



Early Development Workshop

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Welcome!

Today we will cover areas of your child's development, including:

- Feeding
- Toileting
- Sleeping
- Sensory Processing
- Motor Skills
- Speech and Language Development
- Social Communication
- Social, Emotional and Behavioural Development
- The Role of Play
- Self-Care
- Useful Contact Details





Feeding Your Child





Healthy Relationship With Mealtime

Developing a Healthy Balanced Relationship With Meals

- Encourage your child to eat a **variety of foods**.
- Have a **regular daily routine** for mealtimes
- Sit down to **eat with your child** as often as possible
- Try to make meal times **relaxed**



Fussy Eating

Fussy eating is a **phase** some children go through where they don't eat well, or refuse to eat certain foods.

Don't be upset if your child refuses to eat well on one day, it is a **normal part of their development!**

If the behaviour continues, you can ask for guidance from your **GP or PHN**.

Causes for fussy eating include:

- Your child **feeling unwell**, or having been recently ill.
- Your child eating **too many snacks** before mealtime.
- Your child having **too much to drink** before mealtime.
- Your child showing their **independence**.





Fussy Eating



- Use lots of praise when your child engages in non-fussy eating habits.
 - Use your child's name, and label the behaviour you're praising.



- Offer clear requests and options when it comes to food choices.
 - Avoid ambiguity around what you are asking of them.



- Stay calm.
 - If you are stressed, your child will pick up on this – which can make it harder for them to try new eating habits.



For Further Advice

- Discuss with your PHN/ GP.
- For sensory issues you can seek a referral to Primary Care Occupational Therapy.
- For concerns about ensuring your child has a sufficient nutrient intake, you can seek a referral to a Primary Care Dietician.





Toileting



How To Tell Your Child Is Ready for Toilet Learning

- Can they follow **simple instructions**?
- Is their nappy dry for at least **2 hours during the day**?
- Is their nappy **dry after naptime**?
- Can they tell if their **nappy is wet or dry**?
- Do they tell you/let you know (through body language etc.) if a **wee or poo is coming**?

If yes for most of these questions, your child is ready to for toilet learning.





Supporting Your Child During Toilet Learning



- **Be patient**; Don't force them into toilet learning if they don't want to or if they don't feel ready.
- **Don't force your child to stay on the potty / toilet** until they do a wee or poo.
- **Don't get them to hold in poo** until they reach the toilet.
- Find **a peaceful time to start** toilet training.



Night Time Toilet Learning

Night time toilet control usually follows months after toilet learning during the day.

Things that can help this transition are:

- A mattress protector (and bed mats).
- Making sure it is easy for your child to get to the toilet during the night.
- Encourage them to drink plenty of water or milk during the day (to avoid constipation).
- Create a bedtime routine involving using the toilet and reminding them to try and use it at night if needed.





If Your Child is Anxious about Using a Potty/Toilet



- Try looking at books to introduce the idea of toilet learning.
- Show teddy/toy using potty/toilet.
- If anxious about letting go, try concepts/books like 'Poo goes to poo land'.
- If anxious about constipation/pain then encourage child to exhale/blow out the candle rather than holding their breath.



For Further Advice

- Consult with your PHN/GP.
- Important to rule out medical issues – constipation.
- May require referral to Urologist/Dietician.



HE

Sleep





Positive Bedtime Routines



- Be **consistent and clear** with limits and boundaries at bedtime.
- Make sure they have **eaten**, had a **small drink** and gone to the **toilet** before bedtime.
- Don't send them to bed too early or late; Between **7pm and 8pm** can be a good timeframe for bedtime.
- Have a routine **wind-down time** before bedtime. This can include no screens, special play time/art, bath, story time and tucking them in.



Managing Sleep Problems

After a nightmare:

- Hold and comfort them.
- Help eliminate any worries your child has –productive and unproductive worry.

During a night terror:

- Do not wake them. They may not be conscious (even if they seem awake).
- Keep their environment safe and try to stay calm.
- Try seeing if there is a pattern to timing of their night terrors – then try waking them each night for a week before the time they typically have a night terror to disrupt their sleep cycle.





Sleep Difficulties



If they are not sleeping through the night, you can:

- Review their nap times.
- Avoid putting them to bed too early.
- Make sure their sleep schedule is consistent.
- Be patient with yourself and them.
- Children vary in their sleep requirements. Lots of 'poor sleepers' in early childhood can be great sleepers later in childhood.



For Further Advice

- Discuss with your PHN/GP.
- Your child may require referral to a sleep clinic for some presentations (e.g. sleep apnoea, problematic sleep walking).





Sensory Processing





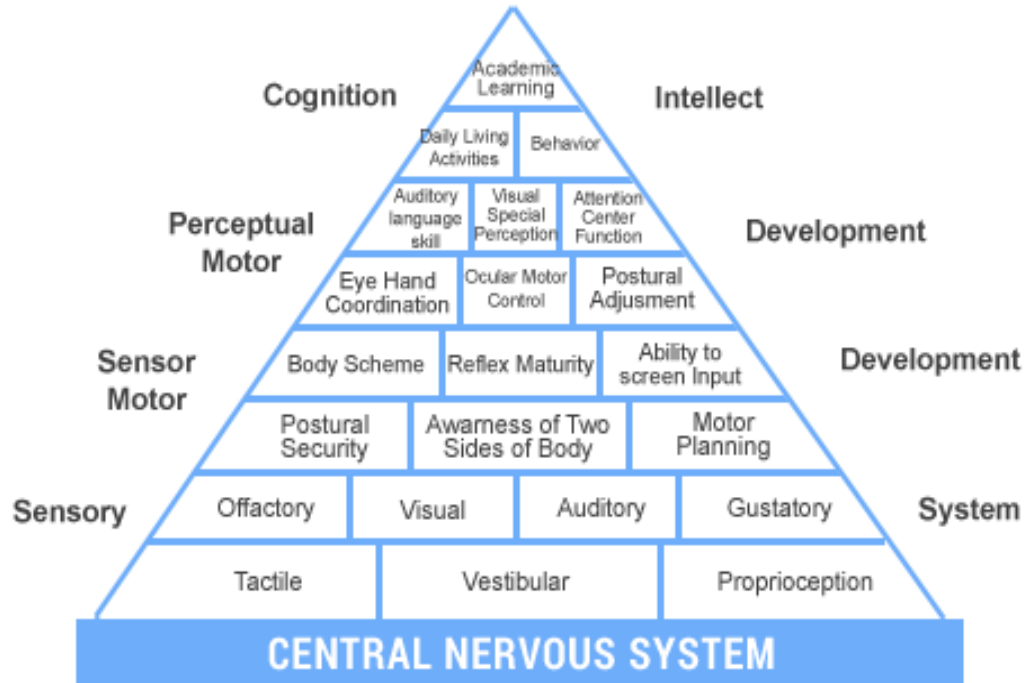
What is sensory processing?

- Sensory processing is how our brains take in information from our senses and respond to it.
- Our Eight Senses
 1. Sight (Vision)
 2. Touch (Tactile)
 3. Hearing (Auditory)
 4. Taste (Gustatory)
 5. Smell (Gustatory)
 6. Vestibular – movement
 7. Proprioception – sensation from the muscles, tendons & joints about body position
 8. Interoception – detecting sensation from the inside e.g. hunger, thirst





Pyramid of Learning



Pyramid of Learning. (Williams & Shellenbeger, 1-4)



Sensory Activities

- Sensory activities can be short in duration (10 minutes) and you can do them as required.
- You do not need expensive equipment.
- Some sensory activities are alerting and wake up a child and others are calming and help regulate your child.
- Some sensory input is a 'go to' to regulate your child e.g.
 - Deep Pressure Touch
 - Slow rhythmical movement and sound
 - IF IN DOUBT ALWAYS GO TO DEEP PRESSURE TOUCH



For Further Advice

- Discuss with your PHN/GP.
- Your child may require referral to a Primary Care Occupational Therapist.





Motor Skills



Motor Skills

- In a school and home environment, your child uses a variety of motor skills.
- We break it into:
 - **Gross motor** (whole body movements), includes balance, co-ordination & ball skills. Day to day things like climbing stairs, running, playing, riding a bike, jumping, throwing etc.
 - **Fine motor** (precise movements of hands), includes any activity using fine manipulation in the hands such as colouring, cutting, drawing using a spoon, managing zips etc.



Motor Skills

- Good *fine motor skills* depend on good *gross motor skills* such as trunk control and shoulder stability. Play is important to develop your child's gross motor skills such as climbing, animal walks etc.
- Motor skills typically develop between ages of 2 – 7 years
- Includes: running, jumping, catching, throwing, in-hand manipulation
- After 7 years:
 - Refinement and increasingly complex movement activities are developed



For Further Advice

- Discuss with your PHN/GP.
- Your child may require referral to a Primary Care Occupational Therapist and/or Physiotherapist.





Speech and Language Development



Communication milestones 3 year olds

- When we look at a **3-year-old language milestones**, we are looking at how a child is using words & putting those words together to communicate with others.
- **Speech** – a stranger should be able to understand much of what a 3 year old says. They should have most speech sounds but may have difficulty with some of the more difficult sounds like l,r,s,sh,ch,j,v,z,th,zh – age appropriate errors



Communication milestones 3 year olds

- **Expressive language** – a 3-year old should be speaking in sentences of about 3-4 words long. They should be beginning to use some grammatical markers e.g. “ing” – “running / walking”, prepositions (in/on/under), plurals (socks/dogs), regular past tense (walked/talked) & starting to learn some irregular past tense (fell/ran), pronouns (using some such as I/it/me/mine/you/she/he). They should be asking questions (who/what/where/why) & they should have a wide range of vocabulary (between 500-1,000 words).
- **Receptive language** - a 3 year old should be able to follow 2-part instructions like “get the spoon & put it on the table”



Communication milestones 4-5 year olds

- **Speech** – should be almost completely understandable – there may still be some developmental sounds that are tricky - r,th,zh (as in beige) – age appropriate errors. There may still be some mistakes pronouncing long, difficult words like “hippopotamus”



Communication milestones 4-5 year olds

- **Expressive language** – a 4-5-year old should be speaking in sentences of about 5-8 (or more words) in length. They are using some irregular tenses (ran/fell), using pronouns consistently, using adjectives to describe objects (scary/funny), can describe how to do something, can name items in a category (fruits/vegetables/vehicles), uses imagination to create stories. They should know a wide range of words (up to 10,000 words per one research paper).
- **Receptive language** - a 4-5 year old should be able to follow 3-part instructions and understand more complex questions e.g. answer “why” questions. Understands spatial concepts e.g. behind/next to & time sequences e.g. what happened first/second or third



Typical Speech Development

- By the age of 5, children should be able to pronounce most sounds (r, th & zh) may remain tricky. Your child may not be able to say some of the sounds at all or they may be able to say the sound by itself but make mistakes when they use the sound in connected speech. If strangers have on-going difficulties understanding your child or you feel they are getting frustrated, you can refer them to speech and language therapy directly.



Developing your child's language skills

- **Commenting** - Use more comments than questions during your every day routines e.g. “there’s a bus” instead of “what’s that?” or “he’s eating an apple” instead of “what’s he doing?”
- **Modelling** – Model your language a level that suits your child e.g. “Drink?”, “Here’s a drink”, “Drink all gone” & “More drink?”. Use the same words over & over in different simple sentences



Developing your child's language skills

- **Choices** – Use choices during your every day routines e.g. “What do you want to drink – milk or water?” or “Do you want to play with the ball or teddy?”. Allow time for a response & repeat choices if needed
- **Repeating & Expanding** – repeat anything your child says & add on one more word e.g. Child: “Ball” Parent: “Yes ball – big ball” Child: “Teddy” Parent: “Yes Teddy – Teddy sleeping”



More ideas

- Reading books, singing, playing word games, asking questions & talking to **your kids** will help increase vocabulary & improve their listening skills.
- Talk about the **day's activities**
- Talk with your child about the **books** you read together - keep kids' books within **easy reach**
- Talk with your child about the **TV programs/movies/games** you watch or play together
- Help kids create their own “**This is Me**” or “This is our Family” album with pictures & other mementos
- Help your child name & identify **emotions**



Helping your child develop better speech sounds

- **Modelling** – Provide an “example”(model) all the time of how to say a word correctly.
- **How to be a good model** – use unhurried, clear speech in short sentences with simple vocabulary
- **Effective models** – Child: “I like his puny pace” Adult:”I like his funny face too. It’s a really funny face! Do you know what the man with the funny face is called?
- Child:”Det it down” Adult:”Get what down? Oh, get this down? Ok, I’ll get it for you. I think I can reach. Yes, I can get it!”



Ineffective ways to model

- **Pointless modelling** – Child: “That is a bid bird” Adult: “Not a bid bird – you don’t say bid bird. You have to remember to say big bird”. The child has heard “bid” repeatedly as a model.
- **Modelling with no model** – Child “he hurt his weg”. Adult: “hurt his weg? What are you supposed to say?”
- **Imitating the child** – Child: “I want the wed one pwease” Adult: “You want the which one pwease?” – No speech model provided
- **Didactic modelling** – Child: “Tan you det it?” Adult: “Not tan you det it? Can you get it? You say it: can you get it? Child: “Tan you det it”



For Further Advice

- Discuss with your PHN/GP.
- Simplify your language, repetition of important phrases more important than using long sentences (e.g. all gone, more etc.).
- Yakka Dee – on Cbeebies and youtube
- Your child may require referral to a Primary Care Speech and Language Therapist.





Social Communication



Social Communication

- Using verbal (spoken language) and nonverbal (eye gaze, facial expression, gestures) communication in social situations, to tell other people what you want, express feelings, relate to other people and develop meaningful relationships.





Where might you notice social communication differences?

- Attending to activities or listening & responding to others
- Initiating interactions or interacting with others
- Understanding & relating to others
- Using interactions to show people things or to be social
- Using & understanding non-verbal (gesture) or verbal (words) to make requests
- Coping with changes in routines
- This can sometimes occur with preferred, repetitive patterns of behaviour



For Further Advice

- Discuss with your PHN/GP.
- Your child may require referral to Audiology.
- If you have concerns about your child's social communication, please refer your child for an Assessment of Need (AON).
- Your child may require referral to a Primary Care Speech and Language Therapist in relation to supporting their communication.
- Your child may require referral to a Primary Care Occupational Therapist in relation to supporting their sensory processing.



Social, Emotional and Behavioural Development



Common Concerns



- Shyness
- Selective mutism
- Separation anxiety
- Difficulties with imaginative play
- Lack of safety awareness





Tips For Encouraging Social and Emotional Development



- Children need to **play on their own and with others** to learn many life skills such as winning and losing, having fun and chatting to others.
- Talk to and about your child in a **positive** way. Encourage positive behaviours with praise.
- Allow them and encourage them to be as **independent as possible**, for example when dressing or feeding themselves.
- Encourage your child to **experience new situations**. This will help their confidence to grow. Remember that all children develop at their own pace.



How to Guide Your Child's Behaviour

As a parent you have an important job to do as you begin to teach your child about the types of behaviours that are acceptable for their age.

- **How you respond** to difficult behaviours will help your child to manage difficult situations in the future. Try not to react, even though this is hard.
- **Encourage** positive behaviour by setting clear rules and boundaries.
- Give your child lots of **positive attention** when they behave well.





Tips on Dealing with Your Feelings if Your Child Has Difficult Behaviours

- Tune in' to how you are feeling yourself.
 - Try not to react immediately.
 - Take a moment to think about how to respond.
 - Remember 'you are ok, they are ok, this will pass'.
 - Take a breath.
 - Notice your volume and tone of voice. Use simple phrases.
- See your child's behaviour as a normal part of development. This is not the same as giving in to their every demand. If you understand why they are reacting the way they are it is easier to respond with empathy.
- You cannot control your child's behaviour. The only thing you can directly control is how you respond to the situation.





Tips on Encouraging Positive Behaviour



- Notice and praise the specific behaviour you want to see more of.
- Have clear rules and boundaries (a request is please use gentle hands, a boundary is if you cannot use gentle hands I will move you/your sibling to another room).
- Use positive instead of negative words (please do X rather than don't do Y).
- Be consistent so children get to know these rules.
- Anticipate problems (hunger, tiredness, thirst, too hot/cold).
- Keep to a routine (where possible) and communicate changes clearly (some children benefit from visual explanations not just verbal).

Prevention



- Think about when these behaviours normally happen (e.g. before mealtimes, at transitions etc.).
- Read books with them on topics such as biting, hitting, kicking if this is an issue for your child.
- If you see your child is about to bite, hit or kick, intervene to distract them.
- If you think your child bites, hits or kicks when they need personal space, keep an eye on the space around your child.
- Suggest ways to share and take turns. One strategy is to use an egg timer so children can see how long they have to play with the toy before sharing. Remember sharing is very difficult to learn!! Give child choice of not sharing a toy if it's extra special to them.

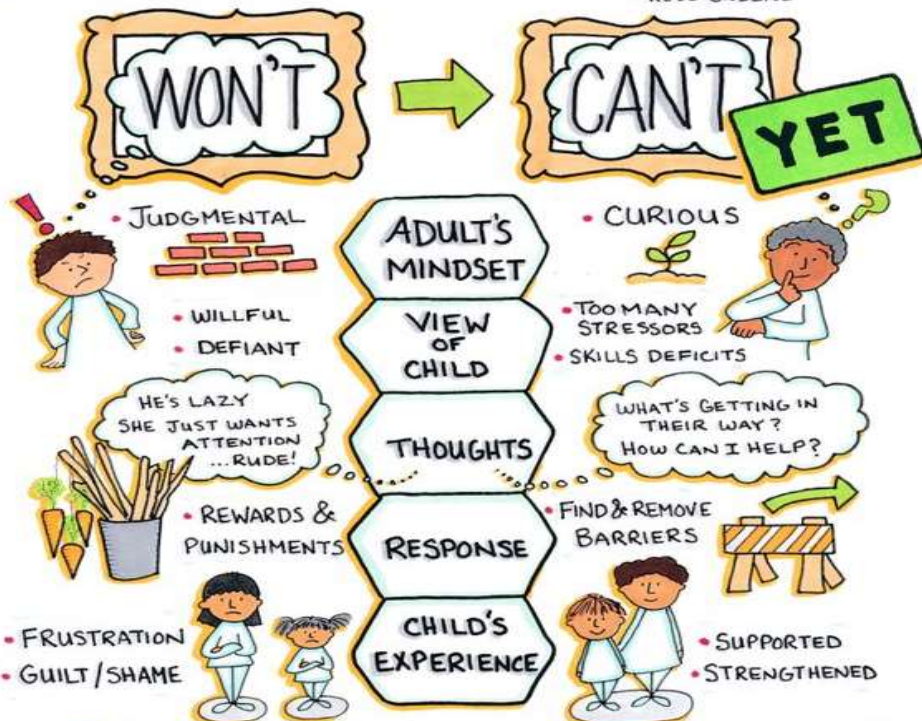
Sibling Rivalry



- It is normal for your older child or children to feel jealous at the arrival of a new brother or sister.
- Many young children:
 - Go back to 'baby' behaviour, such as a child who is fully toilet trained wetting themselves again
 - Have tantrums more frequently.
- Important to give them context for how they're feeling e.g. you're finding it hard to share mammy with X, I wish there were two of me so I could play with you both at the same time etc.
- Try to give each child 1:1 time (even if just for 10 minutes) each day.

REFRAME THE BEHAVIOUR

"KIDS DO WELL IF THEY CAN"
~ROSS GREENE



"SEE A CHILD DIFFERENTLY, YOU SEE A DIFFERENT CHILD"
~Dr. Stuart Shanker

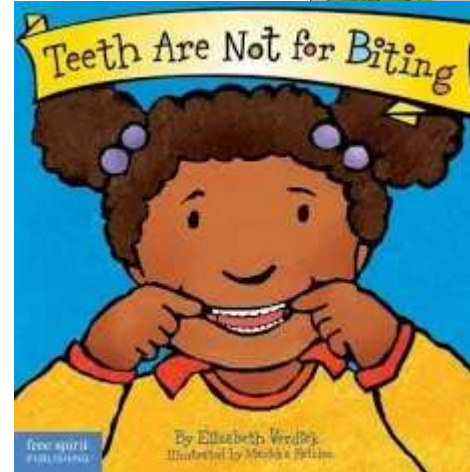
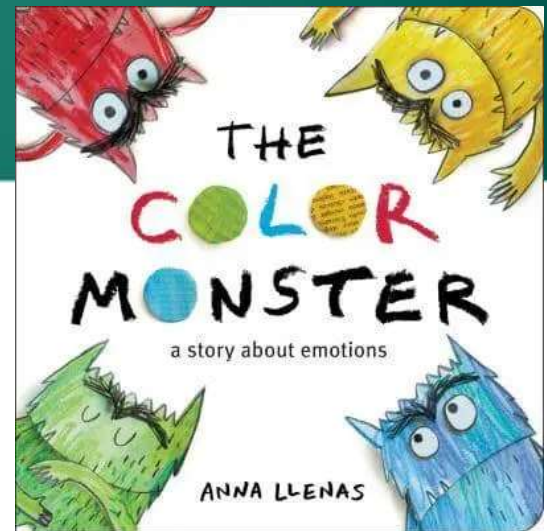
When kids exhibit challenging behaviour we can be
"STRESS DETECTIVES"...finding and removing barriers.

- FIND STRESSORS → REDUCE THEM
- FIND UNMET NEEDS → MEET THEM
- FIND SKILLS DEFICITS → TEACH THEM



Useful Resources

- Promoting emotional literacy
 - The Colour Monster by Anna Llenas
- Best Behaviour series:
 - “Teeth Are Not For Biting” by Elizabeth Verdick
 - “Hands Are Not For Hitting” by Martine Agassi

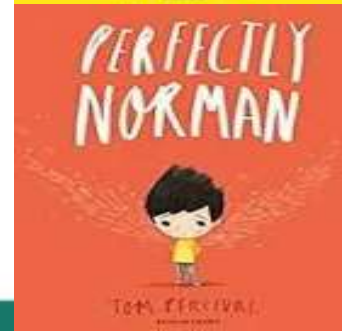
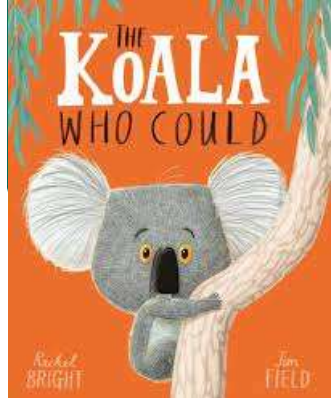
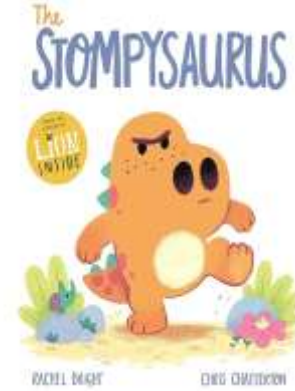




Useful Resources

- Rachel Bright's books
 - "Stompysaurus" or "Worrysaurus"
 - The Koala who Could, The Way Home for Wolf, The Whale who Wanted More.
- Tom Perceival's Big Bright Feelings books:
 - Ruby's Worry, Meesha Makes Friends, Tilda Tries Again, Perfectly Norman
- "The Invisible String" – separation anxiety

Remember your local library and Borrow Box app





Useful Resources

- If your child has screentime make sure it's good quality:
 - Emotional regulation:
 - Daniel Tiger's Neighbourhood,
 - Bing
 - Bluey
 - Social communication and sensory processing difficulties
 - Pablo





Your Child's Relationship with their Body

Age	Your Child May
From 2 to 3 years	still be trying to work out how parts of their body are connected to the rest of them • be trying to figure out how their body works
From 3 to 5 years	be modest about their body • like being naked • be interested in looking at their own body and at other children's bodies • be interested in their parents' bodies and how they differ from their own • ask you about the different parts of your own body and want to touch them • want to know where babies come from • like touching their own private parts when they are upset or tense or as a comfort when they are going to sleep



Talking to your Child about Death

- Be honest and factual.
- When a person dies their body stops working. Their body cannot breathe, move, eat, drink, feel pain, etc.
- Try to avoid euphemisms or unclear language (e.g. gone to sleep) as this can make a child anxious about sleeping.
- Common ways of talking about death related to religion can be confusing e.g. they're watching over you.
- If you have belief system explain this to your child but try to be clear that the person's body does not come back to life in this world.





Supporting your Child after a Bereavement



- Keep routines the same where possible.
- Acknowledge that those around the child may be sad, angry, upset, quiet etc. and that's ok.
- A young child may think death or other people's grief is their fault.
- A child may show a change in their behaviour (separation anxiety, poor sleep, change in appetite, more outbursts) or not.
- They may not be sure what to say (and can say seemingly insensitive things). This can reflect their discomfort with the situation.
- Everyone expresses grief differently and there is no one way to grieve.



The Role of Play

play
IS THE Work
OF THE CHILD





Play

- Children learn through playing!
- Play improves the cognitive, physical, social & emotional well-being & young children.
- Through play, children learn about the world & themselves.
- Play helps creativity & imagination, problem-solving abilities & social skills (turn-taking, negotiation, empathy).
- During free play, because there are no fixed rules to follow, children can make their own games & rules.
- It's important for children to have plenty of different types of play experiences.





Follow a child's lead

- Following your child's lead during play allows them to develop their communication & social skills
- Let them choose how to play with the toys – even if it isn't the “proper” way to play with them
- Try not to have too many toys out
- Get down to their level & watch & copy what they are doing
- Wait for them to initiate communication with you through words or eye contact or gestures
- Comment on what they are doing using simple language – repeat words & phrases lots of times as you play



What can I say when we play?

- **Shape** – discuss the shape of the item – “this block is square”
- **Colour** – label the colour of the items – “the block is red”
- **Action** – talk about how the item can move – “the blocks fell down”
- **Pronoun** – define who has which item – “this block is mine & that block is yours”
- **Sound** – express the sound the item makes – “the blocks clack together”
- **Position** – identify the arrangement of the item – “the blocks are in the basket”
- **Number** – count out a set number of items – “you’ve stacked 5 blocks”
- **Size** – describe the proportion of the item – “this is a little block”



Playtime is Time to Connect

- Play is a time to connect with your child.
- 'Attention seeking' is connection seeking.
- 10-15 minutes a day of special play time that they do not need to 'earn' is so important for building a positive relationship with your child.
- You get involved how they want. Sometimes that means just commenting.
- When it's over give child a choice of continuing to play by themselves or helping you with a chore (or whatever it is you're going to do).



"He's just doing that to get attention."



Screen Time

- Sit with your child or be in the same room when they are playing on an app or watching a programme and talk with them about it.
- Try to choose apps that can involve you and that have automatic stops or pauses – this will make it easier to set limits on the time your child spends on the app.
- Test apps before your child uses them so you know what they involve. Many apps are advertised as educational but there is very little evidence to back up these claims – check commonsensemedia.org and do your own research.
- Choose high-quality programmes or apps that are appropriate for your child's age. Visit commonsensemedia.org – this site helps parents make smart media choices for children from the age of 24 months and up.
- Set limits on your child's screen time. Between the ages of two and five, it is recommended that they spend no more than one hour a day in front of a screen.



Screen Time



- Have screen-free times and zones
 - Make meal-times and the hour before bedtime screen-free.
 - Avoid having screens, including TVs, in your child's bedroom.
 - Turn off screens in the background when they are not in use as they can still distract children and get in the way of their playing and learning.
 - Be aware of how much time you and the rest of your family spend on screen time. Your child will notice what you and other family members do and will try to copy it.
- Many children (and adults) find it difficult to finish screen time. Be clear on boundaries and validate how difficult this is for your child and give choice:
 - 'I know it's hard to finish screen time, I find it hard too. Do you want to play a game with me or do some colouring?'



Self-Care





GOOD ENOUGH
IS
GOOD ENOUGH



Reflection

How balanced is your care?

- Me to others – how much of your time is spent caring for and thinking about the needs of other people in your life?
- Others to me – what type of care do you get from others? Practical care/ emotional support
- Me to me – how do you provide care towards yourself? How often do you give yourself this type of care? Think about tangible self-care but also the way you speak to yourself.

Cradle Psychology





What do You do to Nurture Yourself?

- Daily
- Weekly
- Monthly





Useful Contact Details



HSE Services

- Primary Care Occupational Therapist, Speech and Language Therapist, Physiotherapist, Dietician, Social Worker
 - Clondalkin 01-7955900
 - Lucan 01-7955236
 - Ballyfermot 01-7956170
- Primary Care Psychology 01-7955305
- Children's Disability Network Teams (CDNT)
 - Clondalkin cdntclondalkin@hse.ie 01-8542590
 - Lucan cdnt5@stewartscare.ie 01-4647740
 - Ballyfermot cdnt6@stewartscare.ie 01-6518130
- Assessment of Need
 - Infoaon.cho7@hse.ie
 - 045-931528
- www.mychild.ie



Parenting Courses in the Community (some may charge for services, please contact them directly for info)

- Familibase (Ballyfermot and adjoining areas) www.familibase.ie 01-6546800 info@familibase.ie
- Deansrath Family Resource Centre www.deansrathfamily.ie 01-4574069
- Balgaddy Child and Family Centre (Lucan and Adamstown areas) 01-4577104
balgaddy2@sdcpartnership.ie
- Daughters of Charity Child and Family Centre (Cherry Orchard) <https://www.docchildandfamily.ie/cofamilycentre@docharity.ie> 01 6231313
- Archways/Blue Skies Area Based Childhood (ABC; Clondalkin) <https://archways.ie/> info@archways.ie
01-4574306
- Family Matters Area Based Childhood (ABC; Ballyfermot) www.bcpartnership.ie/family-matters-abc-programme/ 01 623 5612
- Hill Street Family Resource Centre (Dublin north inner city) www.hillstreetfrc.ie info@hillstreetfrc.ie 01-8746810



Community Services

- Barnardo's <https://www.barnardos.ie/> 01-4530355
- Candle <https://www.candletrust.ie/> 01-6269111
- Counselling in Primary Care (CIPC; for adult medical card holders) <https://www.hse.ie/eng/services/list/4/mental-health-services/counsellingpc/>
- Jigsaw <https://jigsaw.ie/> 01-6583070
- Parentline <https://parentline.ie/> 01-8733500
- Pieta House www.pieta.ie 1800-247247

Any questions?

