



**SYDNEY NORTH**  
Health Network



# WELCOME

## Developmental and Behavioural Concerns in Children 0-5 Years:

The First 2000 Days

**Thursday 12 November, 2020**

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**SYDNEY NORTH**  
Health Network

### SPEAKER INTRODUCTION

**Dr Jane Son | Developmental and Behavioural Paediatrician**

- ◆ NSLHD Child & Family Health Service

**Amanda Rummery-Hoy | Family Counsellor**

- ◆ Family Care Centre, Dalwood
- ◆ NSLHD Child & Family Health Services

**Alison O’Toole and Renee Giacomini | The Cerebral Palsy Alliance (CPA)**

- ◆ CPA are NDIS Administrators for the Northern Sydney Region

**Vicki Laing | RN & Midwife CFHN**

- ◆ NSLHD Child and Family Health Service, General Practice-Community Liaison



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[www.snhn.org.au](http://www.snhn.org.au)

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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT



THE FIRST 2000 DAYS:  
A FRAMEWORK FOR DEVELOPMENTAL AND BEHAVIOURAL CONCERNS

 **Health**  
Northern Sydney  
Local Health District

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WEBINAR SERIES – ACCESSIBLE VIA:  
<https://sydneynorthhealthnetwork.org.au/education-videos/>

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- Child Developmental Surveillance in the First 2000 Days: Speech and Language Development
- A Framework for Developmental and Behavioural Concerns in Children 0-5 Years: The First 2000 Days

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf)

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THIS WEBINAR:

COLLABORATION

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- **Developmental Paediatrician (Dr Jane Son)**
  - Framework for Developmental and Behavioural Concerns
- **Family Care Centre Counsellor (Amanda Rummery-Hoy)**
  - Normal Behaviour
  - Parenting/ Behavioural Programs
  - Anxiety
- **Early Childhood Early Intervention (ECEI) – Cerebral Palsy Alliance (Alison O’Toole, Renee Giacomini)**
- **Health Pathways, Child and Family Health (Vicki Laing)**
- **Questions**

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CHILD DEVELOPMENT

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- **Progressive acquisition of skills as child grows**
  - complex, non-linear process with plateaus and spurts
- **Process is transactional between child and its environment**
  - exposure to, and experience in skills is important
- **Especially 0 to 2 years**
- **Wide variation in normal range**

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DEVELOPMENTAL DOMAINS

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Five Main Domains / Subscales/ Areas

- **Gross Motor** – Head control, sitting, rolling, crawling, walking, jumping, hopping, skipping, bike riding and ball skills
- **Fine Motor**- visual attentiveness, handling objects, pencil and scissor use, building blocks, threading beads, puzzles
- **Cognitive**– puzzles, problem solving, memory, pre-academic skills (e.g. counting/alphabet)

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DEVELOPMENTAL DOMAINS

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- **Language** - Response to sounds, cooing, babbling, single words, comprehension ( not compliance) of instructions ( 1 to 2-3), more complex sentence, understanding concepts
- **Personal-Social-Emotional** - ( self care and socialization skills)- Feeding , Dressing, grooming, interaction with family vs strangers, play – solitary, parallel, co-operative

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DEVELOPMENT AND BEHAVIOUR

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• INTRINSIC FACTORS

– Genetics

– Temperament

– Personality

– Prenatal and antenatal factors

- Maternal nutrition, smoking, alcohol
- Stress, mental health

• EXTRINSIC FACTORS

– Primary caregiver attunement and attachment

– Adequate sleep, nutrition, shelter, poverty

– Exposure to early learning activities/ environment

– Exposure to language


– No. of hours of preschool prior to starting school

– Toxic Stress/ Adverse childhood experiences

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BRAIN DEVELOPMENT -WHY CHILDREN  
FEEL, ACT AND THINK IN CERTAIN WAYS

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Cortex
Reasoning/judging centre
3–6 years
Limbic System
Emotional centre
1–4 years
Cerebellum
Motor centre
Birth–2 years
Brain Stem
Basic survival functions
Pre-birth–8 months

Source:  
Mindful  
parenting  
booklet  
Australian  
Childhood  
Foundation.

[www.bringingup  
greatkids.org](http://www.bringingupgreatkids.org)

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Email events@snhn.org.au

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DEVELOPMENT AND BEHAVIOUR


COLLABORATION

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- Neither genes nor the environment directly code for/influence behaviour.
- Genes and environment work together to determine the building blocks of different cells in the brain
- The collective effort ultimately produces behaviour
- Early childhood influences can mask or further amplify those deviations



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WHAT IS BEHAVIOUR?






*Behaviour is how a person acts or reacts in response to some kind of stimuli.*

Stimuli can be:

- **External** (what’s happening around you) – eg., the environment, the context, other people around you, etc
- **Internal** (what’s happening inside you) – eg., emotion, mood, sensation, belief, fear, mood, pain, hunger, etc.

These stimuli will create a need - for food, quiet, relief, affection etc  
How we act (behave) to meet this need will depend on the skills we have.



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COVID -19 AND IT'S EFFECT...

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POSITIVES

- 75% of families have spent more **time together** and become closer
- 42% saying they are now more **connected** to their child
- 51% spending more time **reading** to their child
- 68% spent more time **playing games** together
- 66% have developed new positive family habits
- 70% also tried harder than usual to feed their children **healthy food** and taught children cooking skills

NEGATIVES

- 77% of school aged children spent more than 3 hours per day on **screens**, social media, gaming, etc. (national recommendation is no more than 2 hours)
- 28% of families have experienced **job loss** or reduced income
- 22% of families have had to delay payments for **essentials** such as mortgage, rent or utility bills
- 28% reported that there were times that there wasn't enough money to buy enough **food** their family
- 24% of young people did not meet the recommended minimum of eight hours of **sleep** a night

The Royal Children's Hospital National Child Health Poll (2020).COVID-19 pandemic: Effects on the lives of Australian children and families. Poll number 18. The Royal Children's Hospital Melbourne, Parkville, Victoria.

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THE IMPORTANCE OF PLAY

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The science of child development points to three core principles that can guide what society needs to do to help children and families thrive. These include:

- **Supporting responsive relationships**
- **Strengthening core life skills**
- **Reducing sources of stress**

**Play in early childhood** is an effective way of supporting all three of these principles.

<https://developingchild.harvard.edu/resources/play-in-early-childhood-the-role-of-play-in-any-setting/>

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CHILD BEHAVIOUR

COLLABORATION  
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Explosive

AGGRESSION

Tantrums

Demanding

Provocative

Vindictive

Uses an Object as a Weapon

Steals

Threatens Others

Noncompliance

Irritable

Bullies

Rigid


ANGRY

ARGUMENTATIVE

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CASE EXAMPLE:

CORE VALUES  
& BEHAVIOURS  
CHARTER



Arthur is a 4 year old boy whose parents come to you with concerns about his behaviour. He doesn't listen or do as he's told, and has tantrums often.

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POLL QUESTION

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**1) What is your initial reaction?**

- a) “Oh no, this is only supposed to be a 15minute appointment!”
- b) Refer to paediatrician- they can sort this out
- c) Refer to psychologist
- d) Perform some further screening
- e) Refer to Child and Family Health Nurse
- f) Refer to Early Childhood, Early Intervention – Cerebral Palsy Alliance

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POLL REVIEW

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**Review the initial poll answers**

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WHAT IS IT???

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Conduct Disorder

Intellectual Disability

Disruptive Mood Dysregulation

Autism

Attention Deficit Hyperactivity Disorder

Normal Behaviour

Anxiety

Oppositional Defiant Disorder

Neurodevelopmental Disorder

Trauma Abuse/Neglect

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What is typical behaviour?

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Behaviour	Age 2	Age 3	Age 4
Eats too little	50%	26%	37%
Resists going to bed	70%	46%	56%
Night-time waking	52%	52%	56%
Wets bed at night	82%	49%	26%
Hits others or takes things	68%	52%	46%
Stubborn	95%	92%	85%
Disobedient	82%	76%	78%
Constantly seeks attention	94%	48%	42%
Whines and nags	83%	65%	85%
Active, hardly ever still	100%	48%	40%
	Source: Author :Rick Jarman MBBS, FRACP,	<a href="https://www.racgp.org.au/afp/2015/december/finetuning-behaviour-management-in-young-children/">https://www.racgp.org.au/afp/2015/december/finetuning-behaviour-management-in-young-children/</a>	

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WHAT IS THIS BEHAVIOUR -----> COMMUNICATING ?

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- BEHAVIOUR →
- Potential unmet need→
- Dysregulated feelings →
- Perhaps a skill to be developed ? →



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BEHAVIOUR IN THE FIRST 2000 DAYS

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‘Why is this child behaving in this way, in this situation, at this time?’

<https://www.racgp.org.au/afp/2015/december/finetuning-behaviour-management-in-young-children>

Young children often communicate their needs through behavior. It is a way of being heard and getting needs met

*Adapted from worksheet ‘Early Years Project –Is this child feeling safe ? ‘*

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THE PARENT CHILD RELATIONSHIP - ATTACHMENT

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*The greatest protection for a baby is to be held in the mind and heart of a sensitively attuned other*

- John Bowlby

Attachment relationship

"the dyadic regulation of infant emotion and arousal"

Sroufe (1996)

The diagram illustrates the attachment relationship as a dyadic regulation between a baby and a mother. It features two blue circles, one labeled 'Baby' on the left and one labeled 'Mother' on the right. A double-headed arrow connects the two circles, with the word 'Relationship' written in the center. A yellow oval highlights the arrow and the word 'Relationship'.

Source: Emerging Minds-webinar-responding to the mental health needs of infants and toddlers-Dr Ros Powrie-PPT-Attachment

What do we know about Arthur’s parents wellbeing and mental health in the perinatal period ?

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PARENT-CHILD RELATIONSHIP-  
ATTACHMENT AND THE POWER OF PLAY

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SECURE ATTACHMENT FEELS LIKE.....

Secure Attachment:

- **Self** "I am good, wanted, worthwhile, competent, and lovable."
- **Caregivers** "They are appropriately responsive to my needs, sensitive, dependable, caring, trustworthy."
- **Life** "My world feels safe; life is worth living."

Source: Austin Health: Introductory Infant Mental health training webinar :How Parental serious mental illness affects Infants PPT Lisa Bolger RPN, MHSc ( Parent Infant)  
Dr Eliza Hartley, DPsych (Clin)

How does Arthur know that he is good, wanted, worthwhile, competent and lovable?

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CO REGULATION AND SELF REGULATION OF EMOTIONS

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*Parents often overestimate toddlers’ capacities for self-regulation* (Hart Research Associates, 2009)

*Children are best supported when parents’ expectations of their children match their children’s developmental capacity*

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BEHAVIOUR – A NEED OR INTENTIONAL MISBEHAVIOUR

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- *How does Arthur show he is upset or stressed ?*
- *What early signs of dysregulation does Arthur show ?*
- *What is Arthur’s parents understanding of the behaviour*
  - *Are his parents able to identify potential triggers ?*
- *How are Arthurs parents responding to his behaviour ?*
- *Are the strategies tried previously developmentally appropriate for Arthur?*

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## BEHAVIOUR AS A PROTECTIVE RESPONSE

For some children behaviour may be a protective and adaptive response:

*When children don't feel safe, calm or protected, their **capacity to freely explore and grow through play** may be compromised as their brain places an **emphasis on developing neuronal pathways associated with keeping safe** before those essential to future learning and growth; and their **nervous systems are busily engaged in looking out for risks**.*

Source: Adapted from Australian Childhood Foundation: Training PPT : Therapeutic dolls

How caterpillars keep safe . . .

 hide	 sting	 taste bad
 smell bad	 look like a snake	 spit

When children do not feel a sense of safety, they move into a fight, flight or freeze state.

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## HELPING A CHILD TO FEEL SAFE

There are many ways into calming neural defence systems and helping children feel safe and relaxed so that they can grow and learn and play.

some are relational      some are environmental      some by working with the body



Source: Adapted from: Australian Childhood Foundation Training PPT: Therapeutic dolls

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ANXIETY IN CHILDREN

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*Is normal and follows a predictable developmental progression*

**Infancy**

- strangers, loud noises, unexpected objects

**1-2 years**

- separation from parents, animals, dark, loud noises, toilet

**4-6 years**

- kidnappers, robbers, supernatural beings

Adapted from presentation :Understanding and treating childhood anxiety, Associate Professor Vanessa Cobham The University of Queensland Children's Health Queensland Australia

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ANXIETY IN CHILDREN

COLLABORATION

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*Children who are supported to cope with worries and anxiety early in life are less likely to experience anxiety as teenagers or adults*

Source: Emerging Minds Supporting parents of 4-8-year-old children with mild to moderate anxiety CATHERINE MURPHY AND ELLY ROBINSON  
- PARENTING RESEARCH CENTRE, AUSTRALIA, JUNE, 2020

There is a reciprocal relationship between parent and child anxiety, in which children's anxiety elicits a pattern of parenting that then contributes to the maintenance of their anxiety (e.g., Rapee,2012)

**Avoidance is the most common behavioural response to anxiety**

Adapted from presentation :Understanding and treating childhood anxiety, Associate Professor Vanessa Cobham The University of Queensland Children's Health Queensland Australia

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# WHAT MIGHT THIS BEHAVIOUR BE COMMUNICATING ?

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## Stressors

A parent-child feedback loop, where:

- Circumstances disrupt parenting
- The child responds, and
- This response influences a reaction from the parent.

Source: Emerging minds course-Understanding child mental health-an introduction-link between parental adversity and children's mental health

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# BEHAVIOUR – WHATS UNDERNEATH ?

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*To try to understand more about Arthur’s behaviour we can ask questions and make observations about the following :*

- **Parent-Child History** - Pregnancy; birth; sleep/ feeding issues; health issues  
Developmental checks – ASQ-3 and ASQ-SE 2
- **Parent-Child Relationship** – Attachment; parents mental health; parenting style; 1:1
- **Emotions** – Emotional expression; capacity to co regulate and self regulate
- **Behaviour** – What, when, where and how
- **Routines** - Predictability; structure; stability; time for play
- **Stressors:** Family structure; extended family support; employment; housing; DV ; health  
**Supports:** Cultural; neighbourhood;

Source: Adapted from Emerging Minds - PERCS conversation Guide – Course - Supporting children's resilience in General Practice

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PARENTING PROGRAMS

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- **Parenting Programs:**
  - There are many different parenting programs available.
  - Some programs are free and some have a cost.
  - Not all of these groups will run every term or be available in area.
- **To search for a Parenting Program in your area go to <http://www.resourcingparents.nsw.gov.au>**

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PARENTING PROGRAMS

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- **Circle of Security**
- **Tuning in to Kids**
- **Bringing Up Great Kids &**
- **Bringing Up Great Kids in the First 1000 days**
- **123 Magic and Emotion Coaching**
- **Triple P and Triple P Stepping Stones**

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GROUP PROGRAMS FOR CHILDREN WITH ANXIETY

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**Cool Little Kids - Anxiety Prevention (online and face to face)**

A group program for parents of children aged 3- 6 who are ‘at risk’ of developing anxiety or who have already been diagnosed with anxiety. Developed by Macquarie University’s Centre for Emotional Health Clinic

**Brave Program – Anxiety Program (online)**

A free group program for parents of children aged 3- 6 who are ‘at risk’ of developing anxiety or have already been diagnosed with anxiety.

**Check with the Early Childhood Health Centre (ECHC) and resourcing parents for flyers.**

**Contact Parent line 1300 1300 52 for free telephone counselling and parenting advice**

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WHERE TO REFER?

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Referral Type: Behaviour / GM / FM / Independence / Play Skills

GP

Child & Family Health Nurse / Family Care Centre

ECEI / NDIS Partners

+

→

Referral Pathways:

Paediatrician

ECEI Partners (short term intervention)

NDIS access and funding

Private psych / allied health

Parenting support / programs

Behaviour support / programs

Tresillian / Karitane / ABA / Healthdirect Australia


Many other parent support services


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UNDERSTANDING THE NDIS & ECEI

- The NDIS is a way of providing care and support to people with disability between the ages of 0-65 years.
- The Early Childhood Early Intervention (ECEI) Program is for children aged 0-6 years of age.
- The NDIS has partners in the community to work with participants and their families:
  - Early Childhood Early Intervention (ECEI) Partners help families and their children under 7 years old with a disability or developmental delay. Across Northern Sydney the Early Childhood Partner is Cerebral Palsy Alliance.
  - Local Area Coordination (LAC) Partners can help people over 7 years old to understand the NDIS and develop and use their NDIS plan. Across Northern Sydney the Early Childhood Partner is Uniting.





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WHAT IS AN EARLY CHILDHOOD PARTNER?

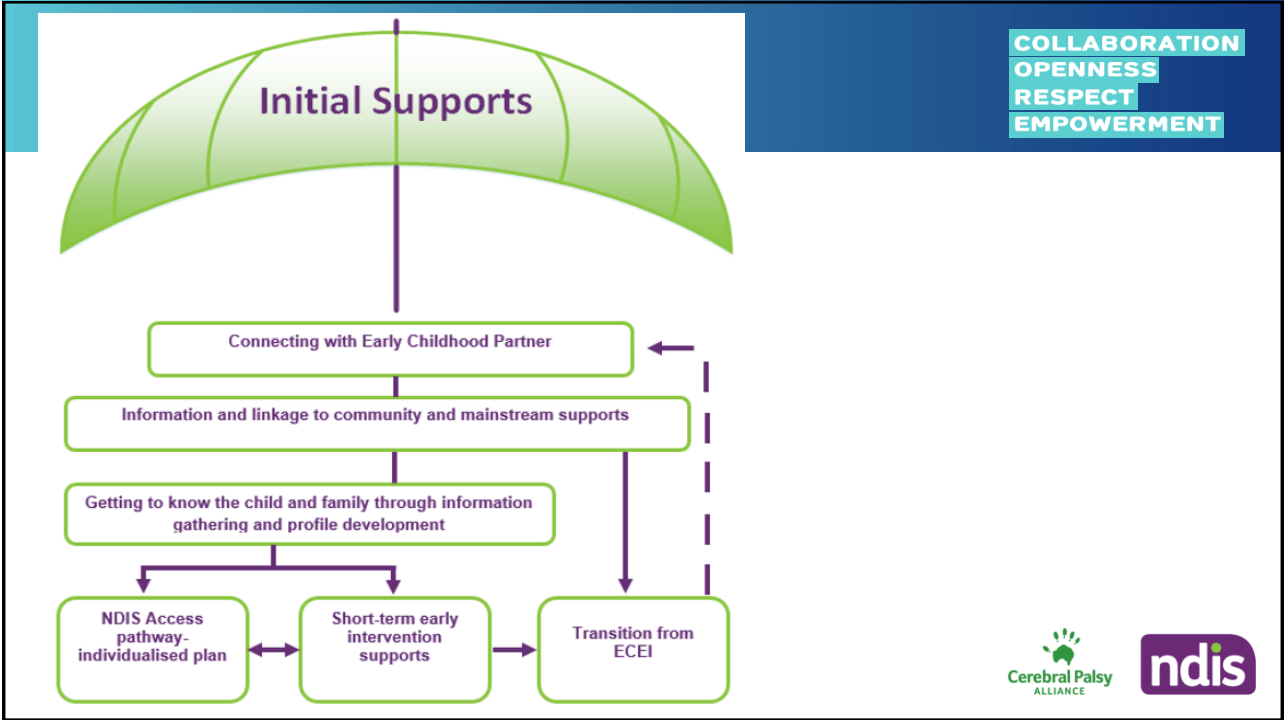
- Families of children under 7 years who are seeking NDIS support are connected to an Early Childhood Partner.
- Cerebral Palsy Alliance (CPA) is the Partner for Northern Sydney and supports all children and families who reside in this area.
- The Coordinators on our team are experienced in early childhood development and come from OT, SP, PT, Psychology, Social Work or Specialist Early Childhood Education backgrounds.
- ECEI Coordinators work with the child and family to understand their needs and provide appropriate support and intervention.







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WHO IS ELIGIBLE FOR NDIS SUPPORTS?

Families who have concerns about their child's development should contact Cerebral Palsy Alliance (CPA).

- **Diagnosis is not required** to receive support from an Early Childhood Early Intervention (ECEI) Partner and families can self-refer.
- All families can receive information and be connected to appropriate supports in their community. Not all families will receive a funded NDIS plan.
- ECEI Coordinators can gather the necessary information to support access to the NDIS if appropriate.
- There is **no cost to families to access these supports**.
- More information regarding eligibility can be found on the NDIS website - <https://www.ndis.gov.au/applying-access-ndis/am-i-eligible>


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## SHORT-TERM INTERVENTION

Short-term intervention can be provided by Coordinators on the ECEI team.

What it is:	What it is NOT
<ul style="list-style-type: none"><li>• Free to parents</li><li>• Short term (case by case basis)</li><li>• For mild to mod presentation of a problem</li><li>• Tailored for child and family's most immediate functional goals</li><li>• Capacity building (in a keyworker model)</li><li>• Working with families in holistic way</li><li>• Working in child's natural settings</li><li>• Referral and linkage to other supports and services family might need</li></ul>	<ul style="list-style-type: none"><li>• Not an intensive therapy block</li><li>• Not a funded package of NDIS supports</li><li>• Not determined by NDIS eligibility</li><li>• Not a structured generic program (tailored for child and family's most immediate goals)</li><li>• Not for children with complex needs (i.e. where multidisciplinary approach is necessary)</li></ul>






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## CASE STUDY – ‘ARTHUR’

**Initial presentation:**

- 4-year-old boy
- Parents expressed concerns around daily emotional meltdowns, including hitting and kicking his father, throwing and damaging furniture, difficulty staying on task and following instructions.
- The morning routine was particularly challenging as he would take an extended period of time to get ready. Arthur would often scream, shout and attempt to hit parents and sister.
- Additional concerns around occasional bowel accidents, being unable to name and identify his emotions and some sensory seeking behaviours.



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## CASE STUDY – ‘ARTHUR’

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**Step 1: assessment and information gathering**

Assessment	Description
Clinical observation	Implementation of universal positive parenting/ positive behaviour strategies.
ASQ3 (Ages and stages)	Parent-centric developmental screener
Routines based interview	Semi-structured interview about child and family routines. Prioritised list of desired functional outcomes
Eco-map	Visual representation of a family's informal and formal supports
PEDI-CAT Paediatric evaluation of developmental index	Computer Adaptive Test (CAT) measures abilities in functional domains: Daily Activities, Mobility, Social/Cognitive
Sensory Profile	Evaluates child sensory processing patterns

*Assessment not used: Family Quality of Life Scale (FQOL)*

Continued on next slide

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## SCENARIO ONE – ‘ARTHUR’

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**Outcome of assessment:**

- Emotional meltdowns only at home – no concerns at pre-school.
- Bowel accidents only during extended periods on an ipad

**Intervention:**

- Short term intervention with ECEI Team
- 6 x 1 hr home-based sessions, parent coaching model.
- Frameworks applied:
  - ALERT Program (self-regulation)
  - Positive Behaviour Strategies (incl reward chart, praise, emotion coaching, timers, visual schedules to support routine).

**The family had the tools to manage Arthur’s behaviour and did not require a funded NDIS plan.**

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## SCENARIO TWO – ‘ARTHUR’

**Outcome of assessment:**

- Pre-school placement at risk of breakdown
- Significant behaviour concerns at home and pre-school
- Communication delay (sustaining a conversation and non-verbal skills)
- Difficulty playing with others
- Transitions throughout the day a challenge

**Intervention:**

- Referral to Community Paediatrician for assessment- ?ASD
- Access recommendation for NDIS and First Plan
- Support to engage with community Service Provider offering a collaborative model of intervention, including OT, SP and Psych, across home and school environments.
- Parent's linked to several community-based programs, including sibling support and Carer Gateway.

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CORE VALUES  
& BEHAVIOURS  
CHARTER

## Arthur’s Child & Family Health Nurse Consult

### Child health assessment

**Personal Health Record (PHR - Blue Book) ‘Learn the Signs. Act Early.’**

1-4 weeks	6-8 weeks
6 months	12 months
18 months	2 years
3 years	4 years

### Secondary Developmental Screening - ASQ-3 and ASQ:SE- 2

### Maternal/family health & wellbeing

SafeStart - Psychosocial assessment including Domestic Violence, PND screening, etc.

### Parenting support

e.g. breast feeding, sleep and settling, adjusting to parenting, parenting groups, etc.

### Referral and follow-up

**Routine Screening → Early Identification = Early ACTION**

Brookes Publishing, 2019. ASQ-3 and ASQ:SE-2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asq-se-2-together>

NSW Health, 2017. Personal Health Record (Blue Book) Available: <https://www.health.nsw.gov.au/childfamily/MyHealth/Pages/1st-blue-book.aspx>

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ARTHUR'S BLUE BOOK 4 YEAR CHECK - LEARN THE SIGNS. ACT EARLY.

CORE VALUES & BEHAVIOURS CHARTER

I am 4 years old

My development – Learn the Signs. Act Early.  
(what most children do at this age)

Social/emotional

- Enjoys doing new things
- Plays "Mum" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by self
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she or he likes and what she or he is interested in

Language/communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colours and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what she or he thinks is going to happen next in a book

Movement/physical development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by talking to your doctor or child and family health nurse if your child:

- can't jump in place
- has trouble scribbling
- shows no interest in interactive games or make-believe
- ignores other children or doesn't respond to people outside the family
- resists dressing, sleeping or using the toilet
- can't retell a favourite story
- doesn't follow three-part commands
- doesn't understand "same" and "different"
- doesn't use "me" and "you" correctly
- speaks unclearly
- loses skills he/she once had.

For more ideas on spending time with me go to: Love, talk, sing, read, play [www.lovetalkingreadingplay.com.au](http://www.lovetalkingreadingplay.com.au). A resource provided by Resourcing Parents.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program ([www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly), June 2017).

ACT EARLY concerns

- resists dressing, sleeping or using the toilet
- can't tell a favourite story
- doesn't follow 3 part commands
- doesn't use you & me correctly
- speaks unclearly

Recommendation - Secondary Screening (ASQ:3 and ASQ:SE2) & REFERRAL

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4 YEAR PARENT QUESTIONS AND DISCUSSION TOPICS

CORE VALUES & BEHAVIOURS CHARTER

The 4 year visit

Topics for discussion may include any issues arising from:

- my development (Learn the Signs. Act Early.)
- additional parent/carer questions
- child health check.

Health and safety

- immunisation
- healthy eating for families
- taking care of your child's teeth
- how to be sun smart
- sleep
- growth
- for boys: a testes check.

Development

- your child's feelings and behaviours
- going to preschool or kindergarten
- regular story reading to build literacy skills.

Family

- sibling relationships
- positive parenting programs and parenting practices
- smoking.

Your child's 4 year health check

Before your child starts school, it is recommended that you take them to your local child and family health nurse or doctor for a health check.

This health assessment may include:

- a hearing check
- a vision test – Statewide Eyesight Preschooler Screening (STEPS). See page 114.
- a physical (height and weight) check
- an assessment of oral health
- questions about my child's development and emotional wellbeing
- a check of your child's immunisation status
- Immunisation History Statement from the Australian Immunisation Register, which is required for school enrolment.

Talk to the nurse, doctor and/or teacher about any health, development, behavioural or family issues which may affect your child's ability to learn at school.

4 year Oral health

Family dental history & risk factors

Oral health 'Lift the lip' check

Visible plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding and/or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White spot or carious lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 4 year health check.

I have completed the health risk factor questions on page 22

No | Yes

I have completed the dental risk factor questions on page 82

No | Yes

I am concerned about my child's hearing

Yes | No

Others have said they are concerned about my child's hearing

Yes | No

I am concerned about my child's vision

Yes | No

My child has a turned or lazy eye (squint or strabismus)

Yes | No

My child is exposed to smoking in the home/car

Yes | No

I am concerned about my child's teeth

Yes | No

My child has pain in their mouth

Yes | No

My child has sweet drinks and snacks throughout the day

Yes | No

If you circled any answer in the first column, please tell your doctor or child and family health nurse.

Health professional to complete:

Normal Review Refer

☐☐☐

STEPS

Statewide Eyesight Preschooler Screening

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Email events@snhn.org.au

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RECOMMENDATION -  
SECONDARY SCREENING

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

Ages and Stages Questionnaire (ASQ-3) and  
Ages and Stages Social and Emotional  
Questionnaire (ASQ:SE2)

- Reliable, accurate developmental and social-emotional screening for children between birth and 6 years.

- Captures parent’s expert knowledge

- Pin points children’s developmental progress

- Celebrates children’s milestone success and to know what to look for next

- Determine follow-up – ‘monitoring zone’

- Identify children with developmental concerns/ delays in the critical years

<https://agesandstages.com/about-asq/>

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ARTHUR’S - 48 MONTH ASQ3 (45 MONTHS 0 DAYS THROUGH 50 MONTHS 30 DAYS) SCORE  
RECOMMENDATION - REFER

CORE VALUES  
& BEHAVIOURS  
CHARTER

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User’s Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cut off	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60	
Communication	30.72															25
Gross Motor	32.78															55
Fine Motor	15.81															20
Problem Solving	31.30															15
Personal-Social	26.60															15

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User’s Guide, Chapter 6.

1. Hears well?  
Comments:

Yes NO

6. Family history of hearing impairment?  
Comments:

YES No

2. Talks like other children his age?  
Comments:

Yes NO

7. Concerns about vision?  
Comments:

YES No

3. Understand most of what your child says?  
Comments:

Yes NO

8. Any medical problems?  
Comments:

YES No

4. Others understand most of what your child says?  
Comments:

Yes NO

9. Concerns about behavior?  
Comments:

YES No

5. Walks, runs, and climbs like other children?  
Comments:

Yes NO

10. Other concerns?  
Comments:

YES No

Brookes Publishing, 2019. ASQ-3 and ASQ:SE2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>

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ARTHUR'S - 48 MONTH (42 MONTHS 0 DAYS THROUGH 53 MONTHS 0 DAYS) - ASQ:SE2 SCORE

RECOMMENDATION - REFER

CORE VALUES & BEHAVIOURS CHARTER

1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	40
TOTAL POINTS ON PAGE 2	30
TOTAL POINTS ON PAGE 3	55
TOTAL POINTS ON PAGE 4	10
<b>Total score</b>	<b>135</b>

Cutoff	Total score
85	<b>135</b>

2. ASQ:SE-2 SCORE INTERPRETATION:

Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk

70

monitor

85

refer

150+ (90%ile)

☐

The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.

☐

The child's total score is in the ☐ area. It is close to the cutoff. Review behaviors of concern and monitor.

☐

The child's total score is in the ☐ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS:

Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1-36.

Any Concerns marked on scored items?

YES

no

Comments:

hitting & kicking family; damaging & throwing furniture; difficulties staying on task & following instructions; bowel accidents; challenging getting ready; screaming & shouting; frequent tantrums; never listening; unable to name emotions; sensory seeking behaviour

37.

Eating/sleeping/toileting concerns?

YES

no

Comments:

38.

Other worries?

YES

no

Comments:

Brookes Publishing, 2019. ASQ-3 and ASQ:SE2 Available: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>

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What happens next?

COLLABORATION OPENNESS RESPECT EMPOWERMENT

Child Family Health Nurse ACTONS:

- ASQ:3 and ASQ:SE2 activities

- Referral:

- Community Paediatrician
- General Practice
- Early Childhood Early Intervention (ECEI) – Cerebral Palsy Alliance
- Follow-up and review

- Other referral options:

- Paediatric Speech Pathology
- Paediatric Physiotherapy
- Paediatric Occupational Therapy
- Child Development Unit
- Child Youth and Mental Health Service
- Child Protection
- Adult Mental Health
- Oral Health
- Community support

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CONCERNED ABOUT A CHILD’S DEVELOPMENT OR A FAMILY’S ADJUSTMENT TO PARENTING?  
CONTACT NSLHD CHILD AND FAMILY HEALTH SERVICE  
[WWW.NSLHD.HEALTH.NSW.GOV.AU/CYFH](http://WWW.NSLHD.HEALTH.NSW.GOV.AU/CYFH)

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

URGENT INFORMATION ABOUT CORONAVIRUS (COVID-19)  
from the Child and Family Health Service

  
Coronavirus (COVID-19) family guide

Welcome to the Child Youth and Family Health Service – we work in the community

Click below to find out about our services:

Child and Family Health Nursing

Breastfeeding and Expressed Breastmilk

Preschool Vision Screening

Community Paediatrician

Clearly Mums and Tots

Oral Health

Hearing

Occupational Therapy

Speech Pathology

Physiotherapy

Child Development Service

Child Youth Mental Health Service

Youth Health

Child Protection Service

Darwood Spinalhead (Early Intervention)



Your Feedback

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SYDNEY NORTH HEALTHPATHWAYS  
<https://sydneynorth.communityhealthpathways.org/91077.htm>

CORE VALUES & BEHAVIOURS CHARTER

Sydney North

Home

COVID 19

About HealthPathways

Acute Services

Mental Health and Nursing

Child and Youth Health

Assault or Abuse - Child and Youth

Behaviour and Development - Child

Behavioural Problems in Preschoolers

Behavioural Concerns in Children and Youth

Chronic Pain

Developmental Concerns in Children

Developmental Milestones for Children

Low birth weight infants

Speech and Language Difficulties in Children

Unsettled Infant

West Child Clinics

Behaviour and Development Requests

Demographics - Child

Endocrinology - Child

Gastroenterology - Child

General Paediatrics

Neonatology - Child

Nephrology - Child

Respiratory - Child

Sexual Health - Child and Youth

Neurology - Child

Neurophysiology - Child

Search HealthPathways

Child and Youth Health / Behaviour and Development - Child / Behavioural Concerns in Children and Youth

Behavioural Concerns in Children and Youth

See also:

Developmental Concerns in Children

Developmental Milestones for Children

Red Flags

Child abuse or neglect

Sexualised behaviours

Eating disorder

Severe social impairment, e.g. school refusal, severe aggression towards others

Subsided location or deliberate self-harm

Psychotic symptoms

Background

About behavioural concerns in children and youth

Assessment

Practice point

Consider biological, psychological, and social factors

Consider the patient's behaviour in the wider context of family and school pressures and influences – the cause is rarely confined within the child.

1. Keep in mind assessing a young person's behaviour is complex and takes time.

- Take a strengths-based approach
- Ask what the child is good at and note positive attributes of the child and family
- Take a history, including the young person's psychosocial context


2. Consider speaking to the child alone. Sometimes a child is not willing to disclose the cause of the problems (e.g. bullying or friendship problems) with their parents in the room. See the parent without the child or adolescent to discuss concerns openly.


3. Take a detailed history of the concerning behaviour

- Ask what the child is like at home and school, what they are good at, and what their sleep is like


BEHAVIOURAL CONCERNS IN PRE-SCHOOLERS - UNDER CONSTRUCTION

Primary care username:  
healthpathways  
Primary care password:  
gateway

Health  
Northern Sydney  
Local Health District



phn  
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CHILD HEALTH & DEVELOPMENT & ASSOCIATED PATHWAYS

COLLABORATION

OPENNESS

RESPECT

EMPOWERMENT

- Developmental Concerns in Children
- Developmental Milestones for Children
- Behavioural Concerns in Children & Youth
- Speech and Language Difficulties in Children
- Unsettled Infant
- Reflux and GORD in Children
- Poor growth in children
- Jaundice in Babies
- Breastfeeding Support
- Family and Community Support
- Child At Risk
- Paediatric Medical Advice
- Non-urgent Paediatric Medical Review
- Urgent Paediatric Medical Review
- Paediatric Vision Testing
- Non-urgent Dental Review
- Maternal Postnatal Check
- Weight Management in Children
- Specialist Child Weight Management Referrals
- Out-of-home Care for Children and Youth
- Constipation in Children
- Constipation Therapies

- Food allergy in Children (Non-anaphylaxis)
- Food Allergy Tests
- Domestic and Family Violence
- Croup
- Diabetes in Children
- Paediatric Endocrinology Review
- Thyroid disease in Children
- Coeliac Disease in Children
- Urinary Tract Infection in Children
- Dietetics for Children
- Gastroenteritis in Children
- Oral Rehydration Therapy (ORT)
- Dysmorphic children
- Non-urgent Child and Youth Mental Health Review
- Mental Health – Child and Youth
- Medications for Perinatal Depression and Anxiety
- Non-urgent Paediatric Nephrology Review

+++ lots more

281 LIVE pathways

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SNHN – CFH CHILD DEVELOPMENT PILOT

COLLABORATION

OPENNESS

RESPECT

EMPOWERMENT

GPPartnerships4KidsDevelopment – Pathways to Child and Family Health Pilot

- Joint SNHN and NSLHD Child Youth Family Health Service initiative
- Targeting recommended and opportunistic Personal Health Record ‘Blue Book’ checks
- Participating general practice nurses provided with education, support and system resources to implement child health and development clinics

For more information contact:

➤ Pat Simmonds – SNHN Primary Care Advancement Coordinator

[psimmonds@snhn.org.au](mailto:psimmonds@snhn.org.au) or phone: 9432 8250

➤ Vicki Laing – NSLHD CFH General Practice-Community Liaison Nurse


[Vicki.Laing@health.nsw.gov.au](mailto:Vicki.Laing@health.nsw.gov.au) or phone: 9462 9694

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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT




EARLY INTERVENTION IS IMPORTANT

Persistence into primary school years





Adverse Outcomes into Adolescence and Adulthood

- Academics
- Physical and Mental Health
- Criminal Justice



Quality of life lower

Societal costs higher



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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

BEHAVIOUR NEEDING FURTHER ASSESSMENT AND REFERRAL

**Behaviour that:**

- has persisted
- has increased in frequency and intensity
- is difficult for parents or educators to manage
- is adversely impacting the parent-child and other family relationships
- is impacting the child’s ability to participate socially
- may have an underlying undiagnosed condition, for example ASD.
- may indicate a mood disorder eg depression; anxiety;
- may indicate a possible trauma eg dissociation; withdrawal;
- is self harming eg head banging
- is a significant deterioration or change in behaviour and mood

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WHAT IS ATYPICAL OR DISORDERED?

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

- **Neurodevelopmental and Mental Health disorders**
  - Autism Spectrum Disorder (ASD)
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Oppositional Defiant Disorder (ODD)
  - Anxiety Disorders – Separation, Generalized, Social, Mutism, Phobia, etc.
  - Mood Disorders – Depression, Bipolar Disorder, Disruptive Mood Dysregulation Disorder
  - Cognitive/Learning Disabilities – intellectual, reading, math, writing
  - Language Disorders
  - Post Traumatic Stress Disorder (Hx of Trauma/ Abuse)

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CHILD MENTAL HEALTH

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

**Significant mental health problems can and do occur in young children.**

**It is essential to treat young children’s mental health problems within the context of their families, homes, and communities.**

8 Things to Remember about Child Development

#1

Even infants and young children are affected adversely when significant stresses threaten their family and caregiving environments.




Center on the Developing Child HARVARD UNIVERSITY

<http://bit.ly/8-things-ECD>

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CASE EXAMPLE:

CORE VALUES  
& BEHAVIOURS  
CHARTER



Arthur is a 4 year old boy whose parents come to you with concerns about his behaviour. He doesn't listen or do as he's told, and has tantrums often.

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POLL QUESTION 2

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

2) What further information is important to ascertain?

- a) How is Arthur's sleep?
- b) Is Arthur reaching his developmental milestones?
- c) What is Arthur's diet like?
- d) Have there been any significant changes in the family?
- e) Does Arthur go to preschool?
- f) How much screen time is Arthur getting?
- g) How is Arthur's parents' mental health?

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POLL REVIEW

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT


Review the poll results

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4 YEAR OLD ARTHUR

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT


Screen For:




Hearing Impairments




Visual Impairments




Feeding Issues



Language and Communication Delays



Sleep Issues



Communication Issues

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# 4 YEAR OLD ARTHUR- FURTHER CONSIDERATIONS

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

- Attachment and relationship
- Developmental Trauma and Child Abuse/ Neglect
- Play and Screen Time
- Developmental Screening- “Learn the signs act early”- Blue Book
- Quality Early Childhood Education Setting-
  - 600 hours of preschool in the year prior to starting school
- Therapy as required for developmental needs
  - E.g. Speech therapy for language delays

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## LEARN THE SIGNS. ACT EARLY

COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT



### Your Child at 4 Years

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

#### What Most Children Do by this Age:

##### Social/Emotional

- ☐ Enjoys doing new things
- ☐ Plays "Mom" and "Dad"
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe
- ☐ Talks about what she likes and what she is interested in

##### Language/Communication

- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory such as the "My Billy Goats" or the "ABCs on the Bus"
- ☐ Tells stories
- ☐ Can say first and last name

##### Cognitive (learning, thinking, problem-solving)

- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what he thinks is going to happen next in a book

##### Movement/Physical Development

- ☐ Hops and stands on one foot up to 2 seconds

☐ Catches a ball most of the time- ☐ Pours, cuts with supervision, and mashes own food

#### You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Can't tell a favorite story
- ☐ Can't jump in place
- ☐ Has trouble scribbling
- ☐ Shows no interest in interactive games or make-believe
- ☐ Ignores other children or doesn't respond to people outside the family
- ☐ Resists dressing, sleeping, and using the toilet
- ☐ Doesn't follow 3-part commands
- ☐ Doesn't understand "same" and "different"
- ☐ Doesn't use "me" and "you" correctly
- ☐ Speaks unclearly
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned:

1. Ask for a referral to a specialist and,
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more information, go to [cdc.gov/Concerned](https://www.cdc.gov/ncbddd/actearly/index.html).

**DON'T WAIT.**  
Acting early can make a real difference!

- Checklists begin at 2 months through to 5 years
- Checklists address four domains of child development
  - Social/emotional
  - Language/communication
  - Cognitive
  - Movement
- And highlights age appropriate developmental “red flags” .

<https://www.cdc.gov/ncbddd/actearly/index.html>

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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

WHERE TO REFER?

Referral Type: Behaviour / GM / FM / Independence / Play Skills

GP

Child & Family Health Nurse / Family Care Centre

ECEI / NDIS Partners

+

→

Referral Pathways:  
Paediatrician  
ECEI Partners (short term intervention)  
NDIS access and funding  
Private psych / allied health  
Parenting support / programs  
Behaviour support / programs  
Tresillian / Karitane / ABA / Healthdirect Australia  
Many other parent support services

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CORE VALUES  
& BEHAVIOURS  
CHARTER

WHERE TO REFER? NO WRONG DOOR

- Developmental Surveillance- “Well Child Check”

Child and Family Health Nurse- (Early Childhood Centre)

[www.nslhd.health.gov.au/CYFH](http://www.nslhd.health.gov.au/CYFH)- for local centre

RECOMMENDED FOR ALL CHILDREN 0-5 years (regardless of whether there are concerns)
- Early Childhood Early Intervention (ECEI)- Cerebral Palsy Alliance (for Northern Sydney)

[www.cerebralpalsy.org.au](http://www.cerebralpalsy.org.au)

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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

WHERE TO REFER? - SPECIFIC CONCERNS

**Behaviour and Mental Health:**

- Parenting Support
- Behaviour/ parenting programs  
[www.resourcingparents.nsw.gov.au](http://www.resourcingparents.nsw.gov.au)  
[www.raisingchildren.net.au](http://www.raisingchildren.net.au)
- Family Care Centre, Tresillian, Karitane, Northern Centre
- Private Psychologist  
<https://www.psychology.org.au/Find-a-Psychologist>
- Child Youth Mental Health Service (CYMHS)

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COLLABORATION  
OPENNESS  
RESPECT  
EMPOWERMENT

WHERE TO REFER? SPECIFIC CONCERNS

- **Speech and Language delay:**
  - Speech Therapist
  - Community health- via health pathways
  - Private- [www.speechpathologyaustralia.com.au](http://www.speechpathologyaustralia.com.au)
- **Fine motor / Independence / Play skills**
  - Occupational Therapist
  - Community health- via health pathways
  - Private - [www.otaus.com.au](http://www.otaus.com.au)
- **Gross motor delay:**
  - Paediatric Physiotherapist

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WHERE TO REFER?

COLLABORATION

OPENNESS

RESPECT

EMPOWERMENT

- **Paediatrician:**
  - Private- <https://nbpsa.org/find-a-specialist>
  - Public- Community Paediatricians
    - Northern Beaches
    - Hornsby
    - North Shore/ Ryde
    - via Health Pathways
- **Child Development Service:** for pre-school aged children with suspected global developmental delays/ intellectual disability


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CASE EXAMPLE:

CORE VALUES

& BEHAVIOURS

CHARTER



Arthur is a 4 year old boy whose parents come to you with concerns about his behaviour. He doesn't listen or do as he's told, and has tantrums often.

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POLL QUESTION- TAKE 2

COLLABORATION

OPENNESS

RESPECT

EMPOWERMENT

3) What is your reaction now?

a) “Oh no, this is only supposed to be a 15minute appointment!”

b) Refer to paediatrician- they can sort this out

c) Refer to psychologist

d) Perform some further screening

e) Refer to Child and Family Health Nurse

f) Refer to Early Childhood, Early Intervention – Cerebral Palsy Alliance

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POLL QUESTION- TAKE 2

COLLABORATION

OPENNESS

RESPECT

EMPOWERMENT

Review Poll Results

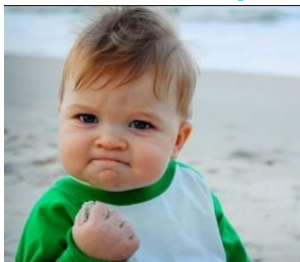
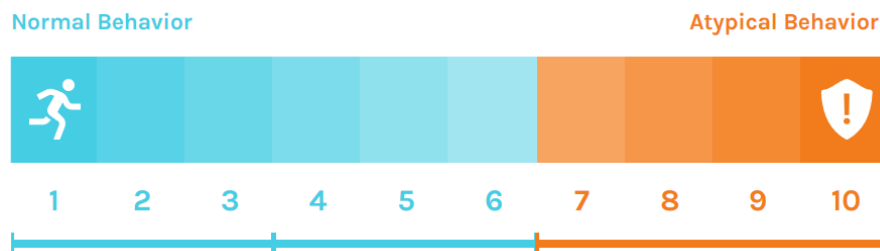
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**COLLABORATION**  
**OPENNESS**  
**RESPECT**  
**EMPOWERMENT**

- *Raising Children Network [www.raisingchildren.net.au](http://www.raisingchildren.net.au)*
- *Harvard Centre for the Developing Child  
[developingchild.harvard.edu](http://developingchild.harvard.edu)*
- *First 2000 days framework- NSW Ministry of Health  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf)*
- *Misch, Diane- The Evaluation of Children with Disruptive behaviours-  
Clinical Symposium-AACAP 2020.*

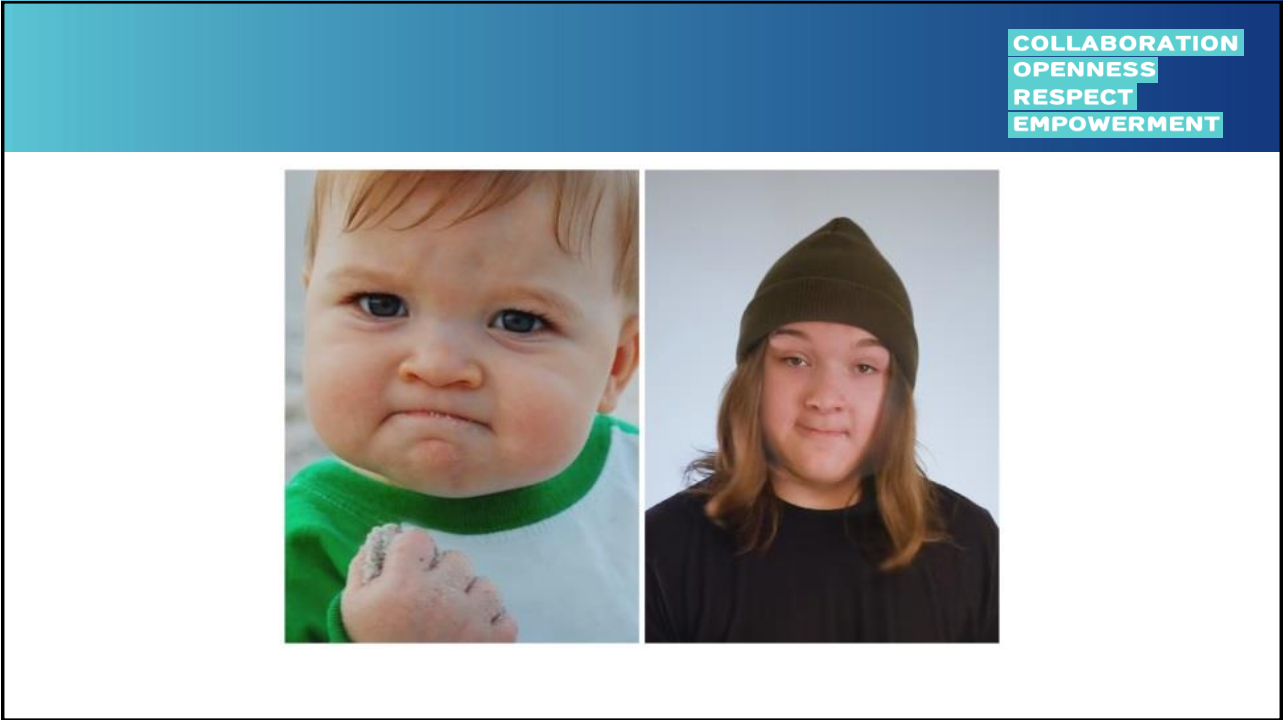
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**COLLABORATION**  
**OPENNESS**  
**RESPECT**  
**EMPOWERMENT**




# Questions??

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# SYDNEY NORTH Health Network

**Thank you for participating, please click the link available after this window closes to complete the Evaluation.**

**This link will also be emailed to you tomorrow.**



**phn**  
NORTHERN SYDNEY

An Australian Government Initiative

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