



Children On Track – Case Scenarios

To support the use of

On Track

Supporting Healthy Child Development and Early Identification in the Early Years

The following case scenarios will help you become familiar with the On Track guide and use it in your work. Best Start permits others to copy, distribute, or reference their work for non-commercial purposes on condition that full credit is given.

You can find the On Track Guide at: www.beststart.org/OnTrack_English

To get the most out of this activity follow these instructions:

- ◆ Before working through one or more of the case scenarios check Section 1 – *the On Track Guide* and read:
 1. *How to Use the On Track Guide* in the subsection: *About This Guide*
 2. The second subsection: *Importance of the Early Years*.
- ◆ Now choose one of the case studies:
 1. Read it
 2. Answer the questions
 3. Use the *Sections to explore in the On Track guide* to help you find the information relevant to the case scenario
- ◆ If you are doing this in a group, discuss your findings and questions with the other group members, compare notes, and help each other find solutions

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http://www.beststart.org/OnTrack_English/1-introduction.html

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OnTrack - Section 1: The On Track Guide

Français

- Background
- How to Use the On Track Guide
- Acknowledgements
- Disclaimer

1. The On Track Guide

- About This Guide
- Importance of the Early Years

2. Developmental Health
3. Children's Development
4. School Readiness Through Play
5. Safety and Well-being
6. Supporting Parents And Professionals
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Background

- The development of the On Track guide was guided by the principles that all children:
 - Develop at their own pace
 - Develop within the context of their families and communities.
- The On Track guide uses a strength-based, holistic approach and provides a tool to support:
 - The healthy development of all children within their own pace and context
 - Early identification of indicators that may put a child at risk
 - Strategies to support children and those who work with and care for them as they access additional services, further assessment and interventions

How to Use the On Track Guide

- Why use the On Track Guide?
 The purpose of this guide is to provide professionals who work with young children and families with some indicators of healthy child development from birth to 6 years of age. These indicators come from the five domains: social, emotional, physical, language, and cognitive and from other areas of development. If a child does not meet the expected milestones for his age range, further investigation is required, and a referral can be made to the appropriate specialist or program. In the past, a "wait and see" approach was often adopted due to the wide range of individuality in development. This approach resulted in children with developmental concerns being identified later and the loss of valuable time when brain development can be positively and fundamentally influenced. The On Track Guide provides a tool to support:
 - The healthy development of all children within their own pace and context
 - Early identification of indicators that may put a child at risk
 - Strategies to support children and those who work with and care for them as they access additional



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CASE 1 ERIC



Eric's Development

2-year old Eric attends an Ontario Early Year's Centre regularly. His mother is concerned that he is not talking as well as he should. Eric is 27 months old and can say about 25 words that his parents can understand, but are not clear. He points and gestures to get what he wants and has some temper tantrums when he is not understood. He follows instructions given by his parents or adults at the centre. He is very interactive with his parents and engages easily with other children, playing mostly alongside his peers, but showing some cooperative play. He particularly likes to play with sand and he gets excited when the sand table is opened up for play.

His father thinks that Eric is a late talker like he was. He thinks Eric will talk when he is ready. But Eric's mother has noticed that his 11-month old sister is already babbling, mimicking words and saying a few words and exclamations. This is something Eric did not do at the same age.



Questions:

- ◆ What can Eric do?
- ◆ What are Eric's strengths?
- ◆ Compare Eric's development with the development of a 24-month old.
- ◆ How can you use his strengths to promote his language development?
- ◆ What more would you like to know about Eric?
- ◆ Is Eric's sister's language development "on track"?

Developmental Factors

While talking with Eric's parents you find out that Eric's father became unemployed just before Eric was born. Eric's mother went back to work early. She found the financial worry quite stressful. She also got pregnant again very soon and was even more stressed, worried and tired. Thankfully, Eric's father found new employment before the new baby was born and Eric's mother is enjoying her full maternity leave.

Questions:

- ◆ What are the family's strengths?
- ◆ What factors could contribute to Eric's language and overall development?
- ◆ What would you like to discuss with the family?
- ◆ What do you think the next steps should be?

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CASE 1 ERIC

Sections to explore in the On Track guide:

- ◆ Section 3 – [Toddlers' Development](#) by 24 months for Eric – all domains and specifically language development and hearing
- ◆ Section 3 – [Infants' Development](#) by 9 months for Eric's sister – all domains and specifically language development
- ◆ Section 3 – [The Whole Child](#) for sensory (hearing) development and general health and development
- ◆ Section 2 – [Developmental Health](#) for developmental risk factors
- ◆ Section 4 – [Supporting School Readiness Through Play](#) for strategies to engage Eric in play that promotes language
- ◆ Section 6 – [Supporting Parents and Professionals](#) on how to share sensitive news with parents
- ◆ Section 7 – [Local Information](#) to check out what your community has to offer
- ◆ Section 8 – [Screening Tools](#) for further screening tools to assess Eric's language development
- ◆ Section 9 – [References and Websites](#) for websites and tools to encourage language development

Notes:

CASE 2 GISELLE



Giselle's Development

Joelle brings two-month old Giselle for her first immunization. She has grown in length and head circumference but she has gained only 410g since her last appointment one month ago. Giselle smiles at her mother when her mother is talking to her and turns her head when you make a loud sound. She kicks her feet and opens and shuts her hands. All her reflexes appear normal. She cries when she receives her immunization and her mother picks her up to comfort her.



Questions:

- ◆ What can Giselle do?
- ◆ What are Giselle's strengths?
- ◆ Compare Giselle's development with the development of a 2-month old.
- ◆ What is her mother doing well?
- ◆ What would you like to discuss with her mother?
- ◆ What more would you like to know?

Developmental Factors

Joelle is 17 years old and single. She lives with her own grandmother who is on a fixed small income. Joelle is not receiving any financial support, but has applied for her baby bonus.

Joelle receives lots of advice from her grandmother and her grandmother's friends and neighbours. She is breastfeeding Giselle and feels breastfeeding is going well. She likes to go out with her high-school friends, who are off for the summer. Sometimes she pumps milk before she goes out, but she does not like pumping. Her grandmother has assured her that giving water or a little tea is good for Giselle.

Questions:

- ◆ What are the strengths in this family situation?
- ◆ What factors might contribute to Giselle's poor weight gain?
- ◆ How can you support Giselle's nutrition and her mother's knowledge of infant nutrition?
- ◆ How can you include Joelle's social network (grandmother, grandmother's friends, high-school friends)?

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CASE 3 AHMED, FADEYAH AND HAMID



A new family has just been referred to your program. Before you meet, you review what you know about the family.

Soha arrived 10 months ago with her children, sponsored by other family members. Her husband has found work in another city, but Soha and the children are living with their relatives and usually see the father only on weekends. They are a visible minority in a predominantly white neighbourhood. Soha and the children have a room in the basement.

Ahmed is 6 years old; Fadeyah is 3 and Hamid 6 months. Ahmed is enrolled in Kindergarten. Fadeyah was registered for Kindergarten recently. She appeared clingy and reluctant to leave her mother. She was unable to complete a simple puzzle or build a tower with 6 blocks.

When you meet with the family, they have brought a younger female relative to act as interpreter. Hamid is bundled in several layers of blankets and quietly sleeps in his mother's arms. Ahmed has just come from school. He shows you his artwork. He has made several shapes and connected them with lines. He is able to communicate in simple English, and tells you that he really likes the playground at school and that he is a good climber. He seems full of energy and happy to play with some toys you give him.

Fadeyah is holding her mother's clothes and does not want to leave her side. She is not making eye contact when you talk to her. When you ask through the interpreter if she would like to play with some toys, she does not reply and does not take any of the toys you offer. Finally her mother takes a doll you have offered and gives it to Fadeyah, saying something in her own language. Fadeyah lays the doll beside her. When you give her some crayons and ask her to draw a picture, she holds the crayon in her fist and makes a few dots on the paper.



Questions:

- ◆ What are this family's strengths?
- ◆ What can Ahmed and Fadeyah do?
- ◆ What risk factors can you identify?
- ◆ What concerns do you have regarding the children?
- ◆ How does Fadeyah's development compare to the development of a 3-year old?
- ◆ How does Ahmed's development compare to the development of a 6-year old?
- ◆ How can you stimulate Fadeyah's fine motor development?
- ◆ How can you assess if Fadeyah's development in the other domains is "on track"?
- ◆ What do you know about Hamid?
- ◆ What factors in the family's living conditions and history could be risk factors?
- ◆ How can you discuss your concerns with the family?
- ◆ Which community services can you refer the family to for added support?

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CASE 3 AHMED, FADEYAH AND HAMID

Sections to explore in the On Track guide:

- ◆ Section 2 – [Developmental health](#) for factors that may affect the children’s development
- ◆ Section 3 – [Preschoolers’ Development](#) by age 6 for Ahmed
- ◆ Section 3 – [Preschoolers’ Development](#) by age 3 for Fadeyah
- ◆ Section 3 – [The Whole Child](#) for underlying health factors such as vision problems, Early Childhood Tooth Decay
- ◆ Section 5 – [Safety and Well-being](#) regarding sleeping arrangements for Hamid and potential signs of maltreatment for Fadeyah
- ◆ Section 6 – [Supporting Parents and Professionals](#) – How to discuss cultural concerns
- ◆ Section 7 – [Local Information](#) to find out where to refer the family to appropriate community supports and refer Fadeyah to appropriate services (family physician, paediatrician, optometrist, dental services, occupational therapy, other?).

Notes:

CASE 4 MOLLY AND LILLY



Kim is a manager in a financial company, who is currently on maternity leave following the birth of her second child. Since she is off, she attends your centre sporadically with her two daughters. Molly has just turned 4 and will be attending Kindergarten soon. Lilly is 4 months old.

Kim usually does not interact much with other parents or the staff at the centre, but today she asks questions about Lilly's sleep patterns. Lilly still wakes up 2 to 3 times per night and Kim is finding this very exhausting. Her husband is a company executive and has a long commute. He does not help much at home. In fact, usually he does not return from work until Molly is in bed and Kim is trying to settle Lilly for bed. Kim admits that her husband thinks she must be doing something wrong with Lilly, as Molly was a better sleeper. He can't stand Lilly's crying in the evening and her frequent waking at night. Kim has been reading some books and thinks she should be able to get Lilly into a routine that includes sleeping for 8 hours at night. She is very frustrated by her inability to accomplish this.

While you are talking with Kim, Lilly is in an activity centre. She is not so interested in the activity centre, but is watching other children playing nearby. She coos and makes sounds. As soon as she does, Kim puts a pacifier in her mouth.

At the same time Molly is playing with some of the other children. A little boy takes the toy she has been playing with. Molly tries to pull the toy out of his hand. When that does not work, she throws herself on the floor and starts to scream. Kim quickly offers her treats from her purse instead. Kim explains that Molly is not used to sharing. She has had a full-time nanny until Lilly was born. Kim admits that Molly has frequent outbursts at home and she does not know how to deal with them.



Questions:

- ◆ What strengths can you identify in this family?
- ◆ What can Lilly and Molly do?
- ◆ How does Lilly's development compare to the development of a 4-month old?
- ◆ How does Molly's development compare to the development of a 4-year old?
- ◆ How ready do you think Molly is to start kindergarten?
- ◆ What concerns can you identify in Kim's actions and words?
- ◆ What more would you like to know?
- ◆ What services and programs could be beneficial to Kim, Molly and Lilly?

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CASE 4 MOLLY AND LILLY

More information

When you try to talk to Kim about Molly’s outbursts in regard to her emotional development and school readiness, Kim becomes quite abrupt and says that Molly is just adjusting to the new baby. She does not want to hear about any programs that may be helpful. She quickly gets her children and is ready to leave the centre. Molly does not want to leave and wiggles out of her mother’s grasp. Molly’s sweater pulls off her shoulder while she does so; and you notice some finger print like bruises on her upper arm.

Questions:

- ◆ What concern do you have now?
- ◆ What should your next step of action be?
- ◆ How can you gain Kim’s trust and continue to support her?
- ◆ How can you talk with her so that she accepts and follows up on your concerns?
- ◆ What would your thoughts and actions be if this was an Aboriginal or newcomer family or a family from the LGBT community?

Sections to explore in the On Track guide:

- ◆ Section 3 – [Infant Development](#) for 4 months for Lilly
- ◆ Section 3 – [Preschooler Development](#) for 4 years for Molly
- ◆ Section 4 – [School Readiness Through Play](#) for strategies to promote Molly’s school readiness through play
- ◆ Section 5 – [Safety and Well-being](#) for signs of injuries or maltreatment
- ◆ Section 6 – [Supporting Parents and Professionals](#) – how to support Kim and her children
- ◆ Section 6 – [Suspecting Maltreatment](#) if you find evidence about maltreatment
- ◆ Section 7 – [Local Information](#) for programs and services in your community that may be helpful to this family

Notes:

CASE 5 JAMES AND PAUL



Five-year old James is in your Kindergarten class. As long as James can play on his own, he is no problem. He likes to build with blocks and push cars around. He often repeats the same actions over and over. He rarely interacts with the other children but follows the routines of the classroom. He does not like make-believe games and seems to have no imagination. When there are changes in routine, James is at his worst, crying and refusing to do what he is asked to do. He rarely shows any affection even when his parents drop him off or pick him up.

You have also noticed that his 18-month old brother Paul is acting in the same manner when you see him at pick up or drop off time. He has a wooden rattle that he likes to bang against the stroller. He is not interested in other children, his brother, or even his parents, but becomes very agitated if he does not have his favourite toy.

The parents work shifts so that one of them is always there to take care of the children. They have no family close-by; both appear reserved and don't engage much with the other parents and care-givers waiting at the kindergarten door. James' father has attended his parent teacher interviews, but did not volunteer much information about James or the rest of their family. He appears to have no concerns about James.



Questions:

- ◆ What are James' strengths?
- ◆ What can James do?
- ◆ How does James' development compare to the development of a 5-year old?
- ◆ How does Paul's development compare to the development of an 18-month old?
- ◆ What would you like to discuss with the parents?
- ◆ What programs can you recommend to the parents?
- ◆ What information would you share with other professionals involved?
- ◆ Which screening tests can you do? Which screening tests can you recommend?
- ◆ How can you support the parents as they seek a referral to a specialist?

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CASE 5 JAMES AND PAUL

Sections to explore in the On Track guide:

- ◆ Section 3 – [Preschooler Development](#) for 5 years for James
- ◆ Section 3 – [Toddler's Development](#) for 18 months for Paul
- ◆ Section 4 – [School Readiness Through Play](#) for strategies to promote James' social and emotional adjustment in school through play
- ◆ Section 6 – [Supporting Parents and Professionals](#) how to support this family
- ◆ Section 7 – [Local Information](#) for programs and services in your community that may be helpful to this family
- ◆ Section 8 – [Screening tools](#) for screening tools that may be appropriate for James and Paul

Notes:



CASE 6 SAMMY AND WILLOW

Ella and Jayne have been friends since grade school. They have lived in the same town and have the same circle of friends. They both got pregnant around the same time. Ella has a little boy called Sammy, who is now 15 months old. Jayne's little girl is called Willow. She is now 13 months old. Ella and Jayne are constantly comparing their children and each is eager to show that her child can do more than the other.



The constant comparison and competition is causing them considerable anxiety. Right now Ella is worrying because:

- ◆ Willow is saying about 10 words already; Sammy says about 10 words as well, but they are not as clear.
- ◆ Willow likes to look at books; Sammy just wants to turn the pages and then moves to other toys.
- ◆ Willow likes to try new foods; Sammy makes faces and refuses food he does not like.
- ◆ Willow has 8 teeth; Sammy has only 6

At the same time Jayne is worrying because:

- ◆ Sammy can walk well and even run; Willow cruises around the furniture and does not take any steps on her own yet.
- ◆ Sammy uses gestures to get what he wants; Willow uses sounds.
- ◆ Sammy can point to different body parts; Willow does not point at anything.

Questions:

- ◆ What strengths can you observe and point out?
- ◆ Do these parents have any cause for concern?
- ◆ Can you identify any concerns?
- ◆ How can you help these mothers support their children's development?

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CASE 6 SAMMY AND WILLOW

Sections to explore in the On Track guide:

- ◆ Section 1 – [The On Track Guide for Brain Development and Early Learning](#)
- ◆ Section 3 – [The Whole Child](#) for overall development, growth, nutrition, dental development and other factors
- ◆ Section 3 – [Infants' Development](#) for 12 months for Willow
- ◆ Section 3 – [Toddlers' Development](#) for 15 months for Sammy
- ◆ Section 6 – [Supporting Parents and Professionals](#) how to support each family
- ◆ Section 7 – [Local Information](#) for programs and services in your community that may be helpful to each family
- ◆ Section 9 – [Websites for Parents](#) to give Ella and Jayne additional reliable information on early child development and parenting

Notes:





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