



**COLLABORATION**  
**OPENNESS**  
**RESPECT**  
**EMPOWERMENT**

**Developmental Surveillance- the first 2000 days**  
**FOCUS ON SPEECH AND LANGUAGE**



**Health**  
Northern Sydney  
Local Health District

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[HTTPS://WWW1.HEALTH.NSW.GOV.AU/PDS/ACTIVEPDSDOCUMENTS/PD2019\\_008.PDF](https://www1.health.nsw.gov.au/pds/activepdsdocuments/pd2019_008.pdf)




**COLLABORATION**  
**OPENNESS**  
**RESPECT**  
**EMPOWERMENT**

**THE FIRST 2000 DAYS**  
CONCEPTION TO AGE 5  
**FRAMEWORK**

An evidence-based platform for the NSW Health sector which supports children and their families to have healthy and fulfilling lives

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COLLABORATION  
OPENNESS  
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## THIS WEBINAR:

- **Developmental Paediatrician (Dr Jane Son)**
  - Child Development
- **Child and Family Health Nurse (Vicki Laing)**
  - Developmental Surveillance and Screening
  - Child and Family Health Nurse Clinics
- **Speech Pathologist (Natalie Reeves)**
  - Normal Speech and Language Development and when to refer
- **Questions**
  - Where to refer and how

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## CHILD DEVELOPMENT

- **Progressive acquisition of skills as child grows**
  - complex, non-linear process with plateaus and spurts
- **Process is transactional between child and its environment**
  - exposure to, and experience in skills is important
- **Especially 0 to 2 years**
- **Wide variation in normal range**

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## DEVELOPMENTAL DOMAINS

COLLABORATION  
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### Five Main Domains / Subscales/ Areas

- **Gross Motor** – Head control, sitting, rolling, crawling, walking, jumping, hopping, skipping, bike riding and ball skills
- **Fine Motor**- visual attentiveness, handling objects, pencil and scissor use, building blocks, threading beads, puzzles
- **Cognitive**– puzzles, problem solving, memory, pre-academic skills (e.g. counting/alphabet)

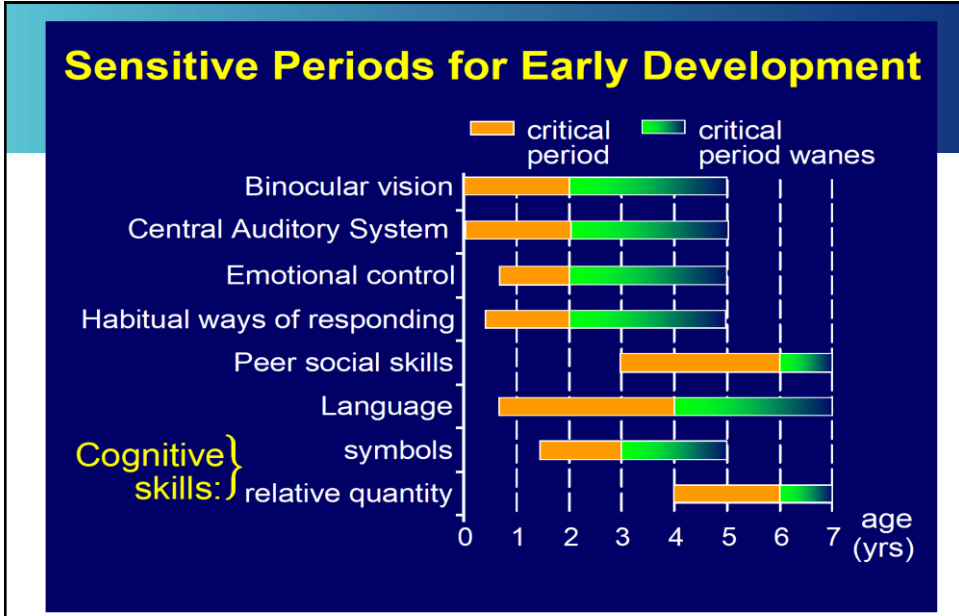
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## DEVELOPMENTAL DOMAINS

COLLABORATION  
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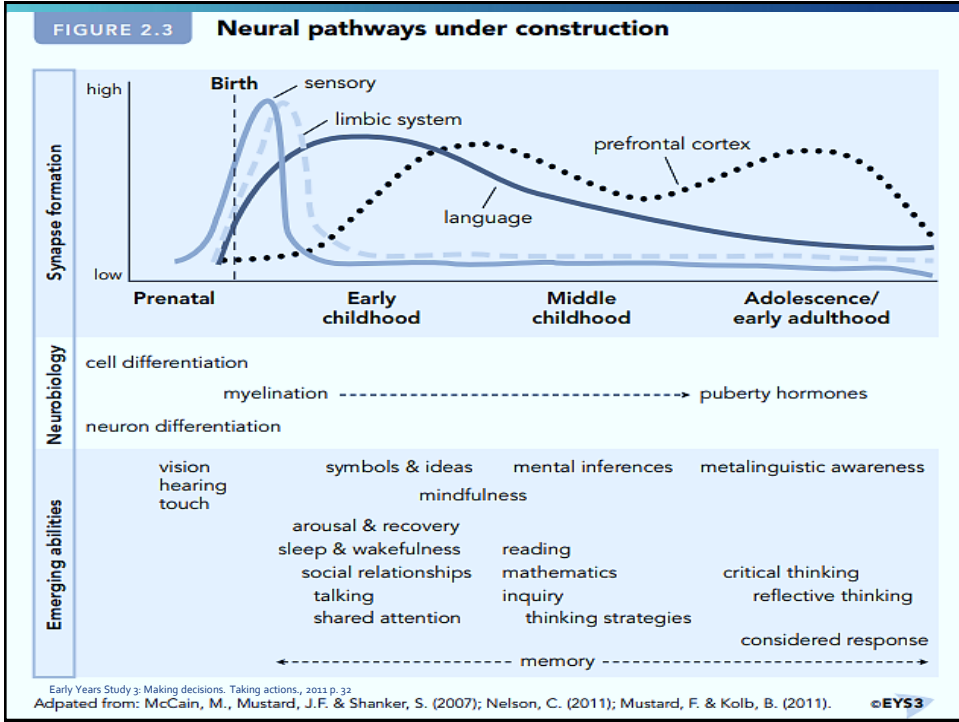
- **Language** - Response to sounds, cooing, babbling, single words, comprehension ( not compliance) of instructions ( 1 to 2-3), more complex sentence, understanding concepts
- **Personal-Social-Emotional** - ( self care and socialization skills)- Feeding , Dressing, grooming, interaction with family vs strangers, play – solitary, parallel, co-operative

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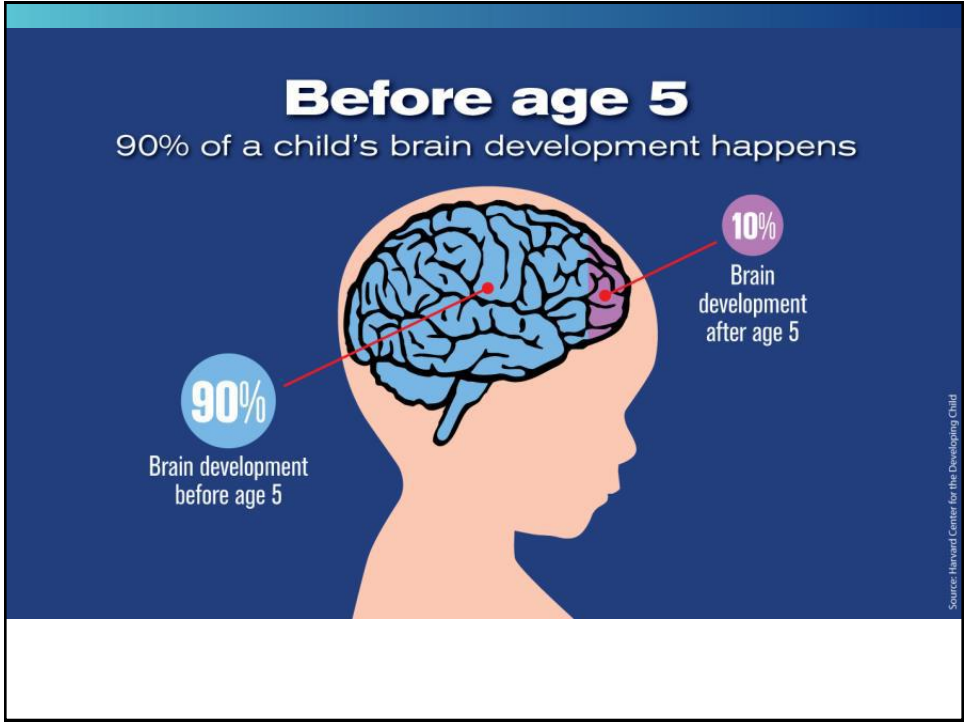
Source: The Founders' Network [www.founders.net](http://www.founders.net)

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Early Years Study 3: Making decisions. Taking actions., 2011 p. 32  
 Adapted from: McCain, M., Mustard, J.F. & Shanker, S. (2007); Nelson, C. (2011); Mustard, F. & Kolb, B. (2011). ©EYS3

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**AUSTRALIAN EARLY DEVELOPMENT CENSUS**

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Percentage of children starting school with a developmental vulnerability- AEDC data 2018 (2015) [www.aedc.gov.au](http://www.aedc.gov.au)

	1 or more	2 or more
NSW	19.9 (20.2)	9.6 (9.2)
Dee Why	21 (17.2)	8.9 (6)
Denistone East	28.6 (14.3)	8.2 (9.5)
Waitara	26 (28.6)	10.5 (7.1)
Berowra Heights	16.3 (12.2)	3.5 (2.7)
Curl Curl	6.1(7.1)	3(4.8)

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## DEVELOPMENTAL SURVEILLANCE

**COLLABORATION**

**OPENNESS**

**RESPECT**

**EMPOWERMENT**

- **Developmental Surveillance- YOU are important!**
  - Asking about parental concerns
  - Taking a developmental history
  - Observing the child
  - Identifying strengths, risks and protective factors
  - Communicating with others- referring for further assessment/ interventions if required
- **Developmental Screening – using formal tools e.g.**
  - “Learn the Signs. Act Early.” in the Personal Health Record (blue book) – 1<sup>st</sup> tier
  - Ages and Stages (ASQ-3 and ASQ:SE2) Questionnaires - 2<sup>nd</sup> tier

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## PERSONAL HEALTH RECORD

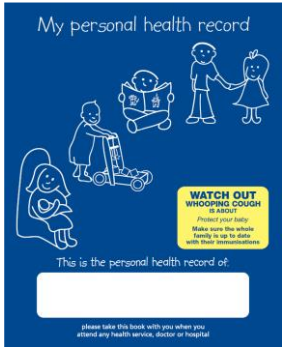
**COLLABORATION**

**OPENNESS**

**RESPECT**

**EMPOWERMENT**

- **All babies born in NSW**
- **Records child's health, injuries, growth and development, and immunisations**
- **Available online in 19 community languages**  
<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/child-blue-book.aspx>
- **Universal developmental surveillance tool – “Learn the Signs. Act Early.” (was PEDS)**



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# BUT I DON'T HAVE TIME!

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- **Vicki Laing (CFHN, General Practice-Community Liaison Nurse)**
- **Child and Family Health Nurses**
  - 45 minute appointments to complete Blue Book check, child development 'Learn the Signs. Act Early' and family psychosocial screening and opportunity to discuss parental concerns
  - Offer parenting support and anticipatory guidance regarding common parenting challenges including breast feeding support; transition to family foods; fussy eating; behaviour concerns; toileting; PND or socialisation issues, etc.
  - Work with parents to complete the ASQ-3 and ASQ:SE2 questionnaires
  - Referrals to Community based allied health, (speech, OT, audiology) or Community Paediatrician / Developmental assessment and community services [www.nslhd.health.nsw.gov.au/CYFH](http://www.nslhd.health.nsw.gov.au/CYFH)
- **Practice Nurses**
  - Consider participating in SNHN and NSLHD General Practice Nurse Child Health and Development Clinic Pilot Project targeting child health in general practice to help address health inequalities for vulnerable children and families

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## NSLHD Child and Family Health Service

- \* **Child health assessment**

**Personal Health Record (PHR - Blue Book)**  
**'Learn the Signs. Act Early.'**

1-4 weeks	6-8 weeks
6 months	12 months
18 months	2 years
3 years	4 years

Secondary Developmental Screening

ASQ-3 and ASQ:SE- 2
- \* **Maternal/family health & wellbeing**

SafeStart - Psychosocial assessment including Domestic Violence, PND screening, etc.

**Parenting support**  
e.g. breast feeding, sleep and settling, adjusting to parenting, parenting groups, etc.
- **Referral and follow-up**

routine screening → early identification = early ACTION

Brookes Publishing, 2019. ASQ-3 and ASQ:SE-2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>  
NSW Health, 2017. Personal Health Record (Blue Book) Available: <https://www.health.nsw.gov.au/kids/families/MCFHealthPages/child-blue-book.aspx>

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Email [events@snhn.org.au](mailto:events@snhn.org.au)

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# Blue Book - Community languages

<http://www.health.nsw.gov.au/kidsfamilies/mcfhealth/pages/learn-the-signs.aspxx>

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🏠 首页
我的个人健康记录

### 我18个月了

**我的发育成长——了解迹象。尽早行动**  
(大部分这个年龄段的儿童都在做什么)

**社交 / 情绪**

- 喜欢亲近其他人玩
- 可能会有发脾气的时候
- 可能害怕陌生人
- 依赖熟悉的人
- 喜欢玩简单的过家家, 比如喂布娃娃东西吃
- 在陌生环境中可能会紧抓着照顾人不放
- 给别人指有趣的事物
- 学会自己探索事物但父母要在旁边

**语言 / 交流**

- 会说几个简单的词
- 会说“不”也会用摇头来表示
- 给别人指他/她想要的东西

**认知 (学习和解决问题的能力)**

- 知道常见东西的用途, 比如电话、刷子和勺子
- 学会用指点动作获取他人注意
- 喜欢玩布娃娃娃娃等动物玩具, 会假装给它们喂食
- 会指着身体某个部位
- 会自己胡乱涂鸦
- 无需动作演示就能听懂1个步骤的口头指令, 比如, 当你说“坐下”的时候就会坐下

### Blue Book 2017 edition

- 📄 Personal Health Record - English
- 📄 Personal Health Record - Arabic
- 📄 Personal Health Record - Burmese
- 📄 Personal Health Record - Chinese Simplified
- 📄 Personal Health Record - Chinese Traditional
- 📄 Personal Health Record - Dinka
- 📄 Personal Health Record - Dari
- 📄 Personal Health Record - Farsi
- 📄 Personal Health Record - Hindi
- 📄 Personal Health Record - Indonesian
- 📄 Personal Health Record - Khmer
- 📄 Personal Health Record - Korean
- 📄 Personal Health Record - Lao
- 📄 Personal Health Record - Nepali
- 📄 Personal Health Record - Somali
- 📄 Personal Health Record - Tamil
- 📄 Personal Health Record - Thai
- 📄 Personal Health Record - Turkish
- 📄 Personal Health Record - Vietnamese

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## FROM BIRTH TO 5 YEARS CHILDREN SHOULD REACH MILESTONES IN HOW THEY PLAY, LEARN, SPEAK, ACT AND MOVE

👶

### LEARN THE SIGNS. ACT EARLY.

Your child's early development is a journey.

**6-8 WEEKS**

- Begins to smile at people
- Turns head towards sounds
- Can hold head up
- Begins to follow things with eyes

**6 MONTHS**

- Copies sounds
- Likes to play with others, especially parents
- Strings vowels together when babbling ("ah", "eh", "oh")
- Begins to sit without support
- Responds to own name

**12 MONTHS**

- Uses simple gestures such as shaking head for "no" or waving "bye bye"
- Copies gestures
- Responds to simple spoken requests

**18 MONTHS**

- Says "mama" and "dada"
- Pulls up to stand
- Says several single words
- Walks alone

**2 YEARS**

- Follows simple instructions
- Kicks a ball
- Points to things on pictures when they're named
- Says sentences with 2 to 4 words
- Gets excited when with other children

**3 YEARS**

- Copies adults and friends (like running when other children run)
- Carries on a conversation using 2 to 3 sentences
- Climbs well
- Plays make-believe with dolls, animals and people
- Shows affection for friends without prompting
- Tells stories
- Hops and stands on one foot for up to 3 seconds

**4 YEARS**

- Would rather play with other children than alone
- Draws a person with 2 to 4 body parts
- Plays cooperatively

MY PERSONAL HEALTH RECORD contains more information on the milestones. Share your child's progress and any concerns with your child and family health nurse or general practitioner at every visit. Don't wait. Acting early can make a real difference! To find your local Child and Family Health Centre go to [www.health.nsw.gov.au/child-family-health-services](http://www.health.nsw.gov.au/child-family-health-services).

Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early program <https://www.cdc.gov/child/actearly/>, June 2017. Adapted by NSW Ministry of Health, SPHN (CHN) 160335.

<https://www.health.nsw.gov.au/kidsfamilies/mcfhealth/pages/milestones-master.aspx>  
<https://www.health.nsw.gov.au/kidsfamilies/mcfhealth/pages/learn-the-signs-act-early.aspx>

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# LEARN THE SIGNS. ACT EARLY

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## Your Baby at 2 Months

**Child's Name** \_\_\_\_\_ **Child's Age** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age. Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

**What Most Babies Do at this Age:**

**Social/Emotional**

- Begins to smile at people
- Can briefly smile himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

**Language/Communication**

- Can make gurgling sounds
- Turns head toward sounds

**Cognitive (learning, thinking, problem-solving)**

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act head cocked, fazed if activity doesn't change

**Motor/Physical Development**

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

**Act Early by Talking to Your Child's Doctor if Your Child:**

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.**

Information obtained from the American Academy of Pediatrics (AAP) and the U.S. Department of Health and Human Services (HHS). This information is for informational purposes only and is not intended to be used as a substitute for professional medical advice. Always consult your doctor or other qualified health care provider for more information. © 2017 U.S. Department of Health and Human Services. All rights reserved.

Learn the Signs. Act Early.

<https://www.cdc.gov/ncbddd/actearly/index.html>

- Checklists begin at 2 months through to 5 years
- Checklists address four domains of child development
  - Social/emotional
  - Language/communication
  - Cognitive
  - Movement
  - And highlights age appropriate developmental “red flags”.

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# 2 YEAR CHECK LEARN THE SIGNS. ACT EARLY.

CORE VALUES

& BEHAVIOURS

CHARTER

My personal health record

My personal health record

I am 2 years old

**My development - *Learn the Signs. Act Early.***  
(what most children do at this age)

**Social/emotional**

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows defiant behaviour (doing what he or has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

**Language/communication**

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

**Cognitive (learning, thinking, problem solving)**

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colours
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the cupboard"
- Names items in a picture book such as a cat, bird or dog

**Movement, physical development**

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

**Act Early by talking to your child's Doctor or child and family health nurse if your child:**

- doesn't use 2 – word phrases (for example, "drink milk")
- doesn't know what to do with common things, like a brush, phone, fork, spoon
- doesn't copy actions and words
- doesn't follow simple instructions
- doesn't walk steadily
- loses skills he or she once had.

For more ideas on spending time with me go to: Love, talk, sing, read, play [www.lovetalkingreadingplay.com.au](http://www.lovetalkingreadingplay.com.au). A resource provided by Resourcing Parents.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early Program ([www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly), June 2017).

**Red Flags**

- doesn't use 2-word phrases (for example "drink milk")
- doesn't copy actions and words

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## 2 YEAR PARENT QUESTIONS AND DISCUSSION TOPICS

**My personal health record**

### Additional questions for parents/carers

**Answer these questions before you visit your nurse or doctor for the 2 year health check.**

I have completed the health risk factor questions on page 22 **No | Yes**

I am concerned about my child's hearing **Yes | No**

Others have said they are concerned about my child's hearing **Yes | No**

I am concerned about my child's vision **Yes | No**

My child has a turned or lazy eye (squint or strabismus) **Yes | No**

My child has difficulty seeing small objects **Yes | No**

My child recognises familiar objects and people from a distance **No | Yes**

My child is exposed to smoking in the home/car **Yes | No**

**If you circled any answer in the first column, please tell your doctor or child and family health nurse.**

Health professional to complete:	Normal	Review	Refer
Feeding	Yes	No	
Since this time yesterday, did your child receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### The 2 year visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

**Health and safety**

- healthy eating for families/encouraging active play
- taking care of your child's teeth
- how to be sun smart
- sleep
- growth.

**Development**

- issues arising from the questions for parents
- your child's changing mobility
- your child's behaviour
- toilet training
- helping your child to communicate with and relate well to others
- regular story reading to build literacy skills.

**Family**

- sibling relationships
- parenting practices - helping your child to manage feelings and behaviour
- going to childcare or playgroups
- smoking.

**Still smoking?**

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

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## RECOMMENDATION - SECONDARY SCREENING

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### Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Social and Emotional Questionnaire (ASQ:SE2)

- Reliable, accurate developmental and social-emotional screening for children between birth and 6 years.
- Captures parent's expert knowledge
- Pin points children's developmental progress
- Celebrates children's **milestone success** and to know what to look for next
- Determine follow-up – **'monitoring zone'**
- Identify children with **developmental concerns/** delays in the critical years

<https://agesandstages.com/about-asq/>

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## 24 MONTH ASQ-3 - 23 MONTHS 0 DAYS THROUGH 25 MONTHS 15 DAYS

### 24 MONTH ASQ:SE2 - 21 MONTHS 0 DAYS THROUGH 26 MONTHS 30 DAYS

#### ASQ-3 24 Month Questionnaire

23 months, 0 days through 25 months, 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

**Important Points to Remember:**

- 1. Try each activity with your child before making a response.
- 2. Make completing this questionnaire a game that is fun for you and your child.
- 3. Make sure your child is rested and fed.
- 4. Please return this questionnaire by \_\_\_\_\_.

**Notes:**

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

#### COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your showing him, does your child point to the correct picture when you say, "Show me the lion," or ask, "Where is the dog?" (She need not identify only one picture correctly)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's that?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
3. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions? <input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat." <input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5
4. If you point to a picture of a ball (ten, cup, hat, etc.) and ask your child, "What is that?" does your child correctly name at least one picture?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
5. Does your child use two or three words that represent different ideas together such as "See dog," "Mommy come home," or "Ricky gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "fall right," and "what's that?") Please give an example of your child's word combination:  <div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 20px; margin: 5px 0;"></div>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	0

COMMUNICATION TOTAL **10**

#### 24 Month Questionnaire ASQ:SE-2

Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.

	OTHER ALTHOUGH	SOME TIME	Frequently NEVER	CHECK IF BEHAVIOR IS A CONCERN	
18. Does your child follow simple directions? For example, does she sit down when asked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
22. Does your child like to hear stories or sing songs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
23. Does your child hurt himself on purpose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
24. Does your child like to be around other children? For example, does she move close to or look at other children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
26. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5

TOTAL POINTS ON PAGE **15**

P2012403 00 Apr. 8-Stage Questionnaire-3: Social Emotional, Second Edition (ASQ:SE-2)™, Squires, Bricker, & Twombly. © 2011 Paul H. Brookes Publishing Co., Inc. All rights reserved. page 2 of 5

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## 24 MONTH – ASQ3 SCORE

CORE VALUES & BEHAVIOURS CHARTER

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	35.15		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	29.78		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal/Social	31.54		●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? Comments:	Yes	NO		6. Concerns about vision? Comments:	YES	No
2. Talks like other toddlers his age? Comments:	Yes	NO		7. Any medical problems? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO		8. Concerns about behavior? Comments:	YES	No
4. Walks, runs, and climbs like other toddlers? Comments:	Yes	NO		9. Other concerns? Comments:	YES	No
5. Family history of hearing impairment? Comments:	YES	No				

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the    area, it is above the cutoff, and the child's development appears to be on schedule.  
 If the child's total score is in the    area, it is close to the cutoff. Provide learning activities and monitor.  
 If the child's total score is in the    area, it is below the cutoff. Further assessment with a professional may be needed.

Brookes Publishing, 2019. ASQ-3 and ASQ:SE-2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>

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## 24 MONTH - ASQ:SE2 SCORE

**CORE VALUES  
& BEHAVIOURS  
CHARTER**

**1. ASQ:SE-2 SCORING CHART:**

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	15
TOTAL POINTS ON PAGE 2	15
TOTAL POINTS ON PAGE 3	15
TOTAL POINTS ON PAGE 4	5
<b>Total score</b>	<b>50</b>

Cutoff	Total score
65	50

**2. ASQ:SE-2 SCORE INTERPRETATION:** Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

The child's total score is in the  area. It is below the cutoff. Social-emotional development appears to be on schedule.  
 The child's total score is in the  area. It is close to the cutoff. Review behaviors of concern and monitor.  
 The child's total score is in the  area. It is above the cutoff. Further assessment with a professional may be needed.

**3. OVERALL RESPONSES AND CONCERNS:** Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1-31. Any Concerns marked on scored items? YES  no  Comments:

32. Eating/sleeping concerns? YES  no  Comments:

33. Other worries?  YES  no  Comments: *Language development*

Brookes Publishing, 2019. ASQ-3 and ASQ:SE2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>

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## CFH recommendations:

- **Speech referral**
- ASQ-3 and ASQ:SE2 interventions and activities e.g. reading, singing, play activities, community playgroup, etc
- Monitor and review speech, problem solving, personal social and emotional development

## CFH referral options

- Specialist Nursing Services
- Extended Parenting Support (home visiting)
- Paediatric Speech Pathology
- Paediatric Physiotherapy
- Paediatric Occupational Therapy
- Community Paediatrics
- Child Development Unit
- Child Youth and Mental Health Service
- Child Protection
- Adult and Perinatal Infant Mental Health
- Community supports

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# Speech Pathology

July 2020 – Natalie Reeves

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## Outline

- Speech and Language Development – what is normal.
- Developmental Language Disorder (DLD)
- When to refer?
- What happens next...
- What can you do to help?
- Questions

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## True or False...

- Boys talk later than girls...
- They are talking late because they are learning 2 languages...
- Late talkers often catch up...
- 2-3 in every classroom have Developmental Language Disorder...
- Speech therapy doesn't work for very young children.
- At 2 years, the average amount of words spoken by children are 200-300.
- You should be able to understand 90-100% of what a child says by 4 years.
- If a parent was a 'late talker' who 'caught up' there is no need for concern...
- Mild speech/language errors have no long-term impacts...

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## Language Development 12 months

**Communication milestones**

**At 12 months children can usually...**

**understanding**

- understand about 10 words
- respond to their name
- recognise greetings and gestures, such as 'hi' and 'bye-bye'
- recognise a few familiar people and objects (e.g., mummy, blankie, teddy)
- make eye contact.

**speaking**

- start to use sounds, gestures, and say a few words
- continue to babble
- copy different sounds and noises.

When you talk to me, WAIT for me to respond before you say more.

Speech Pathology Australia  
www.speechpathologyaustralia.org.au

### Red Flags:

The child:

- ▶ does not respond to their own name.
- ▶ is generally quiet e.g. no babble.
- ▶ does not copy facial expressions or actions.
- ▶ does not use eye-contact.

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# Language Development 18 months

**Communication milestones**

**At 18 months children can usually...**

**understanding**

- understand up to 50 words and some short phrases
- follow simple instructions (e.g., 'throw the ball')
- point to familiar objects when named
- point to some pictures in familiar books.

**speaking**

- say 6 to 20 single words – some easier to understand than others, but becoming more consistent
- copy lots of words and noises
- name a few body parts
- use objects in pretend play (e.g., hold toy phone to their ear and say 'hello?').

Get face-to-face with me when we communicate.

Speech Pathology Australia  
www.speechpathologyaustralia.org.au

## Red Flags

The child:

- ▶ does not use eye-contact.
- ▶ is not yet pointing.
- ▶ has less than 10 words.
- ▶ copies words infrequently.

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# Language Development 2 years

**Communication milestones**

**At 2 years children can usually...**

**understanding**

- follow simple two part instructions (e.g., 'give me the ball and the car')
- respond to simple wh-questions, such as 'what' and 'where'
- point to several body parts and pictures in books when named
- understand when an object is 'in' and 'on' something.

**speaking**

- say more than 50 single words
- put two words together (e.g., 'bye teddy', 'no ball')
- use their tone of voice to ask a question (e.g., 'teddy go?')
- say 'no' when they do not want something
- use most vowel sounds and a variety of consonants (m, n, p, b, k, g, h, w, t, d)
- start to use 'mine' and 'my'.

Speech Pathology Australia  
www.speechpathologyaustralia.org.au

## Red Flags

The child:

- ▶ does not know any body parts.
- ▶ does not respond to simple instructions.
- ▶ has 50 words or less.
- ▶ does not join 2 words together.
- ▶ cannot be understood.

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# Language Development 3 years

## At 3 years children can usually...

understanding

- follow more complex two part instructions (e.g. give me the teddy and throw the ball)
- understand simple wh-questions, such as 'what', 'where' and 'who'
- understand the concepts of 'same' and 'different'
- sort items into groups when asked (e.g. toys vs food)
- recognise some basic colours.

speaking

- say four to five words in a sentence
- use a variety of words for names, actions, locations and descriptions
- ask questions using 'what', 'where' and 'who'
- talk about something in the past, but may use '-ed' a lot (e.g. 'he goed there')
- have a conversation, but may not take turns or stay on topic.

Figure out what I want to say, and put it into words for me.



Speech Pathology Australia  
www.speechpathologyaustralia.org.au

## Red Flags

### The child:

- ▶ has difficulty answering simple questions.
- ▶ has difficulty following instructions.
- ▶ is using less than 4 words in a sentence.
- ▶ has a limited vocabulary

You are unable to understand 70% of the child's speech.

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# Language Development 4 years

## At 4 years children can usually...

understanding

- answer most questions about daily tasks
- understand most wh-questions, including those about a story they have recently heard
- understand some numbers
- show an awareness that some words start or finish with the same sounds.

speaking

- use words, such as 'and', 'but' and 'because', to make longer sentences
- describe recent events, such as morning routines
- ask lots of questions
- use personal pronouns (e.g., he/she, me/you) and negations (e.g., don't/can't)
- count to five and name a few colours.

No need to always read the whole book. Talk about pictures that interest me.



Speech Pathology Australia  
www.speechpathologyaustralia.org.au

## Red Flags

### The child:

- ▶ is unable to answer simple questions or follow instructions.
- ▶ is unable to recognise any numbers.
- ▶ is using short sentences and does not use joining words e.g. 'because', 'and'.
- ▶ has difficulty with using the correct grammar.
- ▶ cannot name many colours or count.

You cannot understand almost 100% of what the child is saying.

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# Language Development 5 years

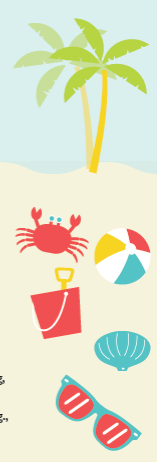
## At 5 years children can usually...

understanding

- follow three part instructions (e.g., put on your shoes, get your backpack and line up outside)
- understand time related words (e.g., 'before', 'after', 'now' and 'later')
- start thinking about the meaning of words when learning
- understand instructions without stopping to listen
- begin to recognise some letters, sounds and numbers.

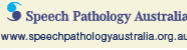
speaking

- use well formed sentences to be understood by most people
- take turns in increasingly longer conversations
- tell simple, short stories with beginning, middle and end
- use past and future verbs correctly (e.g., 'went', 'will go')
- use most speech sounds, but still may have difficulties with 's', 'r', 'l' and 'th'.



**Red Flags**  
**The child:**

- ▶ uses short sentences or has poorly formed sentence e.g. has limited grammatical structures.
- ▶ has speech that is not always understood.
- ▶ has difficulty recounting events and telling stories.
- ▶ cannot follow instructions easily.
- ▶ cannot recognise letters or numbers.



www.speechpathologyaustralia.org.au

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# Typical speech development

## Intelligibility level

Age	Intelligibility (by parents)
18 months	25%
2 years	50%
3 years	75%
4 years	100%

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# Typical speech development

## Articulation of sounds

Age	Sounds present in 90% children
3 years	m, n, d, t, b, p, w, h, s, z
3 ½ years	f, v, k, g, y, ng
4 years	l, sh, ch, zh (as in <i>measure</i> ) & clusters such as 'sp' and 'fl'
5 years	r
7 years	th

A common articulation error is an 'interdental lisp' where the tongue protrudes between the teeth during the production of 's' and 'z' e.g. "thick" for "sick"

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# Typical speech development

## Phonology

- Children use 'simplification processes' to get around tricky sound/sound combinations
- These are expected to disappear by certain ages

Process	Example	Resolves by
Voicing	"big" for "pig"	2;11
Stopping	"dock" for "sock"	3;6
Fronting	"tar" for "car"	3;6
Weak syllable deletion	"nana" for "banana"	3;11
Cluster reduction	"poon" for "spoon"	4;0 (some harder clusters may be reduced until 5;0 e.g. splash)
Gliding	"wed" for "red"	5;0 years
Fricative simplification	"fink" for "think"	7 years

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## Bilingual Language Development

- Children learning 2 or more languages develop similarly to children learning 1 language.
- They say their first words around 12 months and join 2 words around 2.
- Sometimes children may confuse the 2 languages as they are learning. This is normal.
- Sometimes children developing two languages may be slow to learn both languages and have smaller vocabularies than children developing only one language. This may occur because their languages may be very different in vocabulary, grammar, culture and social customs.
- Sometimes children who are exposed to a second language later (e.g. at preschool) may go through a silent period where they watch other children.
- Encourage parents to speak to their child in their **STRONGEST** language.

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## Stuttering

- Stuttering usually starts around 3-4 years of age.
- Stuttering is characterised by:
  - Repetitions of sounds, words and phrases
  - Prolongations of sounds/words
  - Blocking sounds/words
  - Sometimes have co-occurring behaviours e.g. facial grimacing, blinking, arm movements.
- Stuttering *can* resolve naturally.
- We don't know who will resolve and who will continue to stutter long term.
- Encourage parents to refer early if child is stuttering.
- Stuttering therapy is most effective if completed prior to starting school.
- It is no longer advised to wait until 4 years old to start stuttering therapy.

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## Developmental Language Disorder - DLD

- As a SP profession we are aiming to get consistency in our terminology. (300+ different terminology)
- Used for children that have persistent language difficulty which has a functional impact.
- Difficulties with understanding and/or expression.
- Can often be hidden but common (2-3 in a classroom).
- Generally, DLD is not used for children under 3 years of age.
- Children under 3 may be described as a Late Talker or as having a Language Delay (expressive and/or receptive).
- May use DLD for children prior to school entry, if pattern of language suggests a persistent difficulty.

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## What happens next - referral Process

- We prefer parents call to initiate the referral.
- No written referral is necessary.
- You may call or fax with specific information if concerned.
- Please let us know about “at risk” child and family and we can follow them up if required.

### **Our Intake Numbers are:**

- **RNS – 94629200**
- **Ryde – 94486877**
- **Northern Beaches – 9951 0299**
- **Hornsby - 9485 7569**

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## What happens next?

- We will complete the intake and book the child in for an initial Assessment.
- We will provide a report or plan to the families who can then choose to forward to you.
- The child or family will be placed in 1 of 3 options:
  - Early Language program – this is either group or individual therapy working on parent’s language stimulation skills. These are offered generally the term following the assessment.
  - Waiting list – each service has a waiting list for regular therapy. Northern Beaches is approximately **7 months**, Hornsby is **9-10 months** and North Shore/Ryde is **14 months**. Therapists may encourage families to attend private speech pathology while waiting or access our home programming service.
  - Home programming – this is for mild kids or while waiting on our waiting list. It gives families access to sessions approximately every 4-6 weeks and homework activities to work on.

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## What can you do to help...

- **Refer early!**
  - Please don’t “wait and see” before referring (we have our own waitlists, and can provide interim support in the meantime)
    - Some parents are easily convinced to “wait and see”, when their child would benefit from early intervention. These families often refer late and miss out on therapy services (especially since some services have long waitlists)
  - You are welcome to contact us if you are unsure whether or not to refer a particular child.
- Encourage parents to make a referral *as soon as they have concerns*.
  - We are happy to speak with parents/referrers about any concerns, even if their child appears to be generally developing appropriately
- Encourage all parents to get their child a hearing test before coming (even if they report no hearing concerns), and give them a referral to an audiology service (thankyou!)
- Refer to a Paediatrician also if you feel there are greater concerns for the child in question.
- Visit our website for more resources:  
<https://www.nslhd.health.nsw.gov.au/CYFH/TS/Pages/SpeechPathology.aspx>

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## True or False...

- Boys talk later than girls... F
- They are talking late because they are learning 2 languages...F
- Late talkers often catch up...F
- 2-3 in every classroom have Developmental Language Disorder...T
- Speech therapy doesn't work for very young children. F
- At 2 years, the average amount of words spoken by children are 200-300. T
- You should be able to understand 90-100% of what a child says by 4 years. T
- If a parent was a 'late talker' who 'caught up' there is no need for concern...F
- Mild speech/language errors have no long-term impacts...F

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## WHERE TO REFER?

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

- **Gross motor delay:**
  - Paediatric Physiotherapist
- **Fine motor / Independence / Play skills**
  - Occupational Therapist
  - Community health- via health pathways
  - Private- [www.otaus.com.au](http://www.otaus.com.au)

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COLLABORATION  
 OPENNESS  
 RESPECT  
 EMPOWERMENT
 

## WHERE TO REFER?

- **Paediatrician:**
  - Private- <https://nbpsa.org/find-a-specialist>
  - Public- Community Paediatricians
    - Northern Beaches
    - Hornsby
    - North Shore/ Ryde
  - via Health Pathways

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## Early Childhood Early Intervention

How the NDIS can help your child



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## ECEI PARTNERS

- COLLABORATION
- OPENNESS
- RESPECT
- EMPOWERMENT

- **0-6 years of age, developmental delays**
- **Cerebral Palsy Alliance (for Sydney North)**
  - 1300 888 378
  - [eceienquiries@cerebralpalsy.org.au](mailto:eceienquiries@cerebralpalsy.org.au)

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## WHERE TO REFER?

- COLLABORATION
- OPENNESS
- RESPECT
- EMPOWERMENT

- **Behaviour:**
  1. [www.raisingchildren.net.au](http://www.raisingchildren.net.au)
    - Normal behaviour and tips/ strategies for parents
  2. Behaviour/ parenting programs
    - [www.resourcingparents.nsw.gov.au](http://www.resourcingparents.nsw.gov.au)
    - Including lots of online resources
  3. Child and Family Health-
    - CFHN
    - Family Care Centre (NB)
  4. Tresillian, Karitane, Northern Centre
  5. Private Psychologist
    - <https://www.psychology.org.au/Find-a-Psychologist>
  6. Child Youth Mental Health Service (CYMHS)

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Concerned about a child's development or a family's adjustment to parenting?  
**Contact NSLHD Child and Family Health Service**  
[www.nslhd.health.nsw.gov.au/CYFH](http://www.nslhd.health.nsw.gov.au/CYFH)

The screenshot shows the website for Child and Family Health Nursing. The header includes navigation links like 'HOME', 'FIND US NEAR YOU', 'CHILD RESOURCES', 'SUPPORT FOR PARENTS', and 'OTHER SERVICES'. The main content area has a 'Welcome to Child and Family Health Nursing' section, followed by a 'My personal health record' section with a 'WATCH OUT!' warning. There are also video thumbnails for 'Introduction - Monica' and 'Introduction - Sky (Mandarin)'. A QR code is located on the right side of the page.

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# HealthPathways

<https://sydneynorth.communityhealthpathways.org>

**Primary Care  
 Username –  
 healthpathways  
 Primary Care  
 Password –  
 gateway**

The screenshot displays the HealthPathways interface. The top navigation bar includes 'Sydney North' and a search bar. The left sidebar shows a menu with categories like 'Assault or Abuse - Child and Youth', 'Behaviour and Development - Child', and 'Developmental Concerns in Children'. The main content area is titled 'Developmental Concerns in Children' and features a 'Clinical editor's note' and a 'Red flags' section with a list of symptoms such as 'Suspected underlying medical condition', 'Significant impairment or delay in 2 or more developmental domains', and 'Regression i.e., loss of skills'.

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## **HEALTHPATHWAYS -**

**[HTTPS://SYDNEYNORTH.COMMUNITYHEALTHPATHWAYS.ORG](https://sydneynorth.communityhealthpathways.org)**

**May 2020**

**370  
live pathways**

### **HealthPathways supports:**

- ✓ Condition management
- ✓ Service navigation
- ✓ Referral to specialists, facilities, public and private services
- ✓ Access to reference materials
- ✓ Access to patient educational resources

Primary care username: **healthpathways**

Primary care password: **gateway**

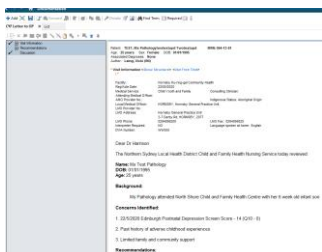
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## **CHILD DEVELOPMENT AND ASSOCIATED PATHWAYS**

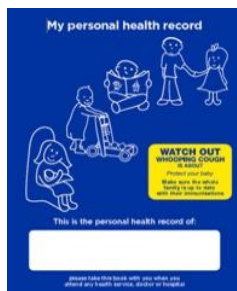
- **Developmental milestones for children**
  - **Developmental concerns in children**
  - **Speech and language difficulties in children**
  - **Unsettled Infant**
  - **Reflux and GORD in Children**
  - **Poor growth in children**
  - **Jaundice in Babies**
  - **Breastfeeding Support**
  - **Family and Community Support**
  - **Child At Risk**
  - **Paediatric Medical Advice**
  - **Non-urgent Paediatric Medical Review**
  - **Urgent Paediatric Medical Review**
  - **Paediatric Vision Testing**
  - **Non-urgent Dental Review**
  - **Maternal Postnatal Check**
  - **Weight Management in Children**
  - **Specialist Child Weight Management Referrals**
  - **Out-of-home Care for Children and Youth**
  - Constipation in Children
  - Constipation Therapies
  - Food allergy in Children (Non-anaphylaxis)
  - Food Allergy Tests
  - Domestic and Family Violence
  - Croup
  - Diabetes in Children
  - Paediatric Endocrinology Review
  - Thyroid disease in Children
  - Coeliac Disease in Children
  - Urinary Tract Infection in Children
  - Dietetics for Children
  - Gastroenteritis in Children
  - Oral Rehydration Therapy (ORT)
  - Dysmorphic children
  - Non-urgent Child and Youth Mental Health Review
  - Mental Health – Child and Youth
  - Medications for Perinatal Depression and Anxiety
  - Non-urgent Paediatric Nephrology Review
- +++ lots more**

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# Transfer of health information

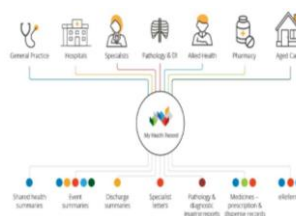


**CFH eMR letter to GP**



**Blue Book**

<https://www.health.nsw.gov.au/kid/families/MCFHealth/Age4child-blue-book.aspx>



**My Health Record**

<https://www.myhealthrecord.gov.au/>

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## GENERAL PRACTICE NURSE CHILD HEALTH AND DEVELOPMENT CLINIC PILOT PROJECT

- Joint SNHN and NSLHD CYFH Service initiative
- Targeting recommended and opportunistic Personal Health Record 'Blue Book' checks
- Participating general practice nurses provided with education, support and system recourses to implement nurse-led child health and development clinics

For **more information** contact:

- Pat Simmonds – SNHN Care Coordination Program Officer  
[psimmonds@snhn.org.au](mailto:psimmonds@snhn.org.au) T: 9432 8250
- Vicki Laing – NSLHD CFH General Practice-Community Liaison Nurse  
[Vicki.Laing@health.nsw.gov.au](mailto:Vicki.Laing@health.nsw.gov.au) T: 9462 9694

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