



# Child Development and Disability Essentials

A new course and online resource edited by Gillian Robinson, Katherine Martin, Arnab Seal and Karen Horridge



Endorsed by:

**BACD**  
British Academy of  
Childhood Disability

Reference Guide

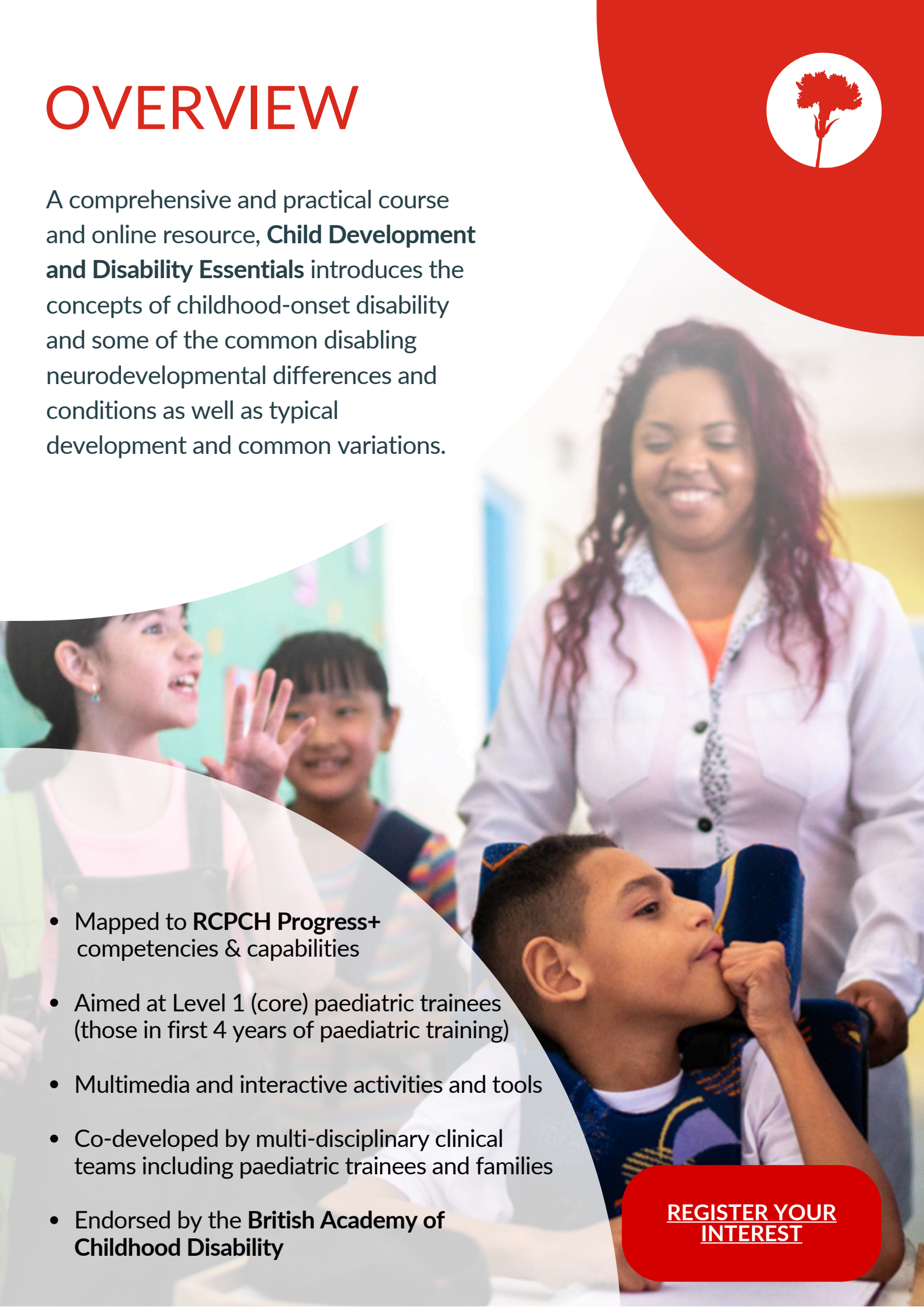
# OVERVIEW



A comprehensive and practical course and online resource, **Child Development and Disability Essentials** introduces the concepts of childhood-onset disability and some of the common disabling neurodevelopmental differences and conditions as well as typical development and common variations.

- Mapped to **RCPCH Progress+** competencies & capabilities
- Aimed at Level 1 (core) paediatric trainees (those in first 4 years of paediatric training)
- Multimedia and interactive activities and tools
- Co-developed by multi-disciplinary clinical teams including paediatric trainees and families
- Endorsed by the **British Academy of Childhood Disability**

**REGISTER YOUR INTEREST**





Edited by:

**Dr Gillian Robinson,**

Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK

**Dr Katherine Martin,**

Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK

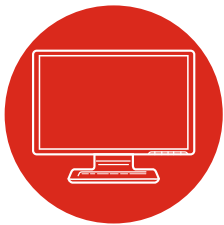
**Dr Arnab Seal,**

Consultant Neurodevelopmental Paediatrician, Leeds, UK

**Dr Karen Horridge,**

Visiting professor of Childhood Disability and Development, University of Sunderland, Sunderland, UK

## 18 Modules, 50+ hours



Core module:

**Fundamentals (15 hours),**  
including core concepts of the ICF, working with families, care of children with disabilities, safeguarding, and typical development

1. Acquired brain injury
2. Attachment and children in care
3. Attention-deficit/hyperactivity disorder
4. Autistic children and typical learning
5. Autistic children with learning disability
6. Cerebral palsy
7. Down syndrome
8. Duchenne muscular dystrophy
9. Educational challenges
10. Foetal alcohol spectrum disorder
11. Hearing impairment
12. Intellectual disabilities
13. Paroxysmal movement disorders and epilepsy
14. Progressive, intellectual, and neurological deterioration
15. Social adversity
16. Spina bifida and hydrocephalus
17. Visual impairment



## Content Overview



### FUNDAMENTALS

**Dr Arnab Seal**, Consultant Neurodevelopmental Paediatrician, Leeds, UK  
**Dr Laura Archer**, Paediatric Trainee, Mid Yorkshire Hospital NHS Trust, UK  
**Dr Rushna Raza**, Paediatric Neurodisability Consultant, Leeds Community Healthcare, Leeds, UK  
**Linsay Medica**, Parent of Jack and Founder of Little Hiccups, family support organisation, UK  
**Dr Gillian Robinson**, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Dr Alexandra Damazer**, Consultant Paediatrician, Hull, UK  
**Dr Karen Horridge**, Visiting Professor of Childhood Disability and Development, University of Sunderland, Sunderland, UK  
**Jennifer Hague**, Consultant in Clinical Genetics, Yorkshire Regional Genetics Service, Leeds, UK  
**James McTaggart**, Clinical Genetics Registrar, Yorkshire Regional Genetics Service, Leeds, UK  
**Dr Kristina Lotha**, Paediatric Registrar, Leeds Teaching Hospital NHS Trust, Leeds, UK

Fundamentals covers the essential topics that need to be understood in order to make sense of the other modules in this course and it is divided into the following sections:

#### **Core concepts** (Laura Archer, Rushna Raza, Arnab Seal)

This section explores in detail the concepts that provide a framework for understanding childhood onset disability. These include the International Classification of Functioning, Disability and Health (ICF), family centred services (FCS), functional assessments, participation & inclusion, goal setting, multi-disciplinary & evidence informed care, children's rights and advocacy. There are videos, interactive material and notes explaining each concept. Understanding these ideas is essential to make sense of all the other sections of the course.

#### **Understanding child development** (Gillian Robinson, Alexandra Damazer)

This part gives you an understanding about the different areas of development and how children steadily build on the skills they have already gained. It helps you to have a clear framework to think about development. This helps you 'when your mind goes blank' in the clinical setting, and in particular clinical exams! You then just need to use the framework to describe what you see and then to engage with the child to see if they can make the next developmental step in that area.

#### **Typical development at different ages** (Gillian Robinson, Alexandra Damazer)

This gives you an approach to a developmental assessment. It gives you the opportunity to check your knowledge of development at different ages. It is good preparation for clinical examinations and there is a clinical exercise tool to complete with a colleague that will help you take these skills into the real world. There is also advice about how to help children reach their potential at the different developmental stages.



## Typical developmental challenges: a life story (Gillian Robinson, Alexandra Damazer)

This section looks at a wide range of common issues facing typically developing children including issues around eating, continence, behaviour, sleep and parenting that occur during a typical childhood.

## Partnership with families (Laura Archer, Rushna Raza, Kristina Lotha, Lindsay Medica, Arnab Seal)

This has four main sections. Three of these are scenarios based around children with disabilities and their families. The fourth section considers the family from a wider perspective and is focused on genetic principles (James McTaggart and Jennifer Hague).

## Caring for the disabled child (Laura Archer, Rushna Raza, Lindsay Medica, Arnab Seal)

This covers many important topics of relevance to families, practitioners and anyone involved in caring for a child with a disability. When you work through later modules, you may find it helpful to refer back to this section frequently to refresh your knowledge. This section is divided in the following parts:

- Communication
- Feeding, eating, drinking, swallowing
- Obesity
- Dressing and personal care
- Skin care
- Promoting independence
- Oral and dental hygiene
- Pain
- Continence
- Puberty and sexuality
- Transitions
- Adaptions, aids and equipment
- Sleep
- Behaviours, emotions, and mental health (Karen Horridge)
- Safeguarding

## ACQUIRED BRAIN INJURY

Dr Jane Williams, Consultant Paediatrician, Nottingham children's Hospital, Nottingham, UK

Dr Gillian Robinson, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK

This covers the causes and factors affecting outcome from an acquired brain injury. It looks at a practical case from its arrival in accident and emergency including initial medical management and the approach to physical child abuse.

## ATTACHMENT AND CHILDREN IN CARE

Dr Alison Share, Consultant Community Paediatrician and Designated Doctor for Looked After Children, Leeds Community Healthcare NHS Trust, Leeds, UK

Dr Monica Negoita, Consultant Community Paediatrician, Leeds Community Healthcare NHS Trust, Leeds, UK

Lisa Bolton, Professional Lead Nurse for Looked After Children and Care Leavers, Leeds Community Healthcare NHS Trust, Leeds, UK

You will follow a child through the care system and understand the health implications at each developmental age. You will understand the reasons for which children and young people come into care, and how adverse childhood events can have a lifelong effect on their physical, mental, and emotional wellbeing.

## ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Mandi Rennie, Parent Carer, Family Voice Peterborough, UK

Dr Venkat Reddy, Consultant Neurodevelopmental Paediatrician, Cambridgeshire and Peterborough NHS FT, Peterborough, UK

Dr Divik Seth, Consultant Neurodevelopmental Child Psychiatrist, Cambridgeshire and Peterborough NHS FT, Cambridge UK

Dr Reneva Petersen, Specialist Paediatrician, Cambridgeshire and Peterborough NHS FT, Peterborough, UK

Dr Suganya Palaniswamy, Portfolio Community Paediatric Trainee, Cambridgeshire and Peterborough NHS FT, Peterborough, UK

This module covers factors affecting attention, about the clinical criteria in order to make an ADHD diagnosis as well as the associated comorbidities. There are sections about being able to offer simple and helpful advice to enable busy children and families lead better and happier lives, along with information about medication.

## AUTISTIC CHILDREN AND TYPICAL LEARNING

**Dr Elizabeth Homer**, Paediatric Neurodisability Registrar, Royal Berkshire NHS Foundation Trust, Reading, UK  
**Dr Gillian Robinson**, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Hannah Rowland**, Clinical Psychology Trainee, University of Lancaster, Bailrigg, Lancaster, UK  
**Rebecca Shuttleworth**, Specialist Paediatric Occupational therapist, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Dr Geeta Gaddale Suryanarayan**, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Anonymous parent carer**, UK

This module provides insight into the issues facing an autistic child and their family. This includes the features that would make you consider if autism could be an underlying contributor to their difficulties, and the information you need to make a referral for onward assessment. You will learn simple strategies that can help families to support their child and young person.

## AUTISTIC CHILDREN WITH LEARNING DISABILITY

**Dr Vidya Krishnan**, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Dr Laura Thomas**, Paediatric Specialty Trainee, UK  
**Mrs Debby Marshall**, Clinical Lead Speech and Language Therapist, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Mrs Elizabeth Hay**, Parent carer, UK

This module will help you to understand the essentials needed to enable communication and how this is altered in a child with an autistic spectrum condition. You will be given an approach about how to address unexplained bruising on a child attending clinic including how to document this and address child protection concerns.

## CEREBRAL PALSY

**Dr Anastasia Michael**, Registrar in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK  
**Dr Antony La Mola**, Paediatric Physiotherapy, Nottingham Children's Hospital, Nottingham, UK  
**Antony La Mola**, Advanced Practitioner Paediatric Physiotherapist, Nottingham University Hospitals, Nottingham, UK  
**Sophie Varley**, Advanced Practitioner Paediatric Physiotherapist, Nottinghamshire Health Care Trust, Nottingham, UK  
**Dr Sarah Haynes**, Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK  
**Dr Denise Crozier**, Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK  
**Dr Katherine Martin**, Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK

Cerebral palsy is a term that conveys a broad range of clinical presentations. This module outlines key definitions, classifications and causes of cerebral palsy together with some approaches to management. Three of the more common clinical scenarios are then used to introduce and illustrate the most common issues and comorbidities seen in children with cerebral palsy.

## DOWN SYNDROME

**Dr Jill Ellis**, Consultant Community Paediatrician, East London Foundation Trust, UK and Chair, DSMIG UK and Ireland  
**Dr Elizabeth Herrieven**, Consultant in Emergency Medicine, Sheffield Children's Hospital, Sheffield, UK  
**Dr Liz Marder**, Consultant Paediatrician, Community and Neurodisability, Nottingham Children's Hospital, Leeds, UK and Information Lead, DSMIG UK and Ireland  
**Gillian Bird**, Services Director, Down's Syndrome Association of England, Wales and Northern Ireland  
**Hannah Winterton**, Paediatric Specialty Registrar, Nottingham Children's Hospital, UK

This module focuses on a series of scenarios extending from antenatal period through childhood to adolescence and transition to adult services. The aim is to promote amongst clinicians a good understanding of, and an approach to prevention, assessment and management of the health issues associated with Down syndrome.

## DUCHENNE MUSCULAR DYSTROPHY

**Dr Sandeep Jayawant**, Consultant Neurologist, Oxford University Hospitals NHS Foundation Trust, Oxford, UK  
**Dr Rakesh Tailor**, Consultant Paediatrician with interest in Neurodevelopment and Neurodisability, Upton Hospital, Berkshire Healthcare NHS Foundation Trust, Berkshire, UK  
**Hayley Ramjattan**, Clinical Specialist Neuromuscular Physiotherapist, Oxford University Hospitals NHS Trust, Oxford, UK  
**Francesca Henderson**, Clinical Specialist Neuromuscular Physiotherapist, Oxford University Hospitals NHS Trust, Oxford, UK

You will follow the journey of a child with Duchenne muscular dystrophy, from initial diagnosis through to adulthood, utilising the International Classification of Functioning, Disability and Health (ICF) framework. It highlights the holistic approach needed to manage such a child and family. It is a journey for all professionals involved to achieve the best outcome for physical and emotional wellbeing, as the child moves towards adult life.

## EDUCATIONAL CHALLENGES

**Dr Venkat Reddy**, Consultant Neurodevelopmental Paediatrician, Cambridgeshire and Peterborough NHS FT, Peterborough, UK  
**Dr Divik Seth**, Consultant Neurodevelopmental Child Psychiatrist, Cambridgeshire and Peterborough NHS FT, Cambridge UK  
**Dr Reneva Petersen**, Specialist Paediatrician, Cambridgeshire and Peterborough NHS FT, Peterborough, UK  
**Mandi Rennie**, Parent Carer, Family Voice Peterborough, UK  
**Dr Suganya Palaniswamy**, Portfolio Community Paediatric Trainee, Cambridgeshire and Peterborough NHS FT, Peterborough, UK

This module gives you an approach to address any medical conditions contributing to this. You will learn about specific learning difficulties, how they impact on children and strategies to support them. You will then move on to identifying children with medically unexplained symptoms and how to approach this issue as a trainee.

## FOETAL ALCOHOL SPECTRUM DISORDER

**Dr Anna Gregory**, Consultant Community Paediatrician, Adoption and Fostering Medical Advisor, Named Doctor for Safeguarding- Leeds Community Healthcare NHS Trust, Leeds, UK  
**Dr Gemma Dolden**, Consultant Community Paediatrician, Adoption and Fostering Medical Advisor - Leeds Community Healthcare NHS Trust, Leeds, UK  
**Julie Pocklington**, Education Lead, Multi Disciplinary Team, One Adoption West Yorkshire, UK  
**Lorraine Egan**, Carer and West Yorkshire FASD lead for FASD Network, UK

This module aids the understanding of foetal alcohol spectrum disorder, how it presents and the impact on the children at different ages. This will help clinicians undertaking the module to understand the wide variety of issues these children have, how it affects them at different ages and what is considered the best way to assess them.

## HEARING IMPAIRMENT

**Dr Trisha Gudka**, ST4 Paediatric Trainee, Northampton General Hospital, Northampton, UK  
**Dr Katherine Martin**, Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK

This module focuses on the identification and management of hearing impairment in children, introducing the investigations that may be required and the wider multidisciplinary team members who may be involved.

## INTELLECTUAL DISABILITIES

**Dr Nick Wood**, Consultant Paediatrician, Bradford Teaching Hospital NHS Foundation Trust, Bradford, UK  
**Dr Elizabeth Pal**, ST7 Specialty Trainee in Community Paediatrics, Leeds Community Healthcare NHS Trust, Leeds, UK  
**Leanne Johnston**, Preparation for Adulthood Coordinator, Bradford, UK

This module guides you through a case study that follows a child's journey from childhood to adolescence, offering insights into the challenges that may arise, spanning health, behaviour, education, access to opportunities, and the transition period. The module places a special emphasis on setting and achieving goals, maximising the child's participation and the importance of holistic care.

## PAROXYSMAL MOVEMENT DISORDERS AND EPILEPSY

**Dr Alexander Nevin**, Senior House Officer in General Medicine, Oxford University Hospitals, Oxford, UK  
**Dr Halah Faris**, Paediatric Registrar, Oxford University Hospitals, Oxford, UK  
**Dr Chamara Jayamanne**, Paediatric Registrar, Oxford University Hospitals, Oxford, UK  
**Dr Oliver Jefferis**, General Paediatrician, Oxford University Hospitals, Oxford, UK  
**Dr Rohini Rattihalli**, Paediatric Neurologist, Oxford University Hospitals, Oxford, UK  
**Dr Geetha Anand**, General Paediatrician with epilepsy interest, Oxford University Hospitals, Oxford, UK

This module covers the assessment and management of seizures and paroxysmal movement disorders in children and young people, with a particular focus on the approach to epilepsy and associated neurodisabilities.

## PROGRESSIVE, INTELLECTUAL, AND NEUROLOGICAL DETERIORATION

**Dr Sarah Hill**, Specialist Paediatric Registrar, Sherwood Forest Hospitals NHS Foundation Trust, Sutton-in-Ashfield, UK  
**Caroline Dorsett**, Specialist Children's Palliative Care Nurse, Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Nottingham, UK  
**William P Whitehouse**, Honorary (Clinical) Associate Professor, School of Medicine, University of Nottingham, and retired paediatric neurologist, Nottingham University Hospitals NHS Trust, Nottingham, UK  
**Dr Toni Wolff**, Consultant Neurodisability Paediatrician, Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Nottingham, UK

In this module the authors consider the journey of a child with a progressive neurological disorder leading to death in childhood. Elements that will be discussed are history and examination when loss of skills or regression is first suspected in a child, the role of children's palliative care, ethical issues and end of life care.

## SOCIAL ADVERSITY

**Dr Guddi Singh**, Consultant Paediatrician, PhD Candidate, King's College London, Director of Wellbeing & Health Action Movement (WHAM), London, UK  
**Dr Hannah Zhu**, Consultant Community Paediatrician, Evelina Children's Hospital, London, Guy's and St Thomas' NHS Foundation Trust, Wellbeing & Health Action Movement (WHAM), London, UK  
**Dr Emma Sunderland**, Consultant Community Paediatrician, Homerton University Hospital, Wellbeing & Health Action Movement (WHAM), London, UK

This module outlines how social determinants impact child health, and provides practical guidance on how to bring a public health lens in clinical settings. We use a case study of two children to help better understand the importance of the social determinants of health throughout the life course.

## SPINA BIFIDA AND HYDROCEPHALUS

**Dr Gillian Robinson**, Consultant Community Paediatrician, Airedale NHS foundation Trust, Steeton, Keighley, UK  
**Dr Katherine Martin**, Consultant in Paediatric Neurodisability, Nottingham Children's Hospital, Nottingham, UK  
**Kris Worsey**, Parent carer, UK

This module teaches you about neural tube defects, their risk factors and how to prevent them. You will learn about the medical issues associated with spina bifida, like hydrocephalus and neuropathic bladder. You will have the opportunity to apply this to a clinical case.

## VISUAL IMPAIRMENT

**Dr Jenefer Sargent**, Consultant Paediatrician, Neurodisability, Great Ormond Street Hospital, London, UK  
**Dr Eleanor Yule**, Consultant Paediatrician, Neurodisability, Great Ormond Street Hospital, London, UK

This module covers severe congenital visual impairment. Epidemiology, underlying causes, identification, classification of visual impairment and impact on childhood development will be covered.





## Who would benefit

This course would benefit UK level 1 (core) paediatric trainees in their first 4 years of training, before subspecialisation. It will also be useful to reinforce training at subsequent career stages and would be of benefit for other practitioners and parents.

The diverse array of multimedia activities will engage users and support development of the knowledge and skills necessary to assess and manage children and young people with a range of different needs.



This resource is designed to support:

- Paediatric Trainees Level 1 (those in first 4 years of paediatric training)
- General Paediatricians
- Community Paediatricians
- Allied Health Professionals
- CAMHS Trainees
- Special Educators, including Educational Psychologists SENCOs
- Specialist Teachers
- Therapists
- Health Visitors
- Nurses
- Families
- Practitioners internationally from any background who want to improve their knowledge and skills in childhood-onset disability and neurodevelopment differences
- Anyone who lacks confidence in managing children with neurodevelopment differences or disabilities





In each module you will follow a child's journey from **childhood to adolescence**, offering insights into the challenges that may arise and **key facts** to enable fast decisions at point of care.

## Middle childhood: life story - Tom

Search

When you had seen him in clinic the first time, Tom had been referred with language delay and behavioural characteristics such as repetitive behaviours. Tom was ultimately diagnosed with autism spectrum condition (ASC) at the age of five.

He has been doing well in a mainstream nursery setting, with additional support for his social and emotional needs. His language skills have continued to develop, and he is now talking in simple sentences.

He has come to your clinic today because he has recently experienced two generalised tonic-clonic seizures, which had very similar characteristics to the one he had earlier in his life. They occurred 8 weeks apart and lasted about 3 minutes each.

He has had another standard EEG, which was normal. As yet it has not been possible to obtain a sleep EEG.

∨ Since Tom's EEG remains normal, can he be diagnosed with epilepsy?

A standard awake EEG can be normal in 30% to 40% of children with epilepsy. Tom has now had three separate non-symptomatic epileptic seizures; he meets the ILAE criteria for an epilepsy diagnosis even with a normal EEG.

> As the EEG is still normal, should we prescribe regular anticonvulsants?

> Will you recommend rescue medication?

> Would you consider any further investigations?








> Epilepsy data collection

**Early Childhood: 0-5 years old**

**Middle Childhood: 6-11 years old**

**Adolescence: 12-18 years old**

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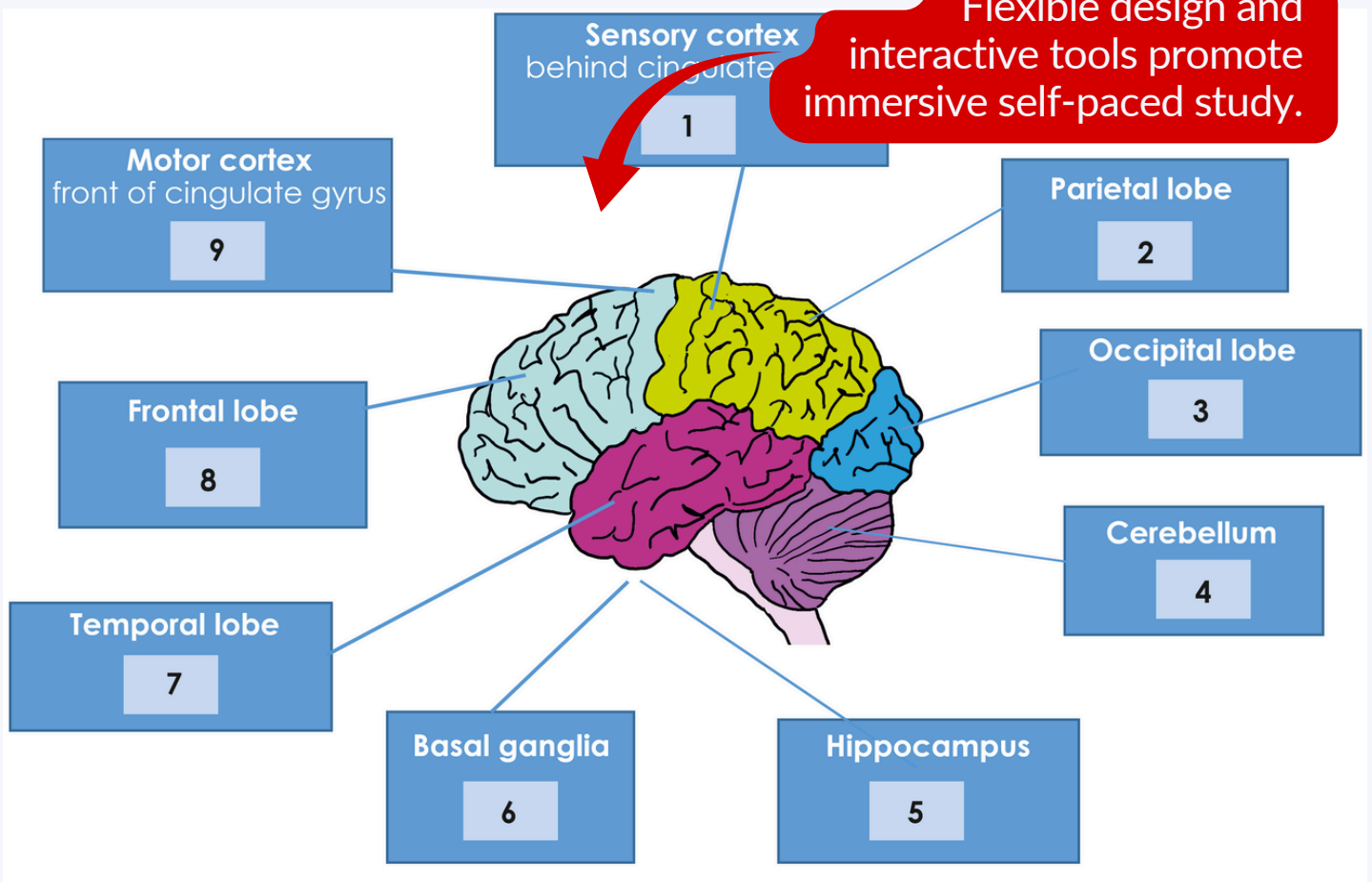
 <p>Introduction</p>	 <p>Antenatal</p>	 <p>Neonatal</p>	 <p>Early childhood</p>	 <p>Middle childhood</p>
 <p>Adolescence and transition</p>	 <p>Key messages and resources</p>			

All paediatricians will encounter children and young people with developmental differences and disabilities, regardless of their specialisation.

It is important for them all to be **confident in their approach** and know how to make appropriate adjustments to ensure the **best outcomes**.



Flexible design and interactive tools promote immersive self-paced study.



Each module has **multiple choice questions**. After successfully completing a module, completion certificates are available at both course and module level.

**Question 1**

Not yet answered

Marked out of 1.00

Flag question

What are some common reasons for children to enter the care system?

Select one or more:

- a. Neglect of health and educational needs.
- b. Physical, sexual, and emotional harm.
- c. Unaccompanied asylum-seeking children.
- d. Parental ill health including mental health needs and death.
- e. Childhood disability.





The downloadable resources have been co-produced by experts in the field, including families of children with developmental differences and disabilities.

They thus should be accessible, meaningful and useful for all practitioners who may work with these children and young people, as well as for families.

## Parenting Tips

### Work on your relationship



We all will be more helpful with people we like to be with, and this is particularly true for children. Children who have 10 minutes a day of one-to-one time doing an activity they choose and enjoy with you regardless of how their day has gone helps. Not only can you have fun together but they are more likely to do as asked. Also listening well about the things they enjoy and times when things have gone wrong.

### Have clear rules

Having clear rules that everyone applies in the same way stops arguments. These could include respecting others, and other property, sharing, being kind and trying hard.



### Have easy to follow routines



Having easy and clear routines helps children and parents. Particularly in the morning and at bedtime. Try to stick to these.

### Encourage good behaviours

Use simple requests.  
Praise your child's efforts - say thank you and well done!  
Use start charts, stickers or pennies in a jar.  
Work towards bigger rewards such as going to bed an hour later on Friday or special activity with a parent - think about what your child really likes to do.



### Deal with poor behaviour



Keep calm - do not shout or argue it makes the situation worse. Do not reason when they are angry - children struggle to listen. Count calmly, slowly but firmly to five. If the child is still behaving inappropriately then follow with sanctions such as cool it time of 1 minute per year of age or a loss of a privilege.

Being a parent is a difficult job, and some children are more challenging to parent than others - you almost need to be spot-on 95% of the time. Other sources of help include:  
Buy or borrow a book about parenting such as 1,2,3, Magic by Thomas Phelan. Look on the local offer website or talk to your health visitor or pastoral care team at school about local parenting courses such as Incredible Years or Triple P.

### PHYSICAL FACTORS

Hunger... or just had lunch  
Poor sleep or need a nap  
Desperate for the loo!

### PERSONAL RELEVANCE

Your interest in a subject  
The relevance to you

### DEVELOPMENTAL LEVEL

Attention is a skill learned during childhood.  
4-year-old - 10 minutes  
8-year-old - 20 minutes  
12-year-old - 30 minutes  
It is also affected by learning difficulties.

### EMOTIONAL STATE

Recent major life events such as bereavement or moving into care  
Anxiety  
Stress  
Low mood or depression  
Disordered attachment

### ENVIRONMENT

Everybody concentrates better in a quiet environment  
Visual distractions

### THE OTHER PERSON

Decreased eye contact  
Monotonous voice  
Limited facial expression

**ATTENTION**





**GET IN TOUCH**

To express your interest and receive updates on the course, sign up here:

**[www.mackeith.co.uk/child-development-and-disability-essentials/](http://www.mackeith.co.uk/child-development-and-disability-essentials/)**

You can find out more about this course, as well as other Mac Keith Press courses and products, at:

**[www.mackeith.co.uk](http://www.mackeith.co.uk)**

You can also send us queries and find out about group access for your department by emailing us at:

**[alex.mckenzie@mackeith.co.uk](mailto:alex.mckenzie@mackeith.co.uk)**

We'd love to hear from you!