General Practice Collaborative Meeting:

Investing in the health of children and young people

Practical support from general practice and key referral services on developmental delays in childhood and referral pathways.

Setting the Scene

Dr Lisa Beecham

- Getting in early- Identifying development delays in children and why this is so important
- When to do development checks
- Case example

Setting the Scene

Populations that need particular attention

Children in Care

- 97% have health issues - developmental delay is common
- Effect of trauma can mimic conditions such as ADHD and ASD
- Health information sharing and continuity of health care is challenging due to changes in placements and CSOs
- They may not access the full range of options in the health system

Primary medical issues:

- 14% have abnormal growth
- 24% have incomplete vaccinations
- 20% have abnormal vision screening
- 28% have an abnormal hearing test
- 30% have dental problems

Trauma-related issues:

- 54% have emotional or behavioural problems
- Up to 63% have an eating disorder or obesity
- 45% aged 10 to 17 years have moderate or high health risks associated with substance use
- 77% aged ≥ 12 years smoke every day
- 45% aged < 5 years have a speech delay

Setting the Scene

Populations that need particular attention

Aboriginal and Torres Strait Islander children

- Twice as likely to be developmentally vulnerable in early childhood
- 1.6 x more likely to die during infancy
- 2.6 times more likely to experience very high/high levels of psychological distress – intergenerational trauma
- Higher rates of socioeconomic disadvantage, anemia, growth failure, hearing issues, diabetes, Fetal Alcohol Spectrum Disorder
- Disproportionate representation in the child protection system

Developmental delays in childhood & referral pathways

Dr Ka-Kiu Cheung and Dr Kristy Bayliss

Gold Coast Health GPs with Special Interest – developmental paediatrics

Gold Coast Health
Building a healthier community

phn GOLD COAST
An Australian Government Initiative

Development delays are common, and waitlists can be long!
What help is available and how can we improve access?

Condition	Prevalence
Sensory/language disorder	3.2%
ADHD	5-8%
Autism Spectrum Disorder	1-2%
Intellectual Disability	3%
Specific Learning Disorders	10%
Type 2 Diabtetes	5-6%

Kids with ADHD are twice as likely to die in childhood, and 3-5 times more likely to die by mid adulthood. By comparison, someone with T2DM is 1.6x more likely to die than someone without.

People with autism have a life expectancy of 20-36 years shorter than non autistic people.

Developmental delays in childhood & referral pathways

How do we identify developmental delay or disorders?

- Red flags checklist
- Developmental checklists in the Red Book at routine baby checks
- Hearing and vision screen
- Daycare/kindy/school teacher concerns
- Parental concern

Children's Health Queensland Hospital and Health Service

Child and Youth Community Health Service

Red Flags Early Identification Guide

for children aged birth to five years *SECOND EDITION*

The *Red Flags Early Identification Guide (for children aged birth to five years)* is a **health resource for professionals** (including general practitioners, child health nurses, allied health professionals and early childhood educators) working with families, to help identify developmental concerns early, so families can receive support from the right professionals at the right time.

The *Red Flags Early Identification Guide* will:

- Assist with early identification of developmental concerns in a child's developmental domains (social/emotional; communication; fine motor/cognition/self-care; and gross motor) that are impacting on their day-to-day functioning.
- Assist with clinical decision making when used in conjunction with other evidence-based screening tools, such as the *Parents Evaluation of Developmental Status (PEDS)* and/or *Ages and Stages Questionnaire (ASQ)*. **The guide is not a standardised screening tool and should not replace standardised assessment.**
- Facilitate conversation with parents/carers around their child's development and the benefits of early identification and early intervention in particular when a parent may not be concerned about their child's development.
- Facilitate conversation about a plan of action and where to obtain a more detailed developmental screen and/or assessment.

Tips for using the guide

- Children's Health Queensland recommends this resource be used **in discussions with parents/carers** about typical development and parental understanding/expectations of development. This process facilitates identification of parental concerns/questions about a child's growth, development and activities of daily living.
- A single red flag is not always an indication for concern or referral, rather the functional impact of one or more red flags on the child's everyday functioning and participation, should be taken into consideration.
- The negative statements of 'does not...' and 'not able to...' have been used to highlight a delay/lack of acquisition of skills. The red flags have been linked to the absence or delay of skill/s which lie at the boundary of the typical developmental range. Therefore the guide should not be used as a 'milestones' screener, as the red flags are not developmental milestones.
- This second edition includes revised red flags and directions for appropriate use.

Stimulate your child's development with PLAY!

P **Partner:** be your child's partner in play. Follow their lead and wait for them to take their turn.

L **Look and listen:** adjust the play to your child's level and follow their instructions.

A **Add:** introduce new ideas to guide, support and expand on the play your child is leading.

Y **You and your child together:** get down on their level and enjoy being together.

Ways to PLAY?

- Use your senses: touch, listen and look at objects (e.g. sand, leaves and toys)
- Move about: help your child move, push and pull objects
- Out and about: go to libraries, talk about books; visit parks – climb, throw and kick balls, ride a bike
- Talk and problem solve, e.g. with puzzles
- Use imagination: play out simple ideas and gradually introduce different scenarios or roles; play with dolls/teddies/figurines; creatively use boxes or containers as play objects (e.g. as a car)
- Explore: use a variety of things for your child to explore and play with e.g. bubbles, pots and pans, play doh. Your cupboards are full of exciting things!

Area	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Red flags at any age
Social emotional 	• Does not smile or interact with people	• Not sharing enjoyment with others using eye contact or facial expression	• Does not notice someone new • Does not play early turn-taking games (e.g. peekaboo, rolling a ball)	• Lacks interest in playing and interacting with others	• When playing with toys tends to bang, drop or throw them rather than use them for their purpose (e.g. cuddle dolls, build blocks)	• No interest in pretend play or interacting with other children • Difficulty noticing and understanding feelings in themselves and others (e.g. happy, sad)	• Unwilling or unable to play cooperatively	• Play is different than their friends	• Strong parental concerns • Significant loss of skills • Lack of response to sound or visual stimuli • Poor interaction with adults or other children • Lack of, or limited eye contact • Differences between right and left sides of body in strength, movement or tone • Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills
Communication 	• Not starting to babble (e.g. aahh; oohh)	• Not using gestures (e.g. pointing, showing, waving) • Not using two part babble (e.g. bubu, dada)	• No babbled phrases that sound like talking • No response to familiar words (e.g. bottle, daddy)	• No clear words • Not able to understand short requests (e.g. 'Where is the ball?')	• Not learning new words • Not putting words together (e.g. 'push car')	• Speech difficult for familiar people to understand • Not using simple sentences (e.g. 'Big car go')	• Speech difficult to understand • Not able to follow directions with two steps (e.g. 'Put your bag away and then go play')	• Difficulty telling a parent what is wrong • Not able to answer questions in a simple conversation (e.g. 'What's your name? Who is your family? What do you like to watch on TV?')	
Cognition, fine motor and self care 	• Not reaching for and holding (grasping) toys • Hands frequently clenched • Does not explore objects with hands, eyes and mouth • Does not bring hands together at midline	• Does not hold objects • Does not 'give' objects on request • Cannot move toy from one hand to another	• Does not feed self finger foods or hold own bottle/ cup • Unable to pick up small items using index finger and thumb	• Does not scribble with a crayon • Does not attempt to stack blocks after demonstration	• Does not attempt to feed self using a spoon and/ or help with dressing	• Does not attempt everyday self care skills (such as feeding or dressing) • Difficulty in manipulating small objects (e.g. threading beads)	• Not toilet trained by day • Not able to draw lines and circles	• Concerns from teacher about school readiness • Not able to independently complete everyday routines such as feeding and dressing • Not able to draw simple pictures (e.g. stick person)	
Gross motor 	• Not holding head and shoulders up with good control when lying on tummy • Not holding head with control in supported sitting	• Not rolling • Not sitting independently/ without support • Not moving (e.g. creeping, crawling) • Not taking weight on legs when held in standing	• No form of independent mobility (e.g. crawling, commando crawling, bottom shuffle) • Not pulling to stand independently and holding on for support	• Not standing independently • Not attempting to walk without support	• Not able to walk independently • Not able to walk up and down stairs holding on	• Not able to walk up and down stairs independently • Not able to run or jump	• Not able to walk, run, climb, jump and use stairs confidently • Not able to catch, throw or kick a ball	• Not able to walk, run, climb, jump and use stairs confidently • Not able to hop five times on one leg and stand on one leg for five seconds	

So, you have a concern about a baby or child. What next?

Under School Age

Developmental concern →

- ***Community child health nurse referral*** – for more in-depth developmental assessment, or linking in with early child nurse support for feeding, parenting, sleep and monitoring development (up to school age)

ECEI – Early Childhood, Early Intervention NDIA All children 0-6yrs (Australian Citizens) with any type of development delay are eligible for ECEI to access information, free short term intervention, NDIS, referrals, building strengths & support for families, community & mainstream links & capacity building. The earlier the better, short wait times. Further referrals to nurse and CDS if required, children 0-6yrs.

- ***Child Development Service***
    - Single discipline clinic for single domain concerns eg: gross motor, speech/language etc
    - Multidisciplinary Diagnostic Assessment Clinic
        - Multidisciplinary Developmental Clinic (before starting school)
        - ASD Diagnostic clinic (<6 yrs)
        - FASD clinic (<10yrs)

**NB you do not need to specify what clinic you are referring to – if you put enough info in the referral it will be triaged and allocated according to what you have identified the child needs **

So, you have a concern about a baby or child. What next?

Under School Age

Behavioural concern -->

- FREE community parenting classes/programs – Triple P, Circle of Security, 123 Magic

- Community Child Health Nurses
  - Child Health Nurses may also refer child on to early intervention parenting support
    - Provide both individual and group parenting programmes.

- Griffith Uni psychology clinic – groups eg Parent Child Interaction Program

- Private psychology

If the Child has **both** developmental concerns + behavioural concerns, refer at same time to community behavioural supports and Child Development Service.

GP PDF referral template for Child Health Nurses
> the PHN website *Referral Templates* page under Paediatrics

Queensland Government

Gold Coast Health

COMMUNITY CHILD HEALTH REFERRAL

Facility: _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

INSTRUCTIONS: Please ensure *BOTH pages* of the referral are completed AND that the parent / guardian completes the *CONSENT* section prior to forwarding the form via:

Fax to: 07 5687 9168 **OR** **Email:** child.health.intake@health.qld.gov.au

For further enquiries or information, please contact 07 5687 9183

Please note: Community Child Health routinely provide feedback to referrers regarding the outcome of the referral intake process. Appointment outcome feedback may be provided to referrers, where appropriate, **with the consent** of the parent / guardian following the child's appointment with Community Child Health.

CLIENT DETAILS (please use a separate referral form for EACH relevant child in the family)

Family name: _____ **First name:** _____ **Sex:** ☐ Male ☐ Female

DOB: ____/____/____ Age: _____ years _____months Gestation: (if applicable / known) _____

Address: _____

Indigenous Status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal NOT Torres Strait Islander ☐ Australian South Sea Islander ☐ Non Indigenous

Language: ☐ English ☐ Other – Specify: _____ Interpreter required: ☐ No ☐ Yes

Country of birth: _____ **Religion:** _____

Medicare number: _____ **Reference No:** _____ **Valid to:** _____

Parent / Guardian name: _____

Relationship to client: _____ **Preferred contact number:** _____

Parent / Guardian email: _____

REASON FOR REFERRAL (please tick appropriate boxes to provide further information over page as required)

☐ ***Neonatal / Postnatal concerns:***

☐ Infant complications ☐ Maternal complications ☐ Newborn feeding / nutrition

☐ Other – Specify: _____

☐ ***Child Development:***

☐ General assessment ☐ Speech / language ☐ Gross motor ☐ Fine motor / vision ☐ ASD

☐ Other – Specify: _____

All clinical form creation and amendments must be conducted through Health Information Services

☐ ***Child Behaviour / Parenting concerns:***

☐ Sleep / settling ☐ General behaviour ☐ Bedwetting ☐ Social development

☐ Other – Specify: _____

☐ ***Hearing Health Assessment – 4 years and older*** ☐ ***General nutrition / feeding issues***

☐ ***Youth Health concerns:***

☐ Medical issues/complications ☐ Mental health ☐ Substance misuse

☐ Other – Specify: _____

☐ ***Social concerns:***

☐ Domestic / family violence ☐ Mental health ☐ Financial stress ☐ Substance misuse

☐ Other – Specify: _____

Any known risks to professionals home visiting? ☐ No ☐ Yes - Specify: _____

_____

ADDITIONAL REFERRAL DETAILS

Additional information / referral reason: ☐ No ☐ Yes – Specify below:

Previous Medical History:

☐ Unknown ☐ Nil ☐ Yes – specify below

Allergies:

☐ Unknown ☐ Nil ☐ Yes – specify below

Medications:

☐ Unknown ☐ Nil ☐ Yes – specify below

Previous Screening / Investigations:

☐ Unknown ☐ Nil ☐ Yes – indicate below AND attach copy if available:

Other Agency / Services involved	Contact person	Contact number

CONSENT TO REFERRAL

Parent / Guardian name: _____

Relationship to client: _____

Signature: _____ Date: ____/____/____

REFERRERS DETAILS

Referrers name: _____ Designation: _____

Signature: _____ Date: ____/____/____

Referring Agency / Service: _____

Provider Number: _____ Contact number: _____
(If applicable)

Email: _____

So, you have a concern about a baby or child. What next?

School Age

Developmental Concern →

- Includes learning difficulties/disabilities, ADHD, ASD, intellectual disability
- Can be referred to the Child Development Service
- Can be referred privately – paediatrician, child psychiatrist, University allied health clinics, private psychology assessments, guidance officer assessment (via school)

Behavioural Concerns →

- Is the behaviour due to an underlying mental health condition? Trauma?
- Is a CYMHS referral more appropriate? Eg school refusal
- Has a community psychologist/allied health already assessed and recommended paediatrician review?
- FREE community parenting programs
- Griffith Uni groups – eg REEF, ROAR, individual clinics
- Private Psychology

The main role of CDS is to provide assessment and diagnosis and formulation of a management plan – there is no capacity for individual interventions eg psychology

Griffith UNIVERSITY
Queensland, Australia

Griffith University Psychology Clinic Gold Coast

Affordable psychology services for the local community

You're in good hands

- No referrals required
- Therapy sessions from $20
- Comprehensive assessment and treatment by your choice of either a provisionally registered or registered psychologist
- Specialised treatment programs for children, adolescents, couples and families
- Individual and group sessions available
- Full cognitive and behavioural assessments from $300
- Unlimited therapy sessions with provisional psychologists—no GP mental health plan required
- After hours appointments available on request

griffith.edu.au/healthclinics

Group programs for children and parents

Group based learning to enhance your child's social interactions, enabling better communication and helping to develop relationships.

- **Regulating Overload and Rage (ROAR)**—providing you and your child with emotion regulation strategies and practical solutions to situations that lead to rage.
- **Recognising Emotions and Establishing Friendships (REEF)**—helping 5–7 and 8–12 year olds develop social skills and nurture friendships.
- **Stand Up Speak Out (SUSO)**—helping 12–17 year olds with anxiety by teaching ways to manage feelings, thought and behaviours in social settings.
- **OCD busters**—helping 7–18 year olds manage obsessions and compulsions, providing strategies to calm their thoughts.
- **Mindfulness for Parents**—teaching you practical ways to manage emotional distress and apply positive changes in stressful situations.
- **Parent-Child Interaction Therapy (PCIT)**—for parents of 2.5–6 year olds who display disruptive and challenging behaviours **(free program)**.
- **Circle of Security (COS)**—a DVD program for parents with children aged 12 months to 6 years that helps nurture parent-child relationships **(free program)**.

Individual therapy for adults

Confidential, modular or structured treatment programs for individuals, couples and families.

Let us help you with:

- anger
- anxiety
- Autism Spectrum Disorder (ASD)
- behavioural difficulties
- depression
- grief
- learning difficulties
- mindfulness techniques
- Obsessive Compulsive Disorder (OCD)
- pain
- panic attacks
- parenting skills
- phobias
- relationship issues
- self-acceptance
- self-esteem
- stress

Contact us

Our friendly, highly trained staff are available between 8 am and 5 pm, Monday to Friday. For a confidential discussion, call us on **1800 188 295** or email **ahreceptionteam@griffith.edu.au**

Gold Coast Psychology Clinic
Level 4, Cnr Parklands Drive and Olsen Ave, Southport

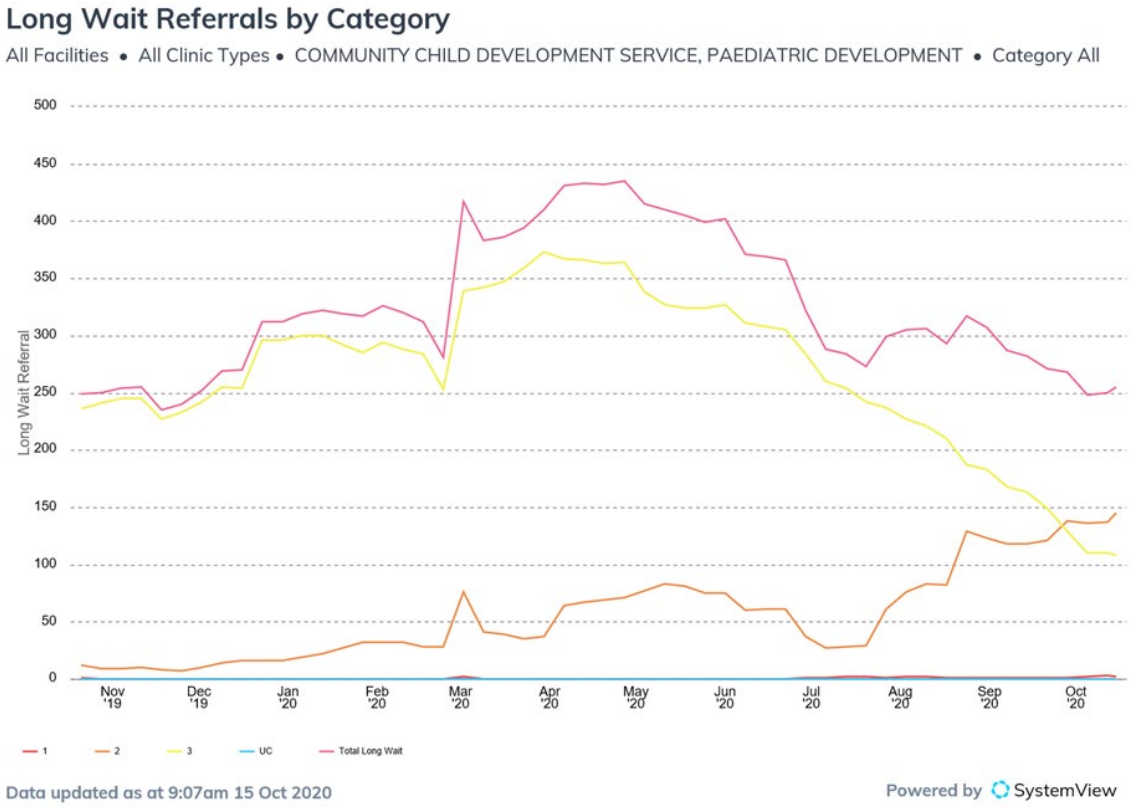
P 1800 188 295
W griffith.edu.au/healthclinics
f GriffithHealthClinics
Allied Health | Dentistry | Psychology

Griffith UNIVERSITY
Queensland, Australia

Waiting list management strategies have been implemented in past 6 months but…

Public wait lists are long! Some children spend many years at school, struggling along, before they are seen.

Cat 3 referrals may wait 9-12 months to see a paediatrician or allied health professional, and that's just to BEGIN the assessment.



So, what can WE do to improve outcomes for these children?

NOTE – CDS and GCPHN are in the process of trying to simplify these referral pathways, but we as GPs can help by improving the quality of our referrals

The more comprehensive the workup before referral, the better the referral is able to be triaged.

Consider:

- Letter or classroom observations from kindy/school
- Can the school Guidance Officer do a formal assessment? Eg WISC, Conners 3
- Utilise free screening tools – many can be emailed to parents and teachers before the next appt eg SDQ, Vanderbilt, ASQ, Novopsych
- Consider psychology or speech and language assessment via the University clinics – lower cost than private
- Community controlled health service e.g. Kalwun
- Private options for assessment eg paediatrician, psychologist

ALL children should have vision and hearing screening

Consider family history, esp with ADHD, ASD, dyslexia – a lot of these conditions have a genetic component, and this is what we as GPs do best – we know our families, and sometimes many generations of the one family!

The more comprehensive the workup before referral, the better the referral is able to be triaged.

There are Clinical Prioritisation Criteria – the more info you provide the better, so CDS can determine how quickly a child needs to be seen, and by whom. The goal is to get each child seen by the right person, at the right time.

Does the child fit into any high risk groups?

- Aboriginal and Torres Strait Islander
- Out of home care
- Abnormalities on neurological examination, or regression in skills
- Within GP room is the child presenting with an obvious developmental disorder – ASD, significant GDD
- Severe behavioural disturbance causing repeated exclusion from education, or significant risk to self or others

The more comprehensive the workup before referral, the better the referral is able to be triaged.

Additional information that will assist with Clinical Prioritisation Criteria

1. Highlight the SEVERITY of delay/concern
2. Highlight the IMPACT of the condition/behaviour on the child and family
3. Highlight any VULNERABILITIES of the family, such as parental mental health, trauma, ACE, family history
4. Highlight what the family have ALREADY TRIED – CDS will prioritise those who have already accessed external services and clearly require additional health input.

Examples

- 4 year – Developmental Concern ? ASD

- 4 year old – Strong Family History of ASD, speaking in full sentences, dislikes socks with seams and loud noises, Family concerned around possible ASD seeking review prior to school, no behaviour concerns at child care, but prefers to play with only 2 friends.

- 4 years old – Only has 20 words, family only concerned around speech delay: within GP visit: no eye contact, not responding to name, stereotypic hand flapping noted, distressed at examination – clinician concern re ASD

REQUEST FOR CONSULTATION
GOLD COAST HOSPITAL AND HEALTH SERVICE

PAEDIATRIC CLINIC

Template for correspondence about patient with

DEVELOPMENT, BEHAVIOURAL AND LEARNING CONCERNS

SEND TO: A/Professor Sue Moloney (Director of Paediatrics) Outpatient Access and Scheduling Centre Fax: 07 5687 4497 | **OR** **Secure transmission service via Medical Objects, Healthlink to** **QHEALTH,GOLD COAST HEALTH Outpatients Outpatient Bookings and Referrals**	**FROM** **Doctors Name:** **Practice Name:** **Practice Address:** **Phone:** **Fax:** **Email:** **Provider Number:**

Dear A/Professor Moloney

SECTION 1 Patient details

RE:
DOB:
AGE:

Gender:
Address:
Home Ph:
Mobile Ph:
Medicare Number*:
(*Medicare ineligible patients will incur a consultation fee)

Next of Kin/Alternative Contact:
Next of Kin/Alternative Contact Ph:
Does patient identify as Aboriginal and/or Torres Strait Islander:
Interpreter required:
If yes, specify language:

Mother's name:
Father's name:
Primary Carer's Name:
What is their relationship to the child:

Please explain to the patient's representative that a parent or guardian who can give consent have to accompany the child to their hospital appointment, unless they are under the care of Department of Child Safety.

Are there any family court orders in place:

Is there a guardianship order under the Department of Child Safety:

SECTION 2 Provisional diagnosis and/or main clinical concern

For mental health concerns or symptoms, please refer your patient to the Child Youth and Mental Health Service.

What is the reason for this referral:

Please provide provisional diagnosis (if available):

Please include any symptoms and date of onset (if known):

Parental concern/request for referral different from GP:
If yes, please specify:

Paste or type relevant history, clinical examination findings and treatment to date if required

SECTION 3 Mandatory information relevant to development, behavioural and learning concerns

Does the child have significant pre-existing diagnoses?
If yes, please specify:

Please specify child's weight:

BMI included:
If no, please enter:

Risk to self:
If yes, please specify:

Risk to others:
If yes, please specify:

Has the child been seen by Speech:

Has the child been seen by Physio:

Has the child been seen by Psychology:

Has the child been seen by a private paediatrician/psychiatrist:

If seen by other health care provider, please specify:

Name of school/childcare:

SECTION 4 Investigations

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach any investigation results you consider to be relevant.

Has the child had a hearing test:

Has the child had a vision test:

Psychologist report (if available):

Report from school or place of care:

SECTION 5 Duration of referral

Please indicate how long you would like your referral to remain valid:

☐ 12 months
☐ Indefinite

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

SECTION 6 Social factors and impact on the patient and family function

Consider the impact on education; activities of daily life; ability to care for others; personal safety/frailty; other factors. **Please paste or type relevant information.**

SECTION 7 Medical history including co-morbidities and previous surgical interventions

Clinical History Details:

Co-morbidities:

Previous Procedures:

Allergies:

Current prescribed medications:

Immunisation:

Relevant family history (allergies, bleeding disorders):

Don't forget to complete this section! The more you can add here re the impacts on the child and family, the better.

Developmental delays in childhood & referral pathways

Supports whilst waiting for referral or assessments to be completed

- Griffith, Bond and University of QLD university psychology clinics including group programs e.g. ROAR and social work
- Act for Kids (Intensive Family Support), Benevolent Society, Wesley Mission, Accoras
- Contact Family and Child Connect 13 FAMILY
- Provide opportunities for parent lead actions to reduce reliance of service response. E.g speech interventions, RaisingChildren.net.au
- NDIS Early Childhood Early Intervention team – for children < 7 years: can commence allied health intervention and other support services without an underlying confirmed diagnosis

Developmental delays in childhood & referral pathways

Need Help?

- Community Child Health Nurses – 56879183
- CDS Admin –56879183
- CDS Intake – 57879141
- ECEI 0427 084 280
- Direct access to Developmental Paediatrician –1300 004 242
  - To ask questions about assessment, existing patients needing review, help with medication adjustments etc.
- Griffith Uni Psychology Clinic 1800 188 295
- Consider registering for Project ECHO at CHQ to improve your confidence in assessment and management
- PHN website has resources and referral links

Children Young People and Families

Child, Youth and Family

- Children and Young People in Care
- Children Young People and Families

Helpful Links

- Mental Health Service Options

Content last updated 19/10/2020

Children, Young People and Families

Gold Coast Primary Health Network (GCPHN) recognises that child health is a key priority, with rates of developmentally vulnerable children higher in this region compared to the national average.

The resources contained in this page are available to assist health professionals to improve child health and wellbeing outcomes. Further resources for patients can be found on the **Health Resources for Community Children and Young People page.**

+ Gold Coast Health Specialist Advice Services
+ Other Advice Services
+ Indigenous Resources
+ Referrals
+ Clinician Resources
+ Education and Training

Child Health Checks

A whole of practice approach

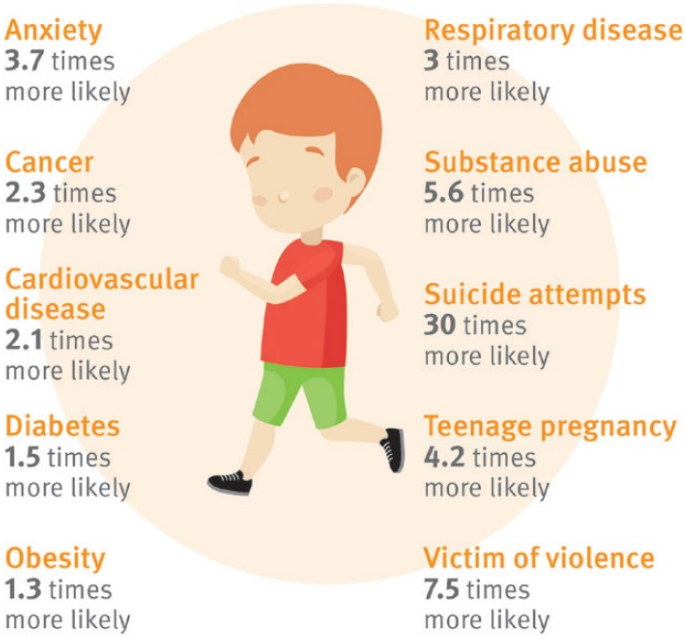
Child Health Checks

Dr Kristy Bayliss and Dr Roslyn Louden

phn GOLD COAST
An Australian Government Initiative

- Comprehensive coordinated health care by GPs is the ideal setting for care of vulnerable children and young people
- Annual health checks are key for at risk groups such as children in care and Aboriginal and Torres Strait Islander children
- Adverse Childhood Experiences are common in both population groups

The likelihood of health risks with four or more ACEs[3]



Why do an ATSI child health assessment?

- Disparity in health between Indigenous and nonindigenous Australians
- In 2010-2012 life expectancy was 10 years lower in Indigenous compared with non- Indigenous Australians
- In 2014-15 39% of ATSI people over 15 yrs reported smoking daily (2.8 times the rate of non Indigenous Australians)
- In the Northern Territory, 52% of school aged children were found to have iron deficiency anaemia
- In Qld (2015-2016) 21.8 per 1000 Indigenous children under 17 yrs of age were found to have suffered harm or be at risk of harm cf 3.3 per 1000 non Indigenous children
- Provision of preventive health services improves health outcomes

When to do a 715 Health Assessment

- Does your practice welcome Aboriginal and Torres Strait Islander Australians?
- Have your staff completed cultural competency training?
- Has your practice identified patients who are ATSI?
- Has the patient had a 715 billed in the last 9 months?
- Are you the usual health care provider? Would the patient like you to do the health assessment or would they prefer an ACCHS provider?
- Is the patient attending today for a health assessment, do you have time to do the assessment today or can you book another time?

Child Health Checks

Health assessments for children and young people in care

Video

Child Health Checks

What to prepare in advance

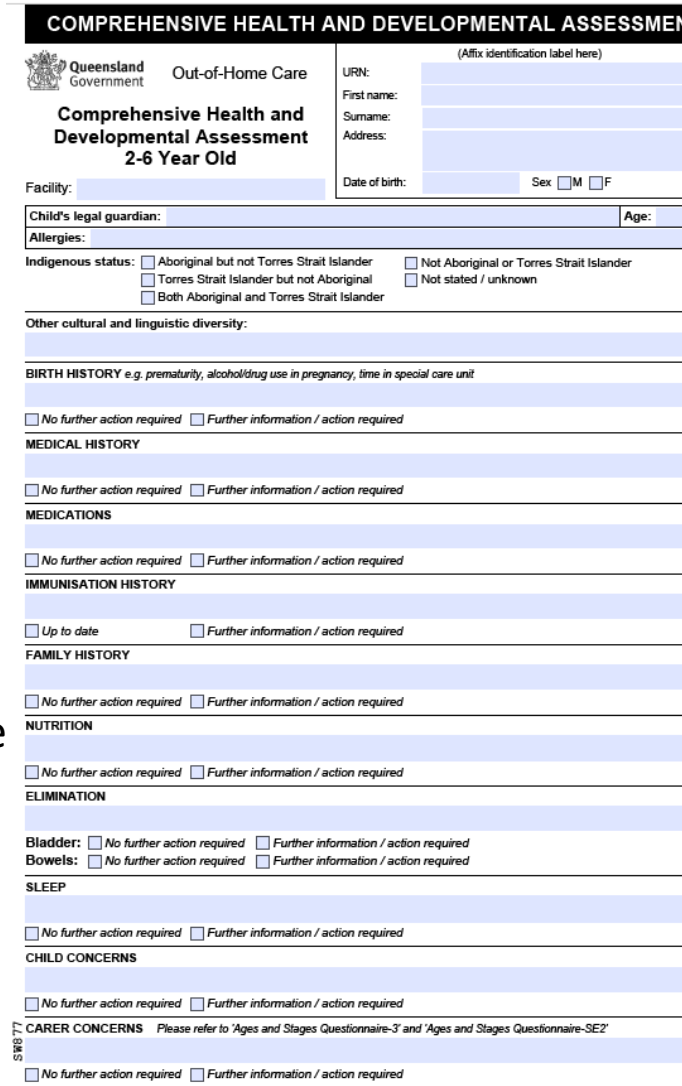
- Import the necessary templates – 715 or Preliminary and Comprehensive OOHC templates
- Check on AIR for immunisation status
- Make sure you have all the relevant past medical records
- Advise parent/carer to book 45-60 minute appointment and bring documentation
- Schedule time with the practice nurse or Aboriginal health workers
- View My Health Record, medical record on Qld Health viewer, other medical documentation

What to prepare in advance – Children in Care

- Record details of carer and child safety officer and their contact details. Parents may also be actively involved
- Ask for the child health passport or any medical history, contact child safety to provide further information if required (carer may not know child/family well, if new to care)
- Record “child/young person in out of home care” in warning section of medical software or in medical conditions
- View digital Health Pathway for children and young people in care on GCPHN website

What to use as a framework for the health assessment

- National Clinical Assessment Framework for children and young people in out-of-home care
- Local Health Assessment Pathway – roles and responsibilities of Child Safety, General Practice, HHS, carer, parent, other health providers
- Trauma informed care is critical



COMPREHENSIVE HEALTH AND DEVELOPMENTAL ASSESSMEN

Queensland Government — Out-of-Home Care

Comprehensive Health and Developmental Assessment 2-6 Year Old

(Affix identification label here)

URN:
First name:
Surname:
Address:
Date of birth: Sex ☐M ☐F

Facility:

Child's legal guardian: Age:

Allergies:

Indigenous status: ☐ Aboriginal but not Torres Strait Islander ☐ Not Aboriginal or Torres Strait Islander ☐ Torres Strait Islander but not Aboriginal ☐ Not stated / unknown ☐ Both Aboriginal and Torres Strait Islander

Other cultural and linguistic diversity:

BIRTH HISTORY *e.g. prematurity, alcohol/drug use in pregnancy, time in special care unit*
☐ No further action required ☐ Further information / action required

MEDICAL HISTORY
☐ No further action required ☐ Further information / action required

MEDICATIONS
☐ No further action required ☐ Further information / action required

IMMUNISATION HISTORY
☐ Up to date ☐ Further information / action required

FAMILY HISTORY
☐ No further action required ☐ Further information / action required

NUTRITION
☐ No further action required ☐ Further information / action required

ELIMINATION
Bladder: ☐ No further action required ☐ Further information / action required
Bowels: ☐ No further action required ☐ Further information / action required

SLEEP
☐ No further action required ☐ Further information / action required

CHILD CONCERNS
☐ No further action required ☐ Further information / action required

CARER CONCERNS *Please refer to 'Ages and Stages Questionnaire-3' and 'Ages and Stages Questionnaire-SE2'*
☐ No further action required ☐ Further information / action required

SW877

Templates (BP, MD, PDF) are available at www.childrens.health.qld.gov.au/chq/health-professionals/out-of-home-care/

Health Assessment Pathway for Children in Care - Gold Coast

This is to be used as a guide only. Every child is different.

PRELIMINARY HEALTH CHECK — WITHIN 30 DAYS

- Child Safety
- Carer
- Parent
- GP

Aboriginal and Torres Strait Islander Children and young people

COMPREHENSIVE HEALTH & DEVELOPMENT ASSESSSMENT — WITHIN 90 DAYS

HEALTH MANAGEMENT PLAN

General

- Child Health Nurse or School Based Youth Health Nurse

Complex

- Jungara Child Protection Unit

- GP
- Child Safety
- School Case Manager
- Kalwun Health Service

TARGETED SERVICES INTERVENTION — AS NEEDED

- Mental Health & behavioural Needs
  - Private Psychologists & Allied Health
  - Headspace
  - Paradise Kids
  - Bravehearts
  - HOPES Counselling
  - Family Interaction Program
  - **Complex:** Evolve hYEPP CNAPY
- Physical Health & Disability Needs
  - Allied Health
  - Child Development Service (Gold Coast Health)
  - School
  - NDIS Early Childhood Early Intervention (UnitingCare)
  - Private Paediatrician
- Developmental / Learning Needs
- Dental
  - Gold Coast Health Oral Health Services (school dental vans)
- Kalwun Health Service
  - GP and Health Worker
  - Paediatrician
  - Social Health Team (Mental Health, AoDs)
  - Psychologist
  - Speech Therapy
  - Occupational Therapy
  - Dental
  - Family programs
  - Psychiatry (one-off)
  - NDIS Application and Planning Support
  - Care Coordination and Supplementary Services
  - Complex Needs Assessments Panel

FOLLOW-UP/ REVIEW — ANNUAL / 6 MO

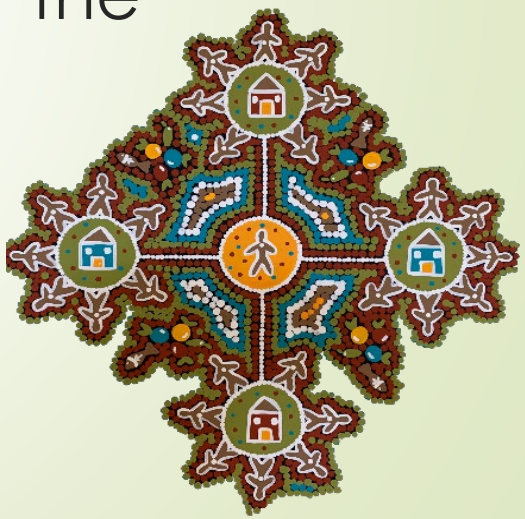
- GP
- Child Safety

What to prepare in advance

- Check with Medicare that they are eligible for 715 health assessment
- Use the practice recall system to rebook the patient for 715 every 9 months
- Make sure a nurse or Aboriginal health care worker will be available to commence the health assessment
- Record Aboriginal and/or Torres Strait Islander status
- Register for Close the Gap if the practice is to be their regular practice

What to use as a framework for the health assessment

- RACGP website under guidelines find **National Guide to Preventive Health Assessment for Aboriginal and Torres Strait Islander people**
- Look for a template in your software
- See the Medicare 715 description to find out the minimum requirements to bill an ATSI child health assessment



National Guide lifecycle chart | Child

RACGP Royal Australian College of General Practitioners

NACCHO National Aboriginal Community Controlled Health Organisation www.naccho.org.au

Screening/assessment	How often?	Who?	Page*	Age (months) Newborn	2	4	6	9	12	18	24	Age (years) 2–5	6–14	14–17
Child health														
Immunisation														
Vaccination	As per National Immunisation Program Schedule (NIPS)	All children	33											
Catch-up schedule	Opportunistically	Children behind in vaccination schedule	33											
Anaemia														
Nutritional history	6–9 months and 18 months	All children	35											
Perform haemoglobin test	6–9 months and 18 months (increase frequency if iron deficiency anaemia [IDA] is diagnosed); use age-appropriate haemoglobin levels to diagnose IDA Repeat test after six months; continue six-monthly testing if anaemia persists, in conjunction with age-appropriate treatment and review until age five years	Children in other areas with risk factors (refer to Chapter 3: Child health) All children aged >6 months from communities with a high prevalence of IDA	35											
Growth failure														
Growth monitoring	One week, six weeks, four, six, 12 and 18 months, and yearly to age five years	All children Use age-appropriate and sex-appropriate Centers for Disease Control and Prevention and World Health Organization growth charts	37											
Childhood kidney disease														
Check skin for scabies and impetigo and treat according to guidelines	Annually and opportunistically	Children living in areas with high rates of infectious skin disease	39											
Assess need for imaging tests	At first episode of urinary tract infection (UTI)	Children with first UTI	39											
Albumin–creatinine ratio (ACR)	At age 10 years or at puberty (whichever is earlier) after 2–5 years' diabetes duration, and annually thereafter	Children with pre-pubertal and pubertal onset diabetes	39											
Fetal alcohol spectrum disorder														
Assess child growth and development, particularly head circumference, hearing and vision	Annually and opportunistically	All children (refer to Chapter 3: Child health, 'Fetal alcohol spectrum disorder')	42											
Assess child development and behaviour using a validated assessment tool, including for child social and emotional wellbeing Refer to a paediatrician for developmental assessment, or a child development service for multidisciplinary assessment	Annually and opportunistically	All children exposed to alcohol in the prenatal period, if there is a parental or clinician concern about the child not meeting normal developmental milestones	42											
Screen for prenatal alcohol exposure as well as cognitive, language and behavioural problems	On initial contact with child protection, police or justice system	All children at high risk for fetal alcohol spectrum disorder (FASD), including children coming into contact with the child protection, police or justice systems	42											
Preventing child maltreatment														
Conduct routine monitoring of developmental milestones (refer to Chapter 3: Child health, 'Growth failure')	Annually and opportunistically	All children	44											
Assess the risk of child maltreatment and the need for support (refer to Chapter 3: Child health, 'Preventing child maltreatment')	Annually and opportunistically	All families	44											
Eye health														
Visual acuity														
General eye examination	Newborn and at 3–6 months	Infants (age 3–6 months)	66											
Screen for visual acuity	Annually and opportunistically or before school entry	Children aged 3–5 years	66											
Hearing loss														
Vaccination (rubella, measles, *Haemophilus influenzae* type b, meningococcus)	NIPS and state/territory schedules	Children aged <15 years	68											
13-valent pneumococcal conjugate vaccination (13vPCV)	NIPS and state/territory schedules	Infants aged two, four and six years (and 18 months in high-risk areas)	68											
Influenza vaccine	Annually pre-influenza season Prioritise provision of vaccination to high-risk groups in the pre-influenza season months (March–April)	People aged >15 years Children aged six months to five years All individuals aged ≥6 months with a chronic disease	68											
Universal neonatal hearing screening program	Prior to one month	Newborns	68											
Ear examination	Annually and opportunistically	Children aged <15 years	68											
Monitor for hearing loss	Annually and opportunistically Annually	Children aged <5 years and older children at high risk of hearing impairment Youth aged >15 years	69											
Oral and dental health														
Oral health review	Annually and opportunistically Annually	Children aged 0–5 years Children and youth aged 6–18 years	74											
Undertake oral health review as part of regular health check and offer appropriate oral hygeine advice to minimise oral bacterial levels	6–12-monthly	Children with past rheumatic heart disease and cardiovascular abnormalities	74											
Respiratory health														
Influenza														
Influenza vaccine	Annually pre-influenza season Prioritise provision of vaccination to high-risk groups in the pre-influenza season months (March–April)	People aged >15 years Children aged six months to five years All individuals aged ≥6 months with a chronic disease	79											
Sexual health and blood-borne viruses														
Hepatitis C virus (HCV)														
HCV screening testing	18 months and repeat if positive	Infants born to HCV infected mothers	102											

Child Health Checks

The Assessment

- Background – family history, who lives in the home, home environment
- Pregnancy – when did AN care start, pregnancy complications, exposure to alcohol and other drugs, birth and neonatal period
- History of childhood illnesses
- Monitor growth at every visit, consider nutrition and access to food – look for signs both of growth failure and of obesity (and diabetes)
- Assess physical activity and sleep
- Assess development – check milestones and consider using a validated tool, if concerns consider referral

Preliminary OoHC health assessment *template used upon entry to care - within 30 days – for immediate concerns and rapport building*

Comprehensive Health and Developmental OoHC health assessment *template - within 90 days of entering care and annually - Moves beyond basic screening to provide in-depth examination and assessment across each domain*

Must be completed in conjunction with screening for development and mental health

Child Health Checks

The Assessment – Special Risks

- Be alert for indications of Foetal Alcohol Spectrum Disorder by checking growth and development, head circumference, hearing, vision and facial dysmorphic features
- Hearing – newborn screen, history, examine ears, tympanometry and audiometry
- Eye examination and check visual acuity starting at 3-5 yrs
- Oral and dental check annually
- Assess smoking status from 10y, alcohol from 15y, other drug use from 12y
- Assess social and emotional wellbeing (mental health) for all children regardless of age and consider use of validated tool (SDQ or HEEADSSS- also modified for ATSI youth)
- Be alert to markers for children at risk:
  - Parental mental health issues and AOD use
  - Parental experience of child protection services
  - Parental incarceration
  - History of family violence
  - Risk of homelessness
  - Social isolation

Aboriginal and Torres Strait Islander Children

- Screen for anaemia – consider risk factors and do POC Hb at 6-9 months and 18 months
- Consider risk of kidney disease – impetigo, scabies, history of UTI
- Additional immunisations`are required

National Immunisation Program Schedule 1 July 2020
For all Indigenous people

Australian Government Department of Health | National Immunisation Program — A joint Australian, State and Territory Government initiative

Age	Disease	Vaccine Brand
Indigenous children (also see influenza vaccine)		
Birth	• Hepatitis B (usually offered in hospital)[a]	H-B-Vax® II Paediatric or Engerix B® Paediatric
2 months Can be given from 6 weeks of age	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) • Rotavirus[b] • Pneumococcal • Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
4 months	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) • Rotavirus[b] • Pneumococcal • Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
6 months	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib)	Infanrix® hexa
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions[c]	• Pneumococcal	Prevenar 13®
Additional dose for children with specified medical risk conditions[c]	• Meningococcal B	Bexsero®
12 months	• Meningococcal ACWY • Measles, mumps, rubella • Pneumococcal • Meningococcal B	Nimenrix® M-M-R® II or Priorix® Prevenar 13® Bexsero®
18 months	• *Haemophilus influenzae* type b (Hib) • Measles, mumps, rubella, varicella (chickenpox) • Diphtheria, tetanus, pertussis (whooping cough)	ActHIB® Priorix-Tetra® or ProQuad® Infanrix® or Tripacel®
Additional vaccine for children in WA, NT, SA, Qld[d]	• Hepatitis A	Vaqta® Paediatric
4 years	• Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix® IPV or Quadracel®
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions[c]	• Pneumococcal[e]	Pneumovax 23®
Additional vaccine for children in WA, NT, SA, Qld[f]	• Hepatitis A	Vaqta® Paediatric

National Immunisation Program Schedule 1 July 2020
For all Indigenous people

Australian Government Department of Health | National Immunisation Program — A joint Australian, State and Territory Government initiative

Age	Disease	Vaccine brand
Indigenous adolescents (also see influenza vaccine)		
12–13 years (School programs)[g]	• Human papillomavirus (HPV)[h] • Diphtheria, tetanus, pertussis (whooping cough)	Gardasil®9 Boostrix®
14–16 years (School programs)[g]	• Meningococcal ACWY	Nimenrix®
Indigenous adults (also see influenza vaccine)		
50 years and over[i]	• Pneumococcal	Prevenar 13® and Pneumovax 23®
70–79 years[j]	• Shingles (herpes zoster)	Zostavax®
Pregnant women	• Pertussis (whooping cough)[k] • Influenza[l]	Boostrix® or Adacel®
Funded annual influenza vaccination[l]		
All Aboriginal and Torres Strait Islander people 6 months and over		

[a] Hepatitis B vaccine: Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
[b] Rotavirus vaccine: First dose must be given by 14 weeks of age, the second dose by 24 weeks of age.
[c] Risk conditions are specified in the *ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.*
[d] First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose. The second dose is now scheduled at 4 years.
[e] Administer first dose of 23vPPV at age 4 years, followed by second dose of 23vPPV at least 5 years later.
[f] Not required if previously received 2 doses (first dose at age ≥12 months) at least 6 months apart.
[g] Contact your state or territory health service for school grades eligible for vaccination.
[h] Observe Gardasil®9 dosing schedules by age and at-risk conditions. 2 doses: 9 to <15 years–6 months minimum interval. 3 doses: ≥15 years and/or have certain medical conditions—0, 2 and 6 month schedule. Only 2 doses funded on the NIP unless a 12–<15 year old has certain medical risk factors.
[i] Administer a dose of 13vPCV, followed by first dose of 23vPPV 12 months later (2–12 months acceptable), then second dose of 23vPPV at least 5 years later.
[j] All people aged 70 years old with a five year catch-up program for people aged 71–79 years old until 31 October 2021.
[k] Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery.
[l] Refer to annual ATAGI advice on seasonal influenza vaccines.

All people aged less than 20 years are eligible for free catch-up vaccines. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years. Refer to NIP catch-up fact sheets. Adult refugees and humanitarian entrants are eligible for free catch-up vaccines.

- Meningococcal B vaccine catch-up is available for all Aboriginal and Torres Strait Islander children <2 years of age for three years (until 30 June 2023). Refer to the *Australian Immunisation Handbook (the Handbook)* for dose intervals.
- People >12 months of age with conditions that increase their risk of pneumococcal disease require a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the *Handbook* for dose intervals. Not all risk conditions are funded under the NIP. For eligibility refer to the *ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.*
- The NIP also funds vaccines for people of all ages with the following specified medical conditions (refer to the *Handbook* for dosing):
  - asplenia/hyposplenia (MenB, MenACWY, pneumococcal, and Hib if required)
  - complement deficiency (MenB, MenACWY)
  - undergoing treatment with eculizumab (MenB, MenACWY)
- Contact your State and Territory Health Department for further information on any additional immunisation programs specific to your State or Territory.

For more information

health.gov.au/immunisation

State/Territory	Contact Number
Australian Capital Territory	(02) 5124 9800
New South Wales	1300 066 055
Northern Territory	(08) 8922 8044
Queensland	13 HEALTH (13 4325 84)
South Australia	1300 232 272
Tasmania	1800 671 738
Victoria	1300 882 008
Western Australia	(08) 9321 1312

Child Health Checks

The Role of the Practice Nurse/Health worker

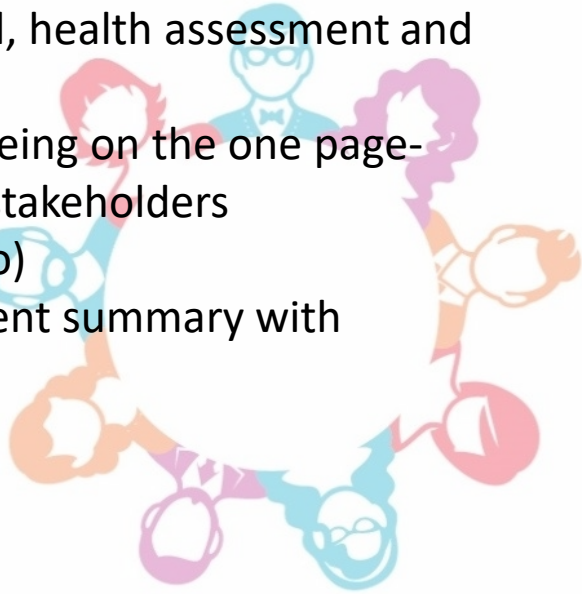
- Practice Nurses and Aboriginal Health workers can play a pivotal role in supporting GPs to provide continuity of care, by screening, referring and contributing to their care, and empowering carers. Some practices are equipped to provide hearing and vision screening, and practice nurses can strongly support the assessment process.
- Assist GPs to maintain accurate patient data of:
  - Comprehensive completion of Aboriginal and Torres Strait Island Health and Children in Care Assessments
  - Oversee screening processes
  - Eating Disorder Assessments
  - Vaccinations
- Upload patient information to My Health Record Check and update child health passport folders for children in care
- Understand the community service pathways and know where to access current information for patients and their families
- Support families to feel safe and empowered

*This content was developed by Clinical Nurse Co-Ordinator Noelene Steinmann, with appreciation from GCPHN

Child Health Checks

Management

- Manage presenting issues and consider early intervention for mental health and developmental
- Develop the health plan (the health assessment templates have some capacity for this)
- The health management plan should be contributed to and up-dated through coordination of a multi-disciplinary team
- Provide copy of health checks and management plan to child safety to ensure continuity of care
- GPMP (if eligible) and TCA may be able to used and billed
- Complete any necessary referrals and share the screening tool, health assessment and plan to support integrated care
- Case conferences can support this integration and everyone being on the one page- especially important with children in care who have multiple stakeholders
- Set recalls for annual health check (or 6 monthly for under 5yo)
- Upload to My Health Record - shared health summary and event summary with information on the plan



Child Health Checks

phn GOLD COAST
An Australian Government Initiative

Advice and Referrals

- For at risk children consider referral to paediatrician or Jungara Child Protection Unit. Call Jungara to seek advice on 07 5687 1375
- Refer for occupational therapy, speech therapy, audiometry, optometry and psychological assessments after health assessment +/- care plan and mental health care plan (5 allied health visits available)
- Call on available extended family supports
- Use Indigenous health services for culturally specific support
- Recommend culturally informed parenting programmes eg circle of security
- Consider contacting Kalwun Child and Family Support programme for advice and support 07 55 783 434
- Contact Evolve Therapeutic Services for advice on children in care's mental health 07 5687 9300

Information on referral services can be found on the PHN website, under children and young people, with specific referral services for children and young people in care outlined