

BACK TO BASICS

Children with physical impairments

Physical skills—moving arms, hands, and fingers, for example—create a path for learning success. Babies learn about their bodies by kicking their legs, turning their heads, and discovering their hands. With age and developing skill, babies can use their hands as tools—picking up and mouthing objects to learn about texture, shape, weight, and temperature. Further motor skills enable the same babies to sit, reach, crawl, and walk—each offering new opportunities to learn about their world.

Every baby develops in a unique way, but physical development does typically follow a pattern (called *developmental sequence*). And children typically achieve particular skills at an average developmental age (called *developmental milestones*). When a child hasn't followed the typical sequence or reached the typical milestones, there is concern about a developmental delay or impairment.

Causes of physical impairments

Physical impairments can occur in the womb, during childbirth, or in childhood. Many impairments result from accidents or illnesses that affect the brain, spinal cord, joints, or muscles. Some impairments are due to inherited conditions or birth defects whose origin may or may not be known. Learning disorders or emotional problems may accompany some physical impairments.

Identifying physical impairments

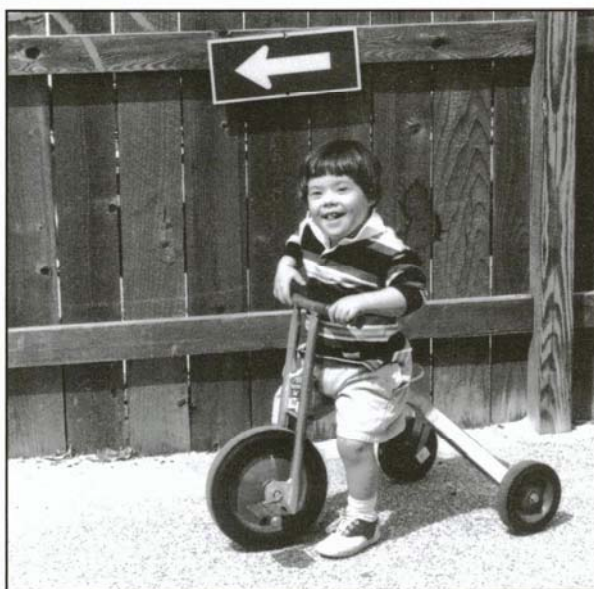
Be alert to any baby who shows little interest in physical activity, especially reaching for and picking up toys, or responding to caregivers. Balance and body coordination should continue to improve through childhood. Note whether toddlers and preschoolers have difficulties walking, climbing, or getting up off the floor. Pay attention to complaints of pain in the joints. Look for any difficulty in using the hands and fingers or any sensitivity to touch.

If you observe any physical challenges, encourage parents to seek medical attention for the child.

Working with all children

All children can grow and learn. Use these tips to work with every child in your care, including those with physical impairments.

- Communicate with parents to learn how you can cooperate in a child's developmental plan. This may involve working with therapists but could also mean coordinating with parents on toilet learning, for example.
- Learn how to match equipment and materials to children's interests and development skills—and how to use any specialized equipment a child with physical impairment may require.
- Use non-slip placemats to encourage children to learn to feed themselves. A two-handled cup or stationary cup with a plastic straw can make drinking easier for some children. Use plates with raised edges or spoons with lowered bowls to assist in using utensils.
- For large-motor activities, use caution and common sense. Offering opportunities for success in new activities will help all children gain confidence and the desire to explore new things. Always rely on recommendations from a child's parents, therapists, and doctors.
- Provide activities that are challenging but not frustrating. Allow time to complete tasks.
- Take time to help children learn to do things for themselves. Avoid letting children rely on others. Independence is the goal for all children.



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This is the first of several pages of development information. Look for each one, printed on cardstock for durability, in our upcoming newsletters; we encourage you to collect each one for your files.

Early Childhood Intervention

How do I know if toddlers in my care are developing appropriate social and emotional skills?

We measure babies' progress socially and emotionally the same way we measure physical development. We compare a baby's development to "milestones" that children attain as they grow and develop. Certain behaviors, if they persist, let us know that the child might have a problem. These behaviors are known as "red flags."

Below are lists of social, emotional, and behavioral red flags for infants and toddlers. Keep in mind that all children may exhibit one or more of these behaviors for a short time after a life-changing event such as a serious illness in the family, a death of a close relative or friend, a move to a new house, or the birth of a sibling.

Check to see if the child in your care is exhibiting any of the red flag behaviors listed. If the behavior persists, express your concerns to your program's director and follow guidelines for contacting parents.

Red Flags in Social and Emotional Development

Does a child younger than age 3 exhibit any of the following behaviors?

Infant 0-9 months

- Turns head away, does not look at you, or moves away
- Does not like to look at things - a bottle, a rattle, or toy
- Lies still a lot, shows no interest in things
- Is clingy, seems scared to try things
- Does not respond when you play baby games like peek-a-boo
- Seems extremely startled or upset by sounds or something new

Toddler 10-36 months

- Is fearful, shaky, anxious
- Is as social and affectionate toward strangers as to parents
- Does not express all feelings (happy, sad, angry, proud)
- Is sad and does not have fun
- Has tantrums that are severe, frequent, or last more than 20 minutes
- Does not get over minor upsets within 30 minutes
- Does not communicate with age-expected vocabulary
- Does not explore and want to learn new things
- Is intensely actively, but does not stay with an activity
- Hurts self or others when angry
- Does not seem to listen
- Does not point to show interest

- Does not show age-expected fears, is a daredevil, or gets hurt a lot
- Had developed a skill but lost it
- Does not come to you for needs or play
- Uses toys or objects in unusual ways
- Does not show caring or feel upset when another child or animal is hurt or distressed
- Does not notice or is not interested in other children
- Is overweight, has unusual eating behaviors
- Gets stuck on one activity

All Ages

- Does not want to be held, feels stiff when touched
- Is hard to comfort, cries a lot, is fussy
- Does not look at you much
- Seems too quiet, does not make many sounds
- Does not smile often, seems sad much of the time
- Is not gaining weight
- Has trouble going to sleep or staying asleep
- Gets upset when feeding
- Has had any sudden or extended separations from parents
- Has had any traumatic experience



Approaching Parents about Problems

"How do I tell parents their child may have a problem?"

Parents are usually eager for information about their child. It is important to greet parents and interact with them every simple day. It doesn't have to be a long discussion. If you notice something negative, also give some positive feedback. Use concrete examples. It will help the parent get a better idea of the child's day.

Sandwiching negative feedback between positive feedback helps continue the conversation. A teacher may say for example, "Suzy told us a funny story at circle time. She had difficulty sharing toys on the playground but was very helpful after nap time. How has she been at home?"

Be concrete. Don't label.

If care givers are communicating daily, they don't need to say that a child has a problem. Instead, the care giver can say something like this: "For the past week, I've kept a list of your child's behavior that we discussed. I wrote down what happened, the time of day, and what else was happening at that time. It might be helpful to show this to your pediatrician and get her opinion. Or you might call ECI and see if they could do a screening to help us decide what to do."

In this way, a care giver is acting as a partner with parents, with the child's best interest in mind.

Concrete examples can be useful in figuring out what is causing a behavior. Describing specifics of what the child did helps to avoid the pitfall of labeling.

Early Childhood Intervention (ECI) is a division of the Utah Department of Health. It provides services to families with children ages birth to 3 with disabilities and developmental delays. For more information about ECI, or to find a program, provider in your area call 1-800-961-4226 or visit <http://www.utahbabywatch.org/bwlocations/index.htm>.