longer utterances. Asking lots of How? Why? When? VOCAB: 1000-1500	k, g, s,f,sh,ch,z,v consistent. Difficulty: l,r,th, consonant blends. Gliding.

Cooke, J., Williams, D. (1985) Working with Children's Language. Oxon: Winslow Press

Filipek, P. A, Accardo P. J, Baranek G.T , Cook Jr. E. H, Dawson G, Gordon B, Gravel J. S, Johnson C. P, Kellen R. J, Levy S. E, Minshew N. J, Prizant B. M, Rapin I, Rogers S. J, Stone W. L, Teplin S, Tuchman R. F, Volkmar F. R. The screening and diagnosis of autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 1999; 29(2): 439-484.

Knowles, Madislover (1982) Derbyshire Language Scheme

Specialist Input 2

The nutritional needs of two year olds and support for children and parents

Lindsay Gilbert
Specialist Dietitian

What are the nutritional needs of a 2 year old?

- Energy & nutrient dense meals and snacks
- 3 meals and 2-3 snacks per day



Eatwell Guide

Check the label on packaged foods

Each serving contains

Energy 1000kJ 250kcal	Fat 5g	Saturated 1.3g	Sugars 34g	Salt 0.9g
12.5%	7%	6.5%	61%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

What about drinks?



What are 2 year olds actually eating?

- Results from the NDNS



Nutritional considerations

- NCMP data (overweight & obesity)
- Dental caries
- Iron deficiency anaemia
- Constipation
- Vitamin D deficiency
- Fussy eating

Fussy eating...why?

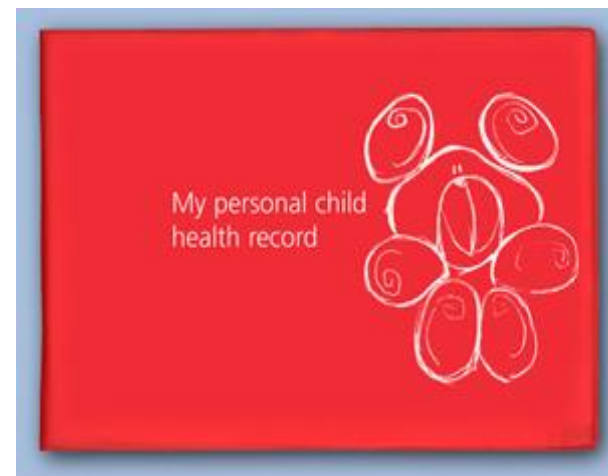
- Neophobia
- Developmental
- Poor weaning practices



What is typical toddler eating?

27 month review perfect opportunity

- Establish nutritional concerns
 - Fussy eating?
 - Prolonged bottle use?
 - Overweight/obesity (BMI)?
 - Vitamins (D, A and C)?
- Assess meal pattern



What can you do?

Use open ended questions

- Tell me about mealtimes
- What does your child like to drink?
- Do you have any concerns about your child's eating and drinking?





What next?

- Plan clear follow up support in the setting and guidance/ reassurance for parent at home.

If you can't meet the child/parents needs refer to specialist support :Dietetics; HENRY; First Steps

Specialist Input 3

Introduction to using the Solihull Approach in
the 27 Month Integrated review

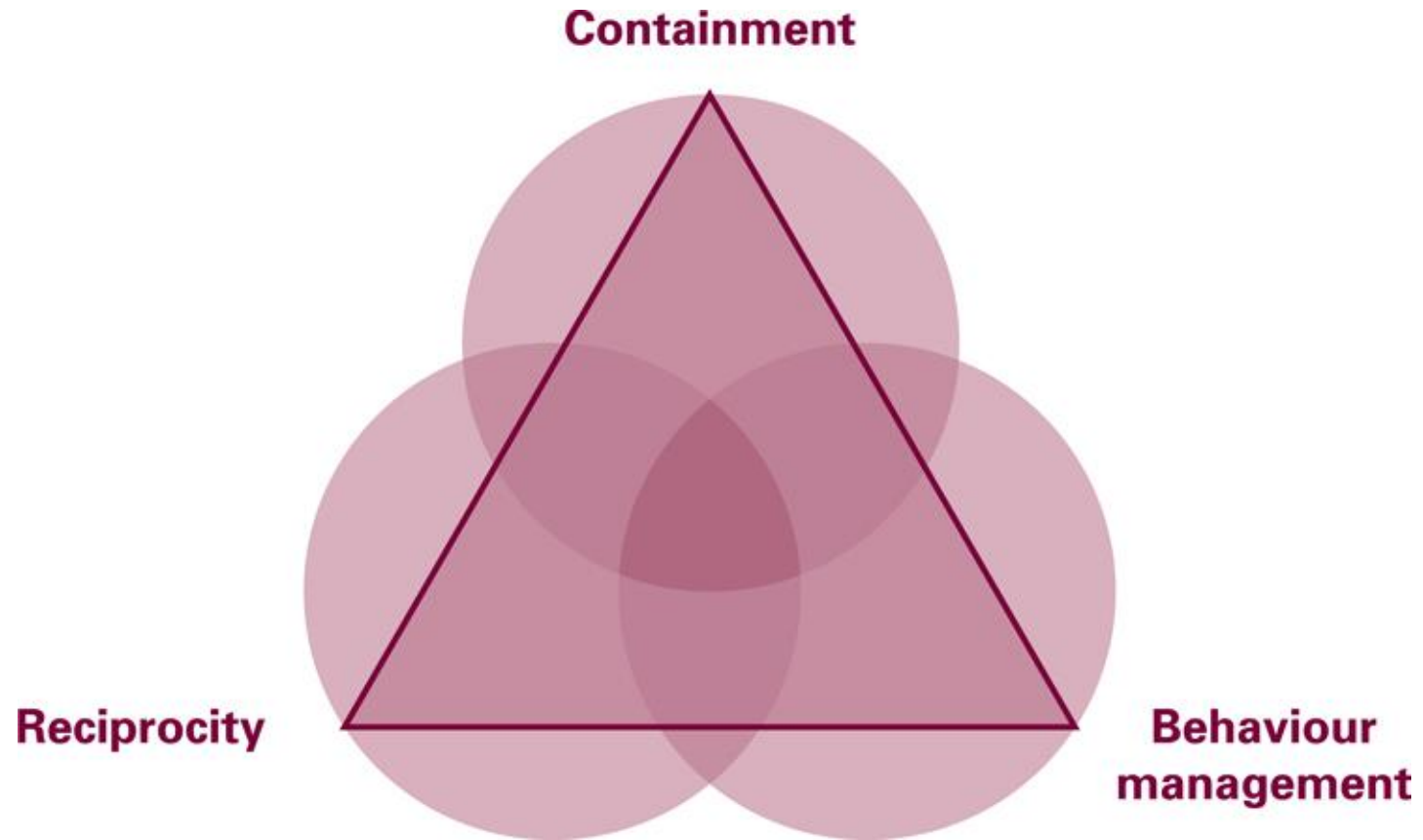
Dr Catherine Hunter

First Steps: THE SOLIHULL APPROACH

Dr. Catherine Hunter

First Steps Early Intervention & Community Psychology Service

Three central concepts



Containment

- Where a person receives and understands the emotional communication of another without being overwhelmed by it and communicates this back to the other person
- This process can restore the ability to think in the other person.

Reciprocity

- The sophisticated interaction between a baby and an adult where both are involved in the initiation, regulation and termination of the interaction
- Reciprocity can also be used to describe the interaction within all relationships

Behaviour management

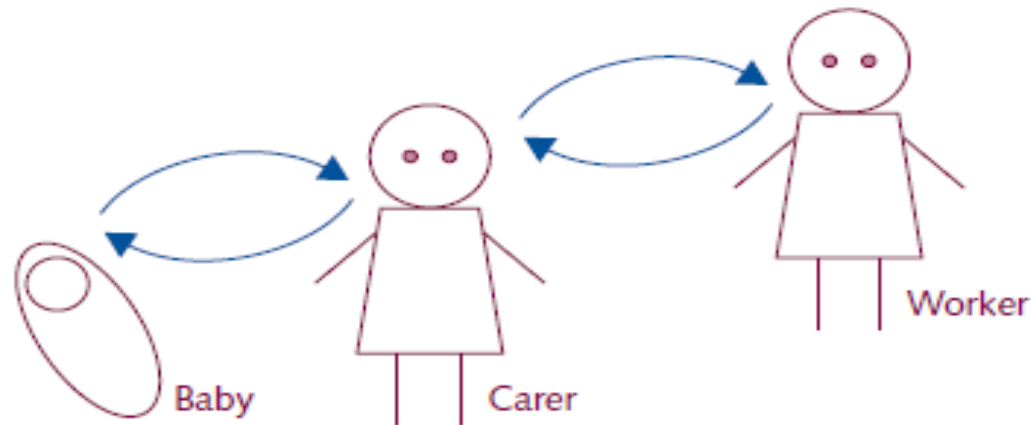
- The parent sets boundaries for the child and uses praise and rewards to encourage positive behaviours
- These are then internalised by the child
- The strategies work best when they provide containment and are based on an understanding of the meaning of a behaviour

The Solihull Approach and your role

Diagram 5

One role we can have as practitioners is to provide a containing relationship to the parent or carer, through which the parent can make sense of their own feelings. This can help make space in the parent's mind, thus restoring their capacity to contain their baby. (This role can also be filled by a spouse, relative or friend etc.)

This is known as the parallel process. Workers need to ensure they have access to supervision so that they do not become 'full up' through helping.



Discussion: Containment in practice

- How are you already holding in mind ideas of containment?
- What do you do with parents and children that will help them to feel contained?
- How can you be supported to hold these ideas in mind?

Information Governance

Elizabeth Begley

Documenting the Joint assessment

N.B.: TO BE COMPLETED IDEALLY BY THE TIME THE CHILD IS 27 MONTHS AND NO LATER THAN 35 MONTHS

Part 1

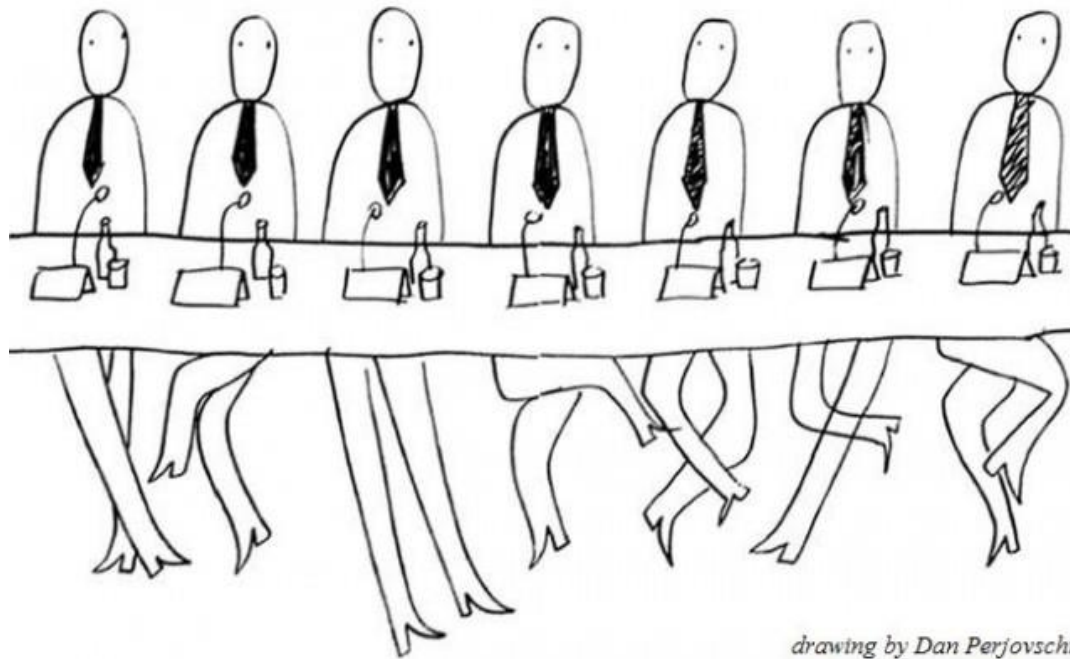
<p>Contextual Information</p> <ul style="list-style-type: none"> Time child has been at setting / part time or full time Previous early years experience Information re: recent significant changes in child's life Previous/current input from other services/professionals Languages spoken in the home 	<p>My Portrait at Two</p> <p>Insert Photo</p>	<p>Personal Social and Emotional Development</p> <ul style="list-style-type: none"> Child's relationships with significant people Child's ability to separate from main carer with support Child's interest in others' play Child's understanding and cooperation with set boundaries Child's expression of own feelings Confidence in own ability <p><i>Following an integrated review/parent meeting please ensure Health Professional/parents' comments are included</i></p> <p>Development Matters</p> <p>Making Relationships Self-confidence and self-awareness Managing feelings and behaviour</p>
<p>Personality/Preferences/ Explorations (Home and setting)</p> <ul style="list-style-type: none"> Child's interests, choices, favourite things, preferences, activities Sense of curiosity Preference for larger /smaller social groups Willingness to 'have a go' <p><i>(See EYF5 characteristics of learning)</i></p>		<p>How I Communicate</p> <p>Typical and recent examples of the child's use of facial expressions, gestures and words to communicate</p> <p><i>(Use real examples of child's speech)</i></p>
<p>Physical Development</p> <ul style="list-style-type: none"> Child's use of gross motor skills (running, climbing, sliding) Use of tools e.g. ability to use paint brushes, cutlery, rolling play dough, putting shoes on Awareness of bladder / bowel urges Washing hands after toileting Sleep routine Willingness to try new food textures and tastes, overall diet Becoming aware of possible dangers <p><i>Following an integrated review/parent meeting please ensure Health Professional/parents' comments are included</i></p> <p>Development Matters</p> <p>Moving and Handling Health and self-care</p>	<p>Name:</p> <p>DOB:</p> <p>Age in months:</p> <p>Date of Assessment:</p> <p>Name of setting:</p>	
<p>Strategies to support learning through play, development and any additional needs (home and setting)</p> <p><i>This section must be completed at the end of the integrated review/parent meeting. Please ensure Health Professional/parents/carers comments are added to the final copy of My Portrait (they can be hand written)</i></p> <p>The key person, parent/carer (and health professional) must jointly agree on some 'next steps' to support the child's healthy development. This section should state how the setting, key person and parents/carer will work together to build on strengths and achieve the identified 'next steps' (involving other services where appropriate)</p>		

PTO: PLEASE ENSURE THAT YOU COMPLETE THE REVERSE OF THIS FORM



RIO

Specialist Panel



drawing by Dan Perjovschi

Webpage

Governors	Headteachers Portal	Schools Forum	Independent Schools	Human Resources/DBS	Schools Finance	MIS/SIMS	Health and Safety
Pupil and Family Support	Special Educational Needs	Childcare Providers	Happy, Healthy and Ready to Learn	14-19 Education	Teaching and Learning	School and Youth Sports	Adult Learning Providers

Happy, Healthy and Ready to Learn

Integrated 27 month reviews

In Hackney we are working together to ensure all our children access a high quality developmental review at 2-2 ½ years. This review is an opportunity for parents and carers to discuss their child's progress with speech, general development, healthy eating, behaviour, toilet training, sleep, immunisations, vision and dental care. As it is critically important to ensure that the review makes the greatest possible contribution to improving children's outcomes and reducing inequalities, the information on these pages has been designed to help health and early years professionals to provide the best possible service.

[CONTACT US](#)

[LINKS](#)

TOOLKIT

[Happy, Healthy and Ready to Learn toolkit](#)

An online toolkit that offers ideas on how to provide high quality integrated 27 month reviews

Further Resources

- [News - NEW RESOURCE - Promoting Physical Activity for under 5's](#)
Keep abreast of all the latest news and information relating to the Happy, Healthy and Ready to Learn programme
- [Key contacts](#)
Find contact details for key service leads in your area
- [Good practice examples](#)
An opportunity to share examples of your best practice with your peers
- [Events calendar](#)
Find cluster meeting and training diary dates
- [Professional resources](#)

THANKYOU!

