

Starting Well

Child Development Check (for ages 2 to 2^{1/2} years)

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Revised: 30/08/2017

Introduction

The Child Development Check for ages 2 to 2 and a half years is the final developmental check undertaken by the health visiting service when a child is between two and two and a half years old. The total score is a combination of scores from five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. The scores are used to shape further referrals and access to early help partners if required.

The two to two and a half year development check is assessed through the [Ages and Stages Questionnaire 3](#). The ASQ-3 is an assessment tool that helps parents and provides information about the developmental status of their child across the five areas.

The universal mandated checks that health visitors now provide to all children start in the antenatal period and continue after birth. There is a check of maternal wellbeing antenatally with health promoting visits. The new baby review is followed by a 6-8 weeks check, an assessment at 9 to twelve months and the 2-2.5 year review.

A new check has been developed at age 3 months but this is not yet mandated and if required supports referrals to other agencies that deliver targeted interventions to promote child development goals.

What do we know?

The results of the Ages and Stages Questionnaire (ASQ-3) are not yet available at local level and can't be generalized for the whole population until full universal coverage is achieved. Current uptake of this key assessment is reported as 50%. From October 2015 the results at the West Berkshire level of the Ages and Stages questionnaire will be reported nationally within the Public Health Outcomes Framework.(PHOF) With the increased ability to offer a universal screening programme this will enable the mapping of needs in relation to risk factors for poor outcomes. These will provide a baseline for the development of targeted services in future.

The new measures to be reported in the PHOF will be: the percentage of two to two and a half year olds who take up the offer of an assessment and the percentage of those that have a valid ASQ-3 completed.

In the latest PHOF report (February 2015) the next age specific assessment is at age 4-5 when children enter school. This is the percentage of children achieving a good level of development at the end of reception.

With the requirement to offer increased access to high quality early years schooling there is potential overlap between the two measures and joint training is required to ensure that there is a consistent interpretation of the 'good communication' score and the personal social and emotional development scores in each.

In the absence of locality level outcomes for the two to two and a half year check it is important to note what they are used for. The results of the check should inform work with eligible children to improve their child's readiness for school.

School readiness is measured by the [early years foundation stage \(EYFS\) profile](#) which can be found in the chapter called Giving Every Child the Best Start in life. PHOF profiles based on 2013/14 data showed that the West Berkshire average was 64.9, which was an improvement on previous years and higher than the National average of 60.4%.

What is the data telling us?

If a child does not receive a good start in life then it can impact on their health and wellbeing for life. Brain development at the age of three is enhanced by sensitive attuned parenting and promoting secure attachment. Parental skills and confidence can be affected by a range of risk factors which also affect the child's social and emotional and behavioural outcomes. Early detection of physical development delays is as important as the assessment of child emotional and social development.

Promotion of online checking of child development is essential. Parents concerned about their child's communication can go to the local [Berkshire Healthcare Foundation Trust integrated therapies website](#) and assess their child's progress using the early years toolkit.

A focus on avoiding child maltreatment (whether by neglect, physical or emotional abuse) and wider safeguarding is essential. Referrals to the early help team are supported by programmes that aim to reduce the risk of a child being taken into care. The early help process offers self-help programmes to parents coping with the impact of domestic abuse, alcohol or drug misuse or low levels of parental mental health that do not meet the criteria for referral to adult mental health services.

Brain development is increased through parent/carer and child interaction and the [health visiting teams](#) are trained to promote attachment but as yet do not have a commissioned perinatal mental health service that meets national best practice into which they can refer women who are anxious and depressed. About 50% of women who are assessed as in need of emotional support and physical help who are referred to Psychological Therapies (IAPT) services ante or postnatally do not attend these services unless supported by the voluntary sector. This is a gap that is echoed across Berkshire. There is a gap too in perinatal mental health training for other early years staff and volunteers who work with families. This requires multi agency action and has been set as an outcome within the voluntary sector strategy.

Strategies for reducing barriers to uptake of the two to two and a half year assessment include offering improved drop in and bookable sessions for working parents through commercial settings and evening and weekend access. This is now a quality indicator in the health visiting service contract.

With regards to the [six high impact areas](#):

1. Transition to parenthood and the early weeks
2. Maternal mental health
3. Breastfeeding (initiation and duration)
4. Healthy weight, healthy nutrition (to include physical activity)
5. Managing minor illnesses and reducing hospital attendance/admissions
6. Health, wellbeing and development of the child aged 2: Two year old review (integrated review) and support to be 'ready for school'

All require better data sharing and specifically there is a gap in new birth notification which is impacting on the ability to track progress in the early years. The other key gap is in comprehensive training for early years staff in attachment and the measures used to assess attachment.

Although we do not yet have data for the two to two and a half year check review, we know that by the end of Foundation stage, there can be a variation in level of development achieved among different ethnic groups. However, in West Berkshire all ethnic groups achieved higher or similar levels of developmental than the national comparator in 2013/14.

Department for Education data from 2014 showed that in West Berkshire there was a 14% gap in good level of development at Foundation stage between those pupils who had English as a first language and those who did not. This is greater than the national average of a 10% gap.

Speech and communication are recognised as vital to ensure good development. Access to support services such as speech and language therapy is a key issue as is the ability to track and show improvement for children identified as in need. There is a gap in specialist parenting programmes for children who are assessed as complex cases with multiple risk factors for poorer outcomes. The gap in training and of commissioned services is for women who meet the need for a perinatal mental health service.

Recommendations for consideration

- To train alongside the health visiting service to ensure that pathways are shared
- To support access to IAPT services for women who require mental health support
- For the CCG to commission a perinatal mental health service

Other services and partner organisations

[The Health Visiting Service](#)
[Berkshire West Clinical Commissioning Group](#)
[Royal Berkshire NHS Foundation Trust](#)

National and local strategies

[The Healthy Child Programme](#)
[The Wave Trust](#)
[Overview of the 6 early years and school aged years high impact areas](#)

Other chapters you might be interested in

Maternal Mental Health
Teenage Pregnancy

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437