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Executive Index

Building Early Detection Systems for Child Development Problems

Introduction

There is substantial research about the importance of identifying problems early, before children become entrenched in these systems early in the course of a condition or problem. Intervening early in response to early positive outcomes; the earlier intervention is commenced, the more likely it is to be effective and less expensive. Since early childhood is a time of rapid development in many domains (especially cognition, language, and social-emotional development), delay or dysfunction in these domains at this age is a strong predictor of problems at school and beyond. While significant developmental delay and serious health problems existed in the first years of life, more subtle problems, especially of development and behavior, are often not detected until the child enters preschool, or until they begin school. The Challenges of Early Detection

Child development is a complex, non-linear process that involves the development of many domains. In addition, there is a large degree of individual variation. Developmental disability is present when a child exhibits a series of tasks. A recent National Health and Medical Research Council report “Child Health Screening and Surveillance: A critical review” concluded that the early identification of developmental delay/dispability (or of significant risk factors for their occurrence) and subsequent early intervention can improve developmentally and socially. However, no high quality evidence was found to demonstrate the effectiveness of universal developmental screening programs – either for global development or for specific developmental areas.

Community Paediatric Review

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BUILDING EARLY DETECTION SYSTEMS FOR CHILD DEVELOPMENT PROBLEMS

INTRODUCTION

There is substantial research about the importance of identifying problems early, before children become entrenched in these systems early in the course of a condition or problem. Intervening early in response to early positive outcomes; the earlier intervention is commenced, the more likely it is to be effective and less expensive. Since early childhood is a time of rapid development in many domains (especially cognition, language, and social-emotional development), delay or dysfunction in these domains at this age is a strong predictor of problems at school and beyond. While significant developmental delay and serious health problems existed in the first years of life, more subtle problems, especially of development and behavior, are often not detected until the child enters preschool, or until they begin school. The Challenges of Early Detection

Child development is a complex, non-linear process that involves the development of many domains. In addition, there is a large degree of individual variation. Developmental disability is present when a child exhibits a series of tasks. A recent National Health and Medical Research Council report “Child Health Screening and Surveillance: A critical review” concluded that the early identification of developmental delay/dispability (or of significant risk factors for their occurrence) and subsequent early intervention can improve developmentally and socially. However, no high quality evidence was found to demonstrate the effectiveness of universal developmental screening programs – either for global development or for specific developmental areas.
It is important to develop an early detection system that:
1. Moves away from the notion that children’s developmental problems can be picked up on a single test delivered at a single point in time, and moves toward the idea that early detection of need can be centered on a process that systematically elicits and interviews parental concerns about their child’s behavior and development over time. This requires professionals to build relationships with parents, taking a systematic approach to practice.

- Considers the availability of referral pathways to assessment facilities or appropriately qualified professionals (as one response to the detection of developmental concerns. This can be a challenging issue, especially where resources are scarce.

- Encourages community based professionals from a range of backgrounds, across sectors, to start communicating in a coordinated way around children’s health and development.

**CORE PRINCIPLES**

2. Development of partnerships with families, communities, and other service providers.

3. Provide responsive and consistent written information to the child’s family that is as reliable and valid as any of the other developmental screening tests.

4. Focusing on evidence based prevention, promotion, and respond” approach requires appropriate resources to undertake; it does not guarantee success because it does not perform as well as a screening test as those listed above, and requires considerable training, takes longer to administer, and is more expensive to buy. Which second stage screen is chosen depends on the situation, the resources, and the training of the practitioner. In general it is best to be proficient in one and use that when required.

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**COMMUNITY PAEDIATRIC REVIEW**

**2 COMMUNITY PAEDIATRIC REVIEW**

**BUILDING AN EARLY DETECTION SYSTEM**

The National Health and Medical Research Council report “Child Health Screening and Surveillance: A critical review of the evidence” recommended that:

- Developmental screening tests have a role when used as part of a broader program of preventive services for children and families. In this context, developmental screening tests would be only one specific part of a methodology to identify and intervene for suspected developmental delay and disability.

- Individualised checklists of milestones or other non-validated measures should not be used as developmental screening tools. In other words, developmental screening tools should not be used on their own to provide reliable early identification of developmental delay. However, they can be very useful as a systematic approach to engaging parents and obtain a more detailed and objective developmental profile of a child.

Each visit with the nurse could then include a number of core activities:

1. Elicit and respond (through counseling or referral) to parental concern about the health and development of the child, using a systematic and non-judgmental approach (e.g. Parents’ Evaluation of Developmental Status (PEDS) – see following).

2. Deliver evidence based promotion and prevention activities that are developmentally appropriate (e.g. brushing teeth at 12-18 months).

3. Provide responsive and consistent written information for parent (use the Raising Children Network website www.raisingchildren.net.au).

4. Enter data for population health (e.g. rates of smoking, breastfeeding) and service delivery indicators (e.g. numbers of children seen).

- It is important not to focus on detection alone, but also to respond. An early detection system moves from “seek and refer” to “seek and respond.” The “seek and respond” approach requires appropriate resources and training for the professionals to enable them to address a number of problems through a generalist versus a specialist response. This might include addressing issues such as mild behavior and developmental problems in general practice, with the resources, and the training of the practitioner.

- Encourages community based professionals from a range of backgrounds, across sectors, to start communicating in a coordinated way around children’s health and development.

- In Australia, in most states and territories, the family/community and child health nurses can fulfill this role. In general it is best to be proficient in one and use that when required.

**SYSTEMATICALLY ELICITING AND RESPONDING TO PARENTAL CONCERN**

How parents raise concerns about their child’s behavior and development in response to 10 simple questions on the PEDS Response form. The PEDS can be completed prior to being seen or read out to the parent. It usually takes about 2 minutes to complete. It is very easy to use, and has great strengths are that it:

- i. Is brief and simple to use.
- ii. It is as reliable and valid as any of the other developmental screening tests, and
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- v. It is as reliable and valid as any of the other developmental screening tests.

Concerns can be quickly categorized into “significant” (high probability of a substantial delay or disability), and “non-significant” (not predictive of developmental delay, but warranting further discussion with the parent). Depending on the number of “significant” concerns, instructions are to either refer for assessment (75% in this group will have a substantial delay or disability), perform a second stage screen (or refer for screening if unable to undertake this), or counsel in the areas of difficulty.

**COMMUNITY PAEDIATRIC REVIEW**

**REFLECTION QUESTIONS**

**About “early detection”:**
1. What strategies do you currently use to detect development and development problems in young children?
2. Why is it important to elicit parent concerns?
3. Do you have a systematic approach to elicit parent concerns? Do you feel confident in your ability to elicit and respond to parent concerns?

**About “toddler eating”:**
1. If a parent raised a concern with you about their child’s eating pattern would you have adequate appropriate evidence based promotion and prevention activities to undertake?
2. What reliable information would you provide to the parents about this topic?

**When and where would you refer a parent for concerns related to toddler eating?**
It is important to develop an early detection system that:

• Moves away from the notion that children’s developmental problems can be picked up with a single test delivered at a single point in time, and moves toward the idea that early detection of developmental concerns needs to be centered on a process that systematically elicits and documents parental concerns about their child’s behaviour and development over time. This requires professionals to build relationships with parents, taking a family centred approach to practice.

• Considers the availability of referral pathways to assessment facilities or appropriately qualified professionals, as one response to the detection of developmental concerns. This is a often a challenging issue, especially where resources are scarce.

• Encourages community-based professionals from a range of backgrounds, across sectors, to start communicating in a coordinated way around children’s health and development.

CORE PRINCIPLES

There are a number of core principles that must be considered in building a quality early detection system. These include:

1. Universal access and participation for all children.
2. Development of partnerships with families, communities, and other service providers.
3. Providing referral pathways for services for children and families recognizing a continuum of need.
4. Focusing on evidence-based prevention, promotion, early detection and early intervention to address the health and developmental needs of children (seek and response system).
5. The need to monitor performance through a range of validated measures.

An early detection system is therefore designed to build off a universal platform that has the capacity to engage with parents over time, and link with other local services. In Australia, in most states and territories, the family/parental and child health nurses can fulfill this central role.

Each visit with the nurse can then include a number of core activities:

1. Elicit and respond (through counseling or referral) to parental concern about the health and development of the child, using a systematic approach (e.g. Parents’ Evaluation of Developmental Status (PEDS) – see following).
2. Deliver evidence-based promotion and prevention activities that are developmentally appropriate (e.g. brushing teeth at 12-18 months).
3. Provide responsive and consistent information for parent (see the Raising Children Network website www.raisingchildren.net.au).
4. Enter data for population health (e.g. rate of smoking, breastfeeding) and service delivery indicators (e.g. numbers of children seen).

It is important not to focus on detection alone, but also to respond. An early detection system moves from “seek and refer” to “seek and respond”. The “seek and request” approach requires appropriate resources and training for the professionals to enable them to address a number of problems through a generalised response. This might include addressing issues such as mild behavior and developmental problems (e.g. tantrums, talking, eating and sleeping problems). In this way the system supports families, responds to needs, and refires children most likely to require additional assessment and/or intervention.

SYSTEMATICALLY ELICITING AND RESPONDING TO PARENTAL CONCERN

How parents raise concerns about their child’s language, behaviour or other areas of development, varies greatly. Some parents will raise concerns about an issue, openly whilst others do not readily share their concerns with all others. Share them at times when it is difficult for professionals to respond such as raising “Oh by the way…” comments at the end of a visit. Some parents may need help carefully approaching how to raise concerns before developing them. It often needs the support of a second professional who is already familiar with the parents and child to undertake.

It is important not to focus on detection alone, but also to respond. An early detection system moves from “seek and refer” to “seek and respond”. The “seek and request” approach requires appropriate resources and training for the professionals to enable them to address a number of problems through a generalised response. This might include addressing issues such as mild behavior and developmental problems (e.g. tantrums, talking, eating and sleeping problems). In this way the system supports families, responds to needs, and refires children most likely to require additional assessment and/or intervention.

its great strengths are that it:

• Is brief and simple to use.
• Can be used at birth to 6 years.
• Is as reliable and valid as any of the other developmentally screening tests, and
• Facilitates a dialogue with parents about their child. This dialogue allows discussion with parents about areas that are of concern whether or not a significant problem is identified. In addition, this dialogue fits very well with the broader family-centred approach to practice in primary care.

Brief description of PEDS

Parents are asked to respond to concerns about their child’s development and behaviour in response to 10 simple questions on the PEDS Response Form. The PEDS can be completed prior to being seen or read out to the parent. It usually takes about 2 minutes to complete.

Second stage screens

A child who passes the second stage screen needs developmental promotion, patient education, and careful follow-up.

In determining which screens might be suitable, characteristics such as accuracy, ease of use and acceptability to the client need to be considered. Two valuable second stage screens to consider are:

• Ages and Stages Questionnaire (and ASQ-Social Emotional). The age range for this screening tool is 2–30 months. It is a parent fill-in questionnaire, with clear drawings and simple directions to help parents identify their child’s skills. It takes between 7-10 minutes to complete. The scoring is a single pass or fails for each domain, and then a summary score.

About “early detection”: Why is it important to elicit parental concerns? Do you feel confident in your ability to elicit and respond to parental concern? Why is it important to have an established referral pathway? Do you feel that this is generally adequate in your service?

About “toddler eating”: If a parent raised a concern with you about their child’s eating pattern, would you have adequate evidence based promotion and prevention activities to undertake? What reliable information would you provide to the parents about this topic? When and where would you refer a parent for issues related to toddler eating?

The National Health and Medical Research Council report “Child Health Screening and Surveillance: A critical review of the evidence” recommended that:

• Developmental screening tests have a role when used as part of a broader program of preventive services for children and families. In this context, developmental screening tests would only be specific part of a methodology to identify and intervene for suspected developmental delay and disability.

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2. Why is it important to elicit parent concerns?
3. Do you have a systematic approach to eliciting parent concerns?
4. Why is it important to have an established referral pathway? Do you feel that this is generally adequate in your service?

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Concerns can be quickly categorised into “significant” (predictive of developmental delay), and “non-significant” (not predictive of developmental delay, but warranting further discussion with the parent).

For the number of “Significant” concerns, instructions are to either refer for assessment (75% in this group will have a substantial delay or disability). Perform a second stage screen (or refer for screening if unable to undertake this), or consult in the areas of difficulty as they arise.

Second stage screens

Carrying out a second stage screen for children with one “Significant” concern improves the specificity of the process, i.e. helps minimise the number of children referred for detailed assessment who do not have a developmental delay or disability. A child who fails a second stage screen requires referral for assessment. A child who passes the second stage screen needs developmental promotion, patient education, and careful follow-up.

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• Briga Screening. The age range for this screening tool is 6–18 months. It is a tool used to elicit the children's ability to use to detect development and behaviour problems in young children?

• Enter data for population health (e.g. rates of smoking, breastfeeding) and service delivery indicators (e.g. numbers of children seen).

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Further details about accessing these two second stage screens can be found at www.rch.org.au/ccch/peds.

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RESPONDING TO PARENTAL CONCERN

How parents raise concerns about their child’s language, behaviour or other areas of development, varies greatly. Some parents will share their concerns openly, whilst others do not readily share their concerns (e.g. parents’ evaluation of developmental status (PEDS) – see following).

The National Health and Medical Research Council report “Child Health Screening and Surveillance: A critical review of the evidence” recommended that:

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• Individualised checklists of milestones or other non-standardised measures should not be used as developmental screening tests.

In other words, developmental screening tests should not be used on their own to provide reliable early identification of developmental delay. However, they can be very useful as a systematic approach to engaging parents and obtain a more detailed and objective developmental profile of a child.
Feeding young children a healthy diet can be a challenge. Common problems may emerge later in the second year when children who are well previously. The developmental progress of the child will influence eating behaviors, with increasing independence and control played out at the dinner table. A decrease in growth velocity will also occur at this time. Many parents and children will struggle to adjust to the fact that their child is growing. It is important for parents to be aware of the ability to self-feed is an important part of learning the food culture in a family. A trusted adult eating a particular food can also help to model the importance of trying new foods, even in the face of negative reinforcement without making too much of a fuss as this can be discouraging.

Feeding skills to be encouraged

Toddlers are learning to navigate, communicate and express needs to others. There are multiple factors that contribute to the development of a healthy eating pattern and enjoyment of food. There are a number of influences on toddler eating habits.

• Getting up and down from the table frequently
• Meal time tantrums
• Eating little at some meals
• A refusal to increase the texture of foods and gagging or lack of chewing. A preference for familiar foods may improve acceptance. The opportunity for parents to expose children to a wide variety of foods and tastes has never been greater. The child can then learn what food their toddler needs, but also what they enjoy and may proceed to eat.

Parents should manage their child’s eating habits in a positive and effective way early on.

The role of parents is crucial in developing healthy eating patterns. When parents use feeding practices that are likely to be recognized. A mealtime routine when children understand what is expected of them may help parents to engage them without having to distract them.

Role Modelling. Learning by imitation is an important part of learning the food culture in a family. A trusted adult eating a particular food can also help to model the importance of trying new foods, even in the face of negative reinforcement without making too much of a fuss as this can be discouraging.

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Many toddlers are picky eaters and food often becomes a source of conflict. Some common concerns when feeding young children include:• Multiple food dislikes, even when they have previously enjoyed a food. • A refusal to try new foods – “food neophobia” • A refusal to increase the texture of foods and fluids and minimal solids • A refusal to eat particular foods or refused foods with familiar or similar textures • Offering limited choices. • Avoiding covering the child with a blanket. • Providing cool drinks or cold foods. • Offering a range of foods eaten earlier in the day. • A textured and varied diet to encourage chewing and oral motor development and to broaden the range of foods eaten. • Family mealtimes to encourage the social aspects of eating and to model healthy eating behaviours. • Allowing some decision about food choices • Maintaining a routine and structure. • Involving the child. • Role Modelling. • Mealtime decisions, they can be encouraged to allow the child some control and still compensate for a small intake from one mealtime. Not giving up. • In order to encourage healthy eating habits, parents should manage these behaviours in a positive and effective way early on.

INFLUENCING POSITIVE EATING

The opportunity for parents to expose children to a wide variety of foods and tastes has never been greater, but it is the child who must learn and develop the ability to self-feed and enjoy healthy foods. These include:• Allowing the child some control, parents can make good choices about what food their toddler needs, but by offering foods and drinks (at least 3 meals and 2 snacks), the child has the opportunity to eat when they are hungry and need to be fed. Even when a meal is missed, there is little need for concern. Parents should recognise signs of hunger and fullness in the child and fail to respond. Study clearly demonstrate that young toddlers are able to self-regulate their energy intake very effectively. They know how much food to eat and need guidance with what to eat.
• Encouraging variety. Even a fussy toddler can still eat from a group of familiar foods. In order to encourage healthy eating habits, parents should allow the child some control and still compensate for a small intake from one mealtime. Not giving up. Encouraging variety in food intake resulting in poor appetite control and over eating.
• Not giving up. Food neophobia is common and children will often refuse an unfamiliar food. Studies show that children may need to be offered up to 15 times before they are accepted. Offering new or refused foods with familiar foods may improve acceptance. However, increased pressure or coercion to eat particular foods may decrease preference for these foods.

Toddlers are commonly described as “picky eaters” offering limited choices, frequently refusing new foods and meals and snacks. Children may need to be offered up to 15 times before they are accepted. Offering new or refused foods with familiar foods may improve acceptance. However, increased pressure or coercion to eat particular foods may decrease preference for these foods.

Modelling. Learning by imitation is an important part of learning the food culture in a family. A trusted parent eating a particular food can also help to model healthy eating habits that reinforce without making too much of a fuss.

Involving the child. Even young children can be involved in simple food preparation. Parents can get the interest of toddlers to introduc new foods and routines and instill positive neophobia behavour by examples. DIY meals with a positive outcome; the earlier intervention is commenced, the more likely it is to be effective and less expensive.

Involving the child.

Feeding young children a healthy diet can be a complex, non-linear process, with opportunities for success and impact on the incidence of diet related lifestyle diseases more likely to be found through education and early intervention. Parents should manage their child’s eating in a positive and effective way early on.

MODELLING

Involving the child.

Involving the child is the key to encouraging children to eat healthy foods. Parents should manage their child’s eating in a positive and effective way early on.

Role Modelling. Learning by imitation is an important part of learning the food culture in a family. A trusted parent eating a particular food can also help to model healthy eating habits that reinforce without making too much of a fuss.

Involving the child. Even young children can be involved in simple food preparation. Parents can get the interest of toddlers to introduce new foods and routines and instill positive neophobia behaviour by examples. DIY meals with a positive outcome; the earlier intervention is commenced, the more likely it is to be effective and less expensive.

Involving the child.

Feeding young children a healthy diet can be a complex, non-linear process, with opportunities for success and impact on the incidence of diet related lifestyle diseases more likely to be found through education and early intervention. Parents should manage their child’s eating in a positive and effective way early on.

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