

Happy, Healthy, Ready

Developing an outreach model of care in early childhood developmental surveillance for children from Culturally and Linguistically Diverse Backgrounds in South Eastern Sydney

Authors: *Edwards, K., Rimes, T., Fernandez, R., Eapen, V., Son, J., Smith, R., Knebel, C., Sarkozy, V., Perkins, D., Woodland, L. Woolfenden, S.*

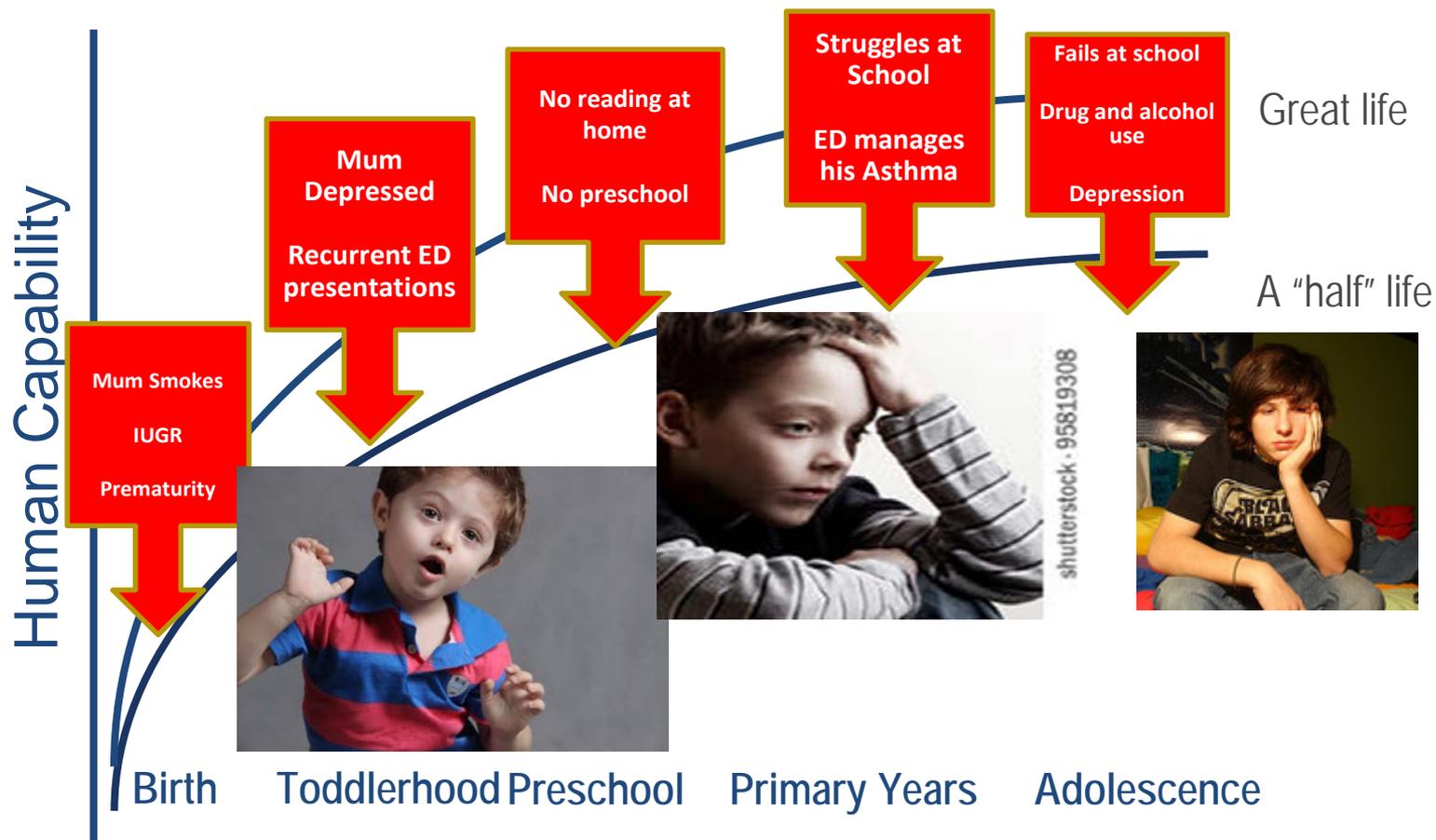
Presenters:

A/Prof Sue Woolfenden- Senior Staff Specialist CCH/Integrated care | SCHN & Senior Research Fellow Child Population Health Group UNSW.

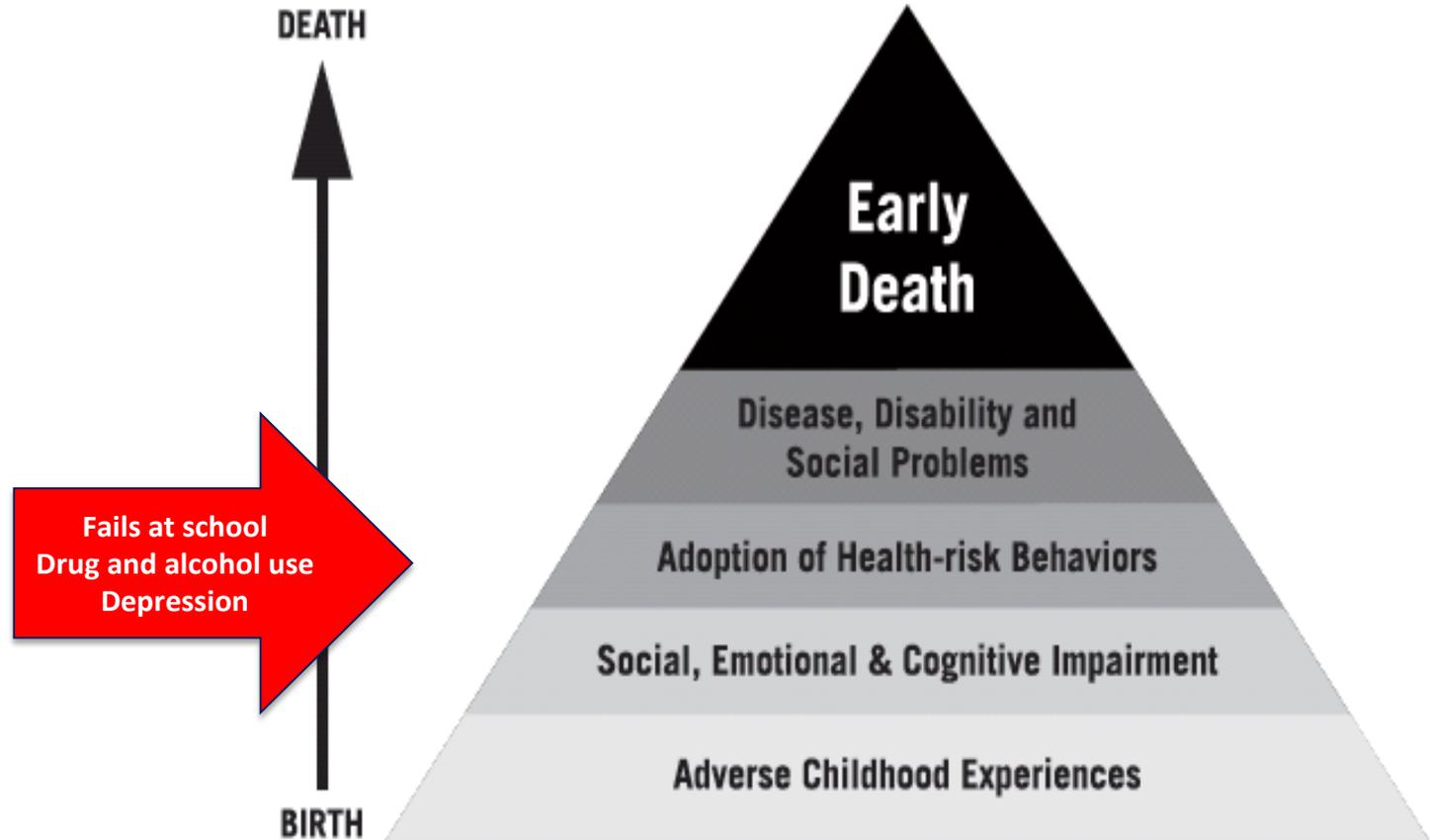
Tania Rimes - Children and Communities Program Coordinator | SESLHD

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Aayam's Life



And it just gets worse.....



Potential influence throughout the lifespan of adverse childhood experiences.⁷



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How big of a problem is this for children like Ayaam?

- Parental concerns indicating moderate or high developmental risk on the PEDS:
 - 1) 27% (95% CI 24 to 30) at 6 months
 - 2) 27% (95% CI 24 to 30) at 12 months
 - 3) 33% (95% CI 29 to 37) at 18 months.
- Increased developmental risk with perinatal risk; maternal minority ethnicity, and household disadvantage.
- Increased biological and psychosocial risk factors increased developmental risk
- But decreased likelihood these concerns documented in primary health care
- Is primary health care the right place?

BMJ Open Prevalence and factors associated with parental concerns about development detected by the *Parents' Evaluation of Developmental Status (PEDS)* at 6-month, 12-month and 18-month well-child checks in a birth cohort

Susan Woolfenden,^{1,2} Valsamma Eapen,^{3,4,5} Bin Jalaludin,^{5,6,7} Andrew Hayden,⁷ Lynn Kemp,⁸ Cheryl Dissanyaka,⁹ Alexandra Hendry,¹⁰ Emma Axelsson,^{3,5,11} Bronwyn Overs,³ John Eastwood,¹² Rudi Crncec,^{3,13} Anne McKenzie,¹⁴ Deborah Beasley,¹⁵ Elisabeth Murphy,¹⁵ Katrina Williams,^{16,17,18} on behalf of the 'Watch Me Grow' study group

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ABSTRACT

Objectives: Early identification of developmental vulnerability is vital. This study aimed to estimate the prevalence of moderate or high developmental risk on the Parents' Evaluation of Developmental Status (PEDS) at 6-month, 12-month and 18-month well-child checks; identify associated risk factors; and examine documentation of the PEDS at well-child checks.

Design, participants: A prospective birth cohort of 2025 children with 50% of those approached agreeing to participate. Demographic data were obtained via questionnaires and linked electronic records. Telephone interviews were conducted with parents to collect PEDS data.

Primary and secondary outcomes: Multiple logistic regression analyses identified risk factors for moderate or high developmental risk on the PEDS. A Cumulative Risk Index examined the impact of multiple risk factors on developmental risk and documentation of the PEDS at the well-child checks.

Results: Of the original cohort, 792 (39%) had 6-month, 649 (32%) had 12-month and 565 (28%) had 18-month PEDS data. Parental concerns indicating moderate or high developmental risk on the PEDS were 27% (95% CI 24 to 30) at 6 months, 27% (95% CI 24 to 30) at 12 months and 33% (95% CI 29 to 37) at 18 months. Factors associated with moderate or high developmental risk were perinatal risk (OR 12 months: 1.7 (95% CI 1.1 to 2.7)); maternal Middle Eastern or

Strengths and limitations of this study

- This is the first study to examine the impact of cumulative risk on developmental vulnerability in children under 2 years in an area of socio-economic disadvantage and cultural diversity.
- This is the first study to examine the impact of cumulative risk on documentation of the PEDS at 6-month, 12-month and 18-month well-child checks.
- Strength of this study was the use of data linkage with the mother and child's electronic medical record.
- Significant loss of follow-up of mothers and infants from the time of recruitment at birth to the 18-month follow-up.
- Maternal mental health was unable to be examined due to missing data in the electronic medical record (EMR).

developmental vulnerability using the PEDS and for these concerns to not be documented.

Note that the Child Health Nurses in this paper that are referred to are called Child and Family Health Nurses in the State in Australia where this research was undertaken.

Why is the health system not reaching Ayaam?

Key barriers access to early identification and early intervention for children from CALD backgrounds:

- Demographic and psychosocial risk, Social isolation
- Community attitudes and knowledge “..don’t know about Child and Family Health Nursing”
- GPs no training
- Clarity of referral pathways
- Training of staff in primary health care and early childhood education settings needed in developmental surveillance.

Equitable access to developmental surveillance and early intervention – understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds

Susan Woolfenden MPH,* Natalie Posada BSW,† Renata Krchnakova B Ed EC,‡
Jill Crawford BSS,§ John Gilbert BA,¶ Bronwynn Jursik Dip Com Ser,**
Vanessa Sarkozy MPH,†† Deborah Perkins MPH‡‡ and Lynn Kemp PhD§§

*Community Paediatrician, §Diversity Health Coordinator, ††Developmental Paediatrician, ‡‡Child Health Medical Officer, Sydney Children’s Hospital, Sydney, NSW, †Project Officer, ¶Community Development, **Family & Children Services Team Leader, South East Neighbourhood Centre, Sydney, NSW, ‡AEDI Project Coordinator, Benevolent Society, Sydney, NSW and §§Associate Professor, School of Public Health and Community Medicine, University of New South Wales, Sydney, NSW, Australia

Abstract

Correspondence

Susan Woolfenden MPH
Community Paediatrician
Sydney Children’s Hospital
High St Randwick
NSW 2031
Australia
E-mail: susan.woolfenden@sesiahs.
health.nsw.gov.au

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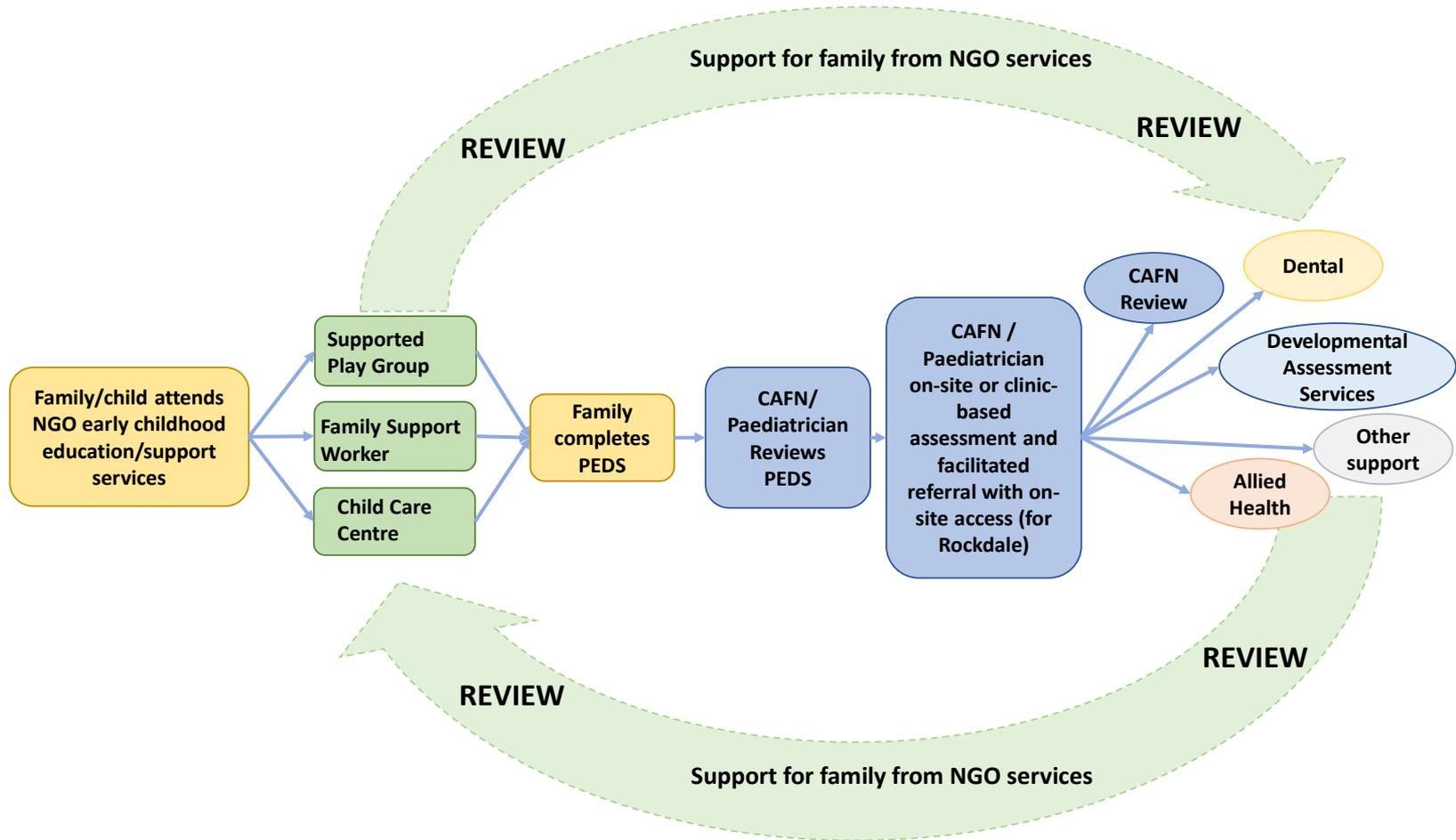
Keywords: culturally and linguistically diverse, early childhood development, health and early childhood services, parents, qualitative research

Background and objective Children from culturally and linguistically diverse (CALD) backgrounds are at risk of having developmental problems go undetected prior to starting school, and missing out on early intervention. Our aim was to explore the family and service characteristics, beliefs and experiences that influence the journey of families from CALD backgrounds in accessing developmental surveillance (DS) and early intervention services in south-eastern Sydney, Australia.

Design, setting and participants This qualitative study used in-depth interviews conducted with 13 parents from CALD backgrounds and 27 health and early childhood professionals in Sydney. The Andersen Behavioural Model of Health Service Use (BM) was the underlying theoretical framework for thematic analysis.

Results and discussion Family and service knowledge about early childhood development (ECD), community attitudes, social isolation and English language proficiency were dominant themes that impacted on the probability of families accessing services in the first place. Those that impeded or facilitated access were resources, extended family and social support, information availability, competing needs, complex service pathways and community engagement. There were variable practices of early detection through DS. Children from CALD backgrounds with developmental problems were perceived to miss out on DS and early intervention despite language delay being a key issue identified by participants.

The model



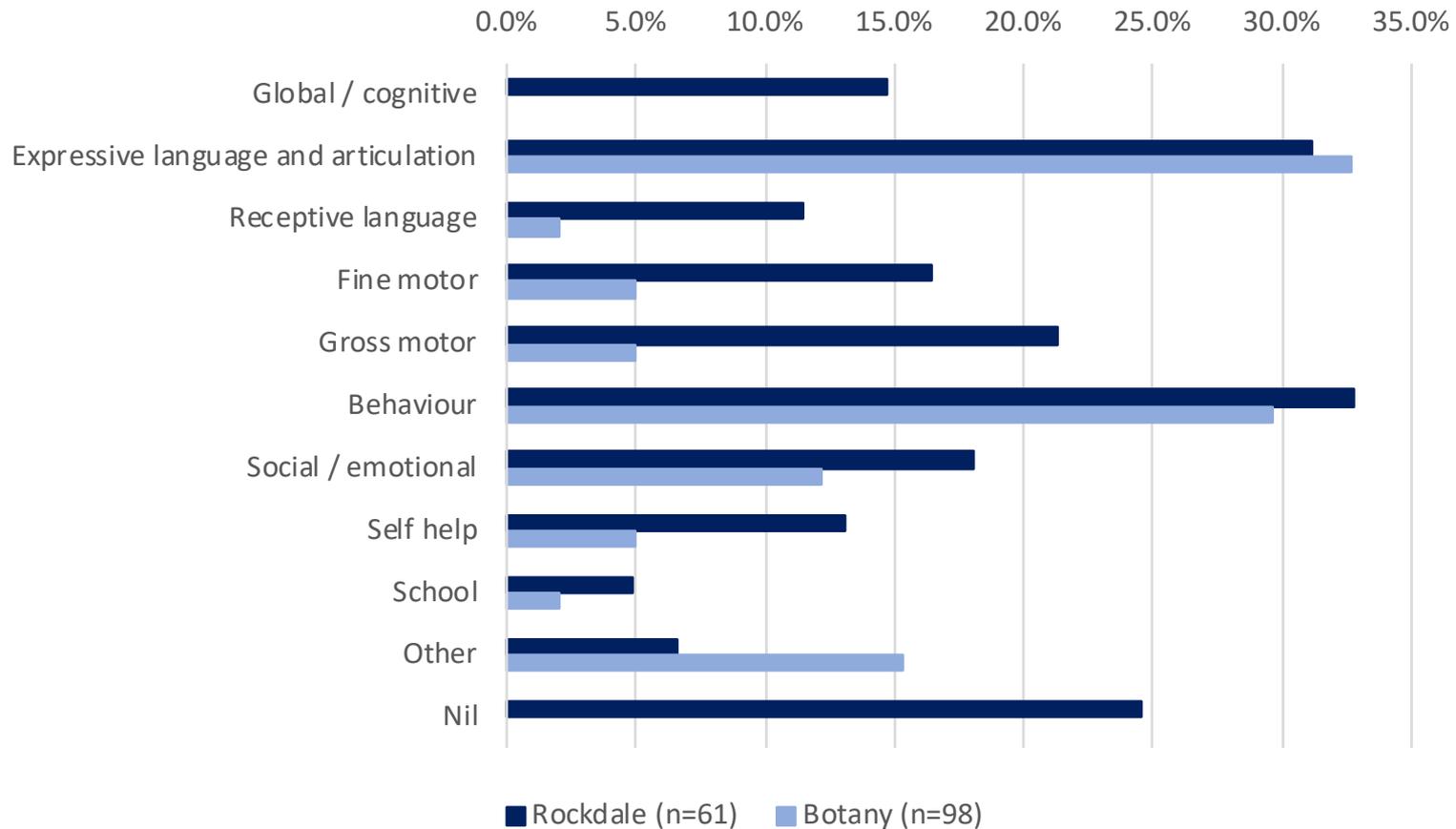
Project results

Predictive concerns were identified in these children, that might otherwise have been missed.

Rockdale Families			Botany Families		
No. undertaking PEDS	No. with one or more predictive concerns	% with one or more predictive concerns	No. undertaking PEDS	No. with one or more predictive concerns	% with one or more predictive concerns
n = 61	n = 23	37.7%	n = 98	n = 40	40.6%

Project results

Percentage of children identified with developmental areas of concern



Project results

- Training
 - Enhanced understanding of normal and abnormal development in early childhood
 - Referral of all developmental concerns to SESLHD CAFHN post-training
- Service interviews
 - Regular contact with early childhood health professionals was viewed by health and partner services as a strong enabler in encouraging parents to follow up referrals and remain engaged
 - Interviewees commented on the value they gained from the ongoing relationship with child and family health services and that they had increased confidence that their opinions would be respected and that families of concern would be seen in a timely manner

Project results

Family Interviews

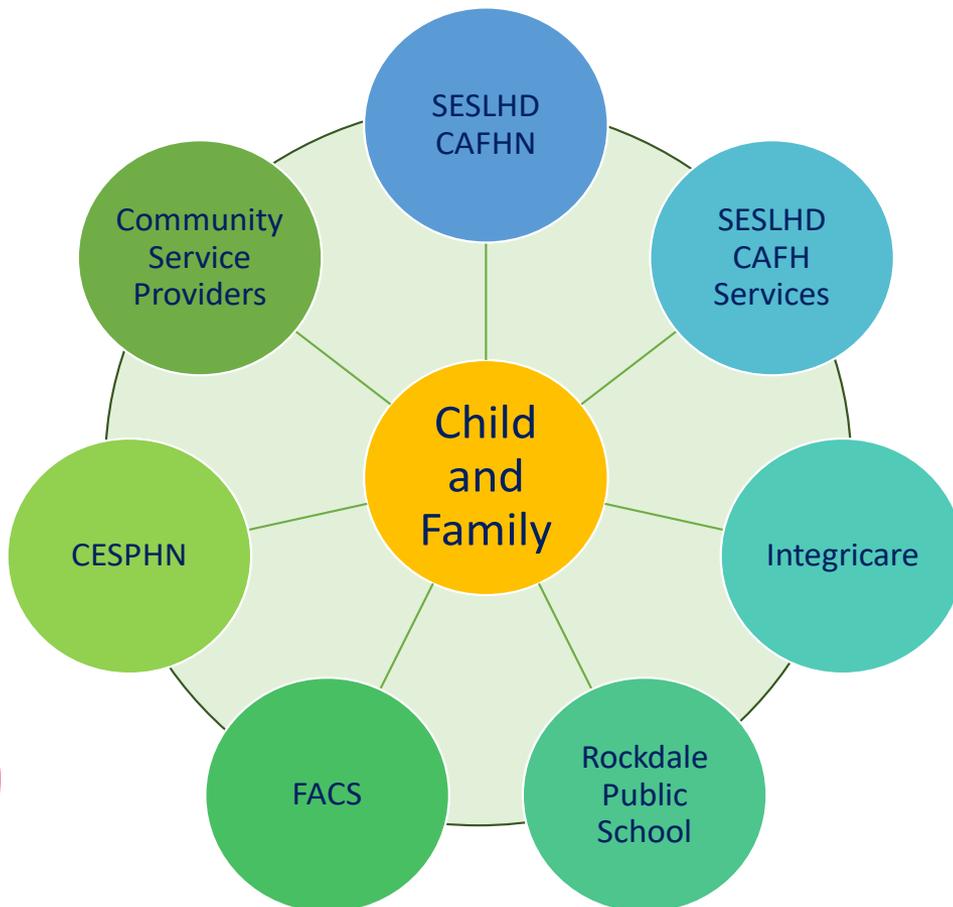


“My friend, she invited me, because I met her from the church and she told me about this. I joined to come here last week, and this is my second visit and I like it.”

“Everything they say (from this place) is good. For example, when a child doesn't pay attention they take interest in this fact and think about maybe this child has a hearing problem and they keep a session for that, which shows their interest for the welfare of this child's development (this is really good).”

Rockdale Hub

The Rockdale project led to development of a placed based Rockdale Hub, focusing on how to support children and families in Rockdale to have the best start to school.



- SESLHD Child and Family Nursing (CAFHN) Service
- SESLHD CAFH Services including Multicultural Health Nurses, Speech Pathologist/Occupational Therapist Playgroup
- SESLHD Kogarah DAS
- Integricare services
 - Supported Playgroups
 - Family Support Worker Project
 - Early Childhood Centre
- Rockdale Public School
- The Department of Family and Community Services (FACS)
- Central and Eastern Sydney Primary Health Network (CESPHN)
- Community service providers, including Lifestart, Family Referral Service, Rockdale Community Services, Bayside Council, KU Inclusion Support Agency

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Questions?



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