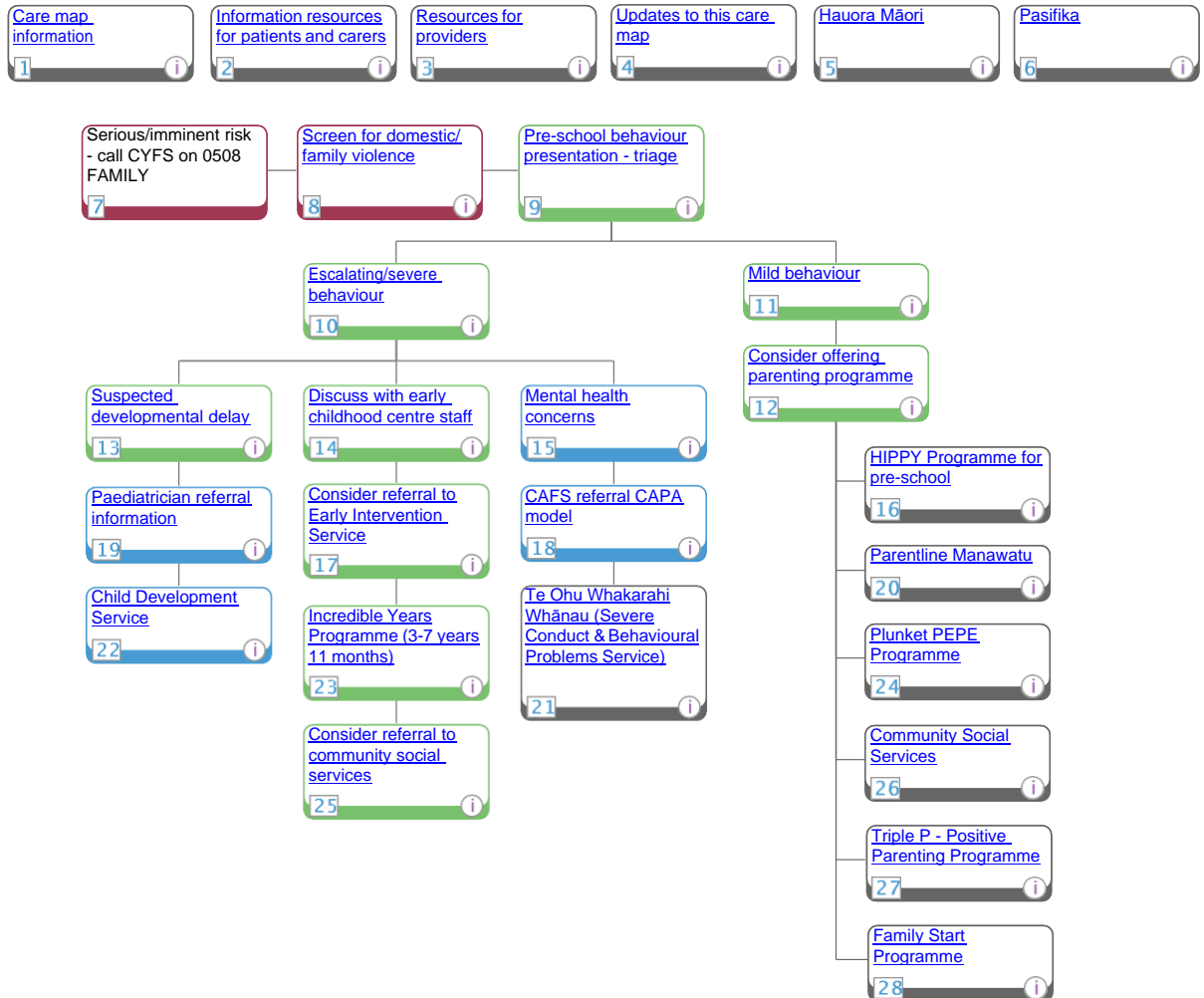


Behaviour Issues – Pre-school Children

Paediatrics > Child development > Behaviour Issues in Children

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Red flag
- Information



1. Care map information

This map covers children aged 0-5 years when there are concerns around behaviour.

Out of Scope:

- children already diagnosed with autism spectrum disorder (ASD)

NB: All the service providers cater for slightly different age ranges - these will be highlighted throughout the map.

References:

See Provenance Certificate for full list of references.

2. Information resources for patients and carers

Support services:

- [Zero to three website](#) for information on:
 - [Sleep challenges](#)
 - [Coping with Defiance](#)
 - [Tools and Tips on Play](#)
 - [Challenging behaviour tools and tips](#)
 - [Aggressive behaviour tips](#)
- Support or advocacy through [parent 2 parent](#)
- Special education - [Ministry of Education](#)
- [Women's Refuge](#)
 - Women's Refuge provides the support and information you need when you are dealing with violence in your life
 - freephone: 0800 REFUGE (0800 733 843)
- [The National Network of Stopping Violence Services](#)
 - works to enable all people in Aotearoa/New Zealand to live free of all forms of violence, abuse and oppression
- [The Incredible Years Information Sheet for Parents](#)

Te Ara Whānau Ora Brochure

- [Te Ara Whānau Ora Brochure](#)

3. Resources for providers

Assessment/screening tools:

- [Denver Developmental Screening Tool Version II](#)
- MidCentral Health Behavioural Assessment:
 - [Home Questionnaire](#)
 - [School Questionnaire](#)
- Strengths and Difficulties Questionnaire (SDQ) (Robert Goodman, 2005):
 - [2-4 year olds](#)
 - [4-17 year olds](#)
 - [SDQ scoring website](#)
- NICHQ Vanderbilt Assessment Scales (used for diagnosing ADHD):
 - [questionnaire for parent informant](#)
 - [questionnaire for teacher informant](#)

- [follow-up questionnaire for parent informant](#)
- [follow-up questionnaire for teacher informant](#)
- [scoring instructions](#)
- Adult ADHD Self-Report Scale (ASRS-v1.1):
 - [Symptom Checklist Instructions and Checklist](#) (the checklist takes about 5 minutes to complete)
 - [MCHAT Questionnaire](#)

Support Services:

- [Manawatu Abuse Intervention Network](#)
 - prevention of family violence through information, referral and intervention services
 - phone: (06) 351 3633
 - fax: (06) 351 3616
 - email: main.nz@gmail.com
 - availability: 9.00am to 4.00pm Monday to Friday
- [HALT \(Horowhenua Abuse Liaison Team\)](#)
 - a network of agencies working together to reduce family violence in the Horowhenua
 - does not provide direct intervention services itself
 - operates as a referral and monitoring service as well as a point of collaboration
 - referrals received by HALT come mostly through police reports of family violence - people or agencies can also refer people into the system
 - phone: (06) 366 0540
 - email: Coordinator@halt.org.nz
- MidCentral DHB Emergency Mental Health Team:
 - 0800 653 358
- [Child, Youth & Family](#)
 - Child, Youth and Family is a service of the Ministry of Social Development, and is part of a network of agencies aiming to build an environment where child abuse is not tolerated
- [Women's Refuge](#)
 - freephone: 0800 REFUGE (0800 733 643)
- [Voyage](#)
 - a nine week programme for children aged 5 - 11 years who have suffered abuse
 - suspected Child Abuse and Neglect: Recommended referral process for General Practitioners
 - for more information contact the VOYAGE Co-ordinator, Ruth Steven, on 06 356 5868 or 027-462-1987 (voicemail)

4. Updates to this care map

Date of re-publication: February 2016

This care map has been updated in line with consideration to evidenced based guidelines. Below summarises changes made to the pathway following review:

- service information updated
- inclusion of new/other services where relevant e.g. Horowhenua/Otaki Children's Team, Massey University Psychology services
- added guidance on screening for domestic/family violence
- added the following resources to improve usefulness and relevance of pathway:
 - assessment and screening tools to assist with initial diagnosis e.g. home and school questionnaires, strengths and difficulties questionnaires, ADHD screening tool for primary care
 - links to referral forms and information
 - inclusion of a new node 'resources for providers' to provide a one-stop-shop for all resources

For further information on contributors and references please see the care map's Provenance.

NB: This information appears on each page of this care map.

5. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Wha \(Māori model of health\)](#) when working with Māori Whānau
- asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their Whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of [whānaungatanga \(making meaningful connections\) with their Māori client / Whānau](#)
- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate](#)
- having a historical overview of legislation that has impacted on Māori well-being

For further information:

- [Hauora Māori](#)
- [Central PHO Māori Health website](#)

6. Pasifika

[Pacific Cultural Guidelines \(Central PHO\) 6MB file](#)

Our Pasifika community:

- is a diverse and dynamic population:
 - more than 22 nations represented in New Zealand
 - each with their own unique culture, language, history, and health status
 - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The FonoFale Model \(pasifika model of health\)](#) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- [Cultural protocols and greetings](#)
- [Building relationships with your pasifika patients](#)
- [Involving family support, involving religion, during assessments and in the hospital](#)
- [Home visits](#)
- [Contact information](#)

Pasifika Health Service - Better Health for Pasifika Communities:

- the Pasifika Health Service is a service provided free of charge for:
 - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
 - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse

- the Pasifika Health Service contact details are:
 - Palmerston North Office - 06 354 9107
 - Horowhenua Office - 06 367 6433
- [Better Health for Pasifika Communities brochure](#)

Additional resources:

- Ala Mo'ui - [Pathways to Pacific Health and Wellbeing 2014-2018](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
- [List of local Māori/Pacific Health Providers](#)
- [Central PHO Pacific Health website](#)

8. Screen for domestic/family violence

Screen for domestic/family violence:

- be alert to the symptoms or signs of domestic violence
- give women the opportunity to disclose domestic violence in a secure environment

Screening Questions could include:

- has anyone in your family kicked, punched, scratched or physically hurt you in the past year?
- does anyone in your family put you down, make you feel small, make you feel like you are walking on egg shells?
- has anyone made you do something sexual that you didn't want to do?
- have you any concerns regarding a previous spouse?

Resources:

- [Child and Partner Abuse \(Nov 2002\) - Family Violence Intervention Guidelines](#) (Ministry of Health)
- [Child Abuse and Neglect brief intervention](#)
- [Partner abuse framing questions](#)
- [Partner abuse risk assessment](#)
- [Te Manawa Services](#) (family violence - men and women)
- [Men Against Violence](#)

9. Pre-school behaviour presentation - triage

Well Child Provider, pre school or parental/caregiver concerns about child's behaviour.

Assess child:

- history from caregiver
- behaviour presentation
- previous/current engagement with other agencies
- click here for [Denver Developmental Screening Tool Version II](#)

Atypical presentation:

- outside expected age appropriate behaviour

Significant behaviour concerns:

- presence of aggression

- absence of age expected milestones (e.g. toilet training, language)
- someone is concerned about the behaviour (e.g. parent, pre-school teacher)

For 4 year olds, has a B4 School Check been undertaken?

- **Plunket:**
 - Ph: 06 351 6506 / 0800 692 445
 - [Plunket website](#)

10. Escalating/severe behaviour

Worsening behaviour impacting on function:

- increasing anxiety
- emotional dysregulation
- strategies to manage mild behaviour reported as ineffective [1]

Severe behaviour:

Oppositional defiant disorder

Criteria for oppositional defiant disorder to be diagnosed include a pattern of behavior that lasts at *least six months and includes at least four* of the following:

- often loses temper
- often argues with adults
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys people
- often blames others for his or her mistakes or misbehaviour
- is often touchy or easily annoyed by others
- is often angry and resentful
- is often spiteful or vindictive [5]

These behaviours must be displayed more often than is typical for the child's peers, and: must cause significant problems at home and/or in the early childhood education setting

11. Mild behaviour

May include:

- parenting related behaviour concerns
- sleeping concerns
- behaviour slightly outside the child's normal range for age

Consider:

- abuse related factors
- TV and gaming - appropriate screen time/programmes:
 - see [Common Sense Media](#) for further information
 - for more information see the [American Academy of Paediatrics recommendation](#) regarding screen times for children
- parental alcohol and drug addiction [1]

12. Consider offering parenting programme

Contact the local community social work services for support and intervention:

- [Directory of social services](#)

13. Suspected developmental delay

If the severe behaviour is assessed as in the context of developmental delay, consider referral to Paediatrician.

Click here for [Denver Developmental Screening Tool Version II](#)

14. Discuss with early childhood centre staff

Consider discussion with early childhood centre staff to clarify the degree of presenting behaviour and any successful strategies.

15. Mental health concerns

If the severe behaviour is assessed as not reflecting developmental delay, consider referral to Child, Adolescent and Family Mental Health & Coexisting Disorder Service (CAFS).

Criteria for referral:

- significant caregiver/parent concern about child's behaviour
- behaviour concerns from other agencies involved with child

Child/family seen to assess risk and appropriateness for CAFS Service. If child/family do not meet criteria, other services will be recommended.

- [CAFS referral form](#)
- [CAFS website](#)

CAFS - contact details:

- Palmerston North:
 - Konini House - Community Village, PN Hospital, Ruahine Street, Palmerston North, 4414, tel: (06) 350 8373, fax: (06) 350 8374
- Horowhenua:
 - Horowhenua Health Centre, 62 Liverpool Street, Levin, 5510, tel: (06) 366 0031, fax: (06) 366 0064

16. HIPPY Programme for pre-school

The Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based intervention programme, aimed at the educational enrichment of preschool youngsters. The programme targets parents within economically stressed communities who have low educational levels. Children from financially disadvantaged backgrounds are said to be at increased risk for educational failure.

For more information:

- [website](#)
- ph: (06) 358 2255

17. Consider referral to Early Intervention Service

The Early Intervention Service (Ministry of Education) provides specialist support to help parents and caregivers gain the confidence, knowledge and skills to support their child's learning and development. For further information:

- [Early Intervention Service](#)
- [Early Intervention Service fact sheet for parents and caregivers](#)

Referrals and questions:

- for all questions and referrals to your local Ministry of Education Special Education team:
 - phone: 0800 622 222
 - email: special.education@education.govt.nz

18. CAFS referral CAPA model

Child, Adolescent and Family Mental Health & Coexisting Disorder Service (CAFS)

Criteria for referral:

- significant caregiver/parent concern about child's behaviour
- behaviour concerns from other agencies involved with child

Child/family seen to assess risk and appropriateness for CAFS Service. If child/family do not meet criteria, other services will be recommended.

- [CAFS referral form](#)
- [CAFS website](#)

Kaupapa Māori service:

- if family would prefer a kaupapa Māori service, consider Oranga Hinengaro Māori Mental Health (MDHB) service
- this service provides assessment, treatment and care to Māori consumers / tangatawhaiora of all ages and their whānau
- the service is made up of trained medical professionals, including Kaumatua, consultant psychiatrist, community psychiatric nurses, social workers and clinical psychologists
- there is also a clinic based at Horowhenua Health Centre once a week
- both teams travel to our outreach areas - the geographical boundaries cover Manawatu, Horowhenua and Kapiti region
- contact details:
 - tel: (06) 350 9155
 - fax: (06) 350 8024
 - email: oranga.hinengaro@midcentraldhb.govt.nz

CAFS - contact details:

- Palmerston North:
 - Konini House - Community Village, PN Hospital, Ruahine Street, Palmerston North, 4414, tel: (06) 350 8373, fax: (06) 350 8374
- Horowhenua:
 - Horowhenua Health Centre, 62 Liverpool Street, Levin, 5510, tel: (06) 366 0031, fax: (06) 366 0064

19. Paediatrician referral information

Criteria for referral:

- significant caregiver/parent concern about child's development
- developmental concerns from other agencies involved with child
- ongoing physical health concerns

Referral information required:

- demographic data
- response to early intervention
- birth, developmental and medical history
- family and social history
- copies of previous of mental health, language, cognitive and audiology assessments
- which other services are involved
- any medication being used
- social situation:
 - parental relationship
 - any parental mental health concerns
- elements of developmental delay
- consider gathering information from early childhood centre directly:
 - please include the results of the MidCentral Health Behavioural Assessment if completed:
 - [Home Questionnaire](#)
 - [School Questionnaire](#)

20. Parentline Manawatu

Parentline Manawatu is a Palmerston North based not-for-profit community organisation offering counselling, parenting groups, and a parenting support phone line to parents and caregivers.

For more information:

- [website](#)
- ph: 06 355 1655
- fax: 06 355 1722
- 24 Hour HELP Line: 0800 432 6459

21. Te Ohu Whakarahi Whānau (Severe Conduct & Behavioural Problems Service)

Only Child, Adolescent and Family Mental Health & Coexisting Disorder Service (CAFS), Children Young Persons and Family Service (CYFS) and Ministry of Education (MoE-Special Education) can refer children aged 3-8 years to the Severe Conduct and Behavioural Problems Service (3-8 years).

Referral criteria:

- the referred child must be a client of at least one of the primary agencies (CAFS, MoE-Special Education, CYFS)
- the client is from 3-8 years of age
- referral discussed with family
- Incredible Years Parenting Programme has been offered to the family
- there are current family risk factors for the child, sufficient to warrant intervention

Further information about the Severe Conduct and Behavioural Problems Service (Te Ohu Whakarahi Whānau):

- [brochure on service](#)

22. Child Development Service

Access to this service is through the paediatrician - the paediatrician will forward referrals as appropriate.

The Child Development Service team is comprised of allied health professionals working in a multidisciplinary way.

Children referred may be seen by only one team member or by several, depending upon the needs identified. Each family will be offered the opportunity to meet with a social worker as part of the service. Referrals are accepted if they meet the specific entry criteria developed by the service. Any waiting times will be identified when the referral is acknowledged.

The service offers:

- speech language therapy
- clinical psychology
- social work
- occupational therapy
- physiotherapy
- neuro-developmental therapy
- coordination of services

Aims of the service:

- a coordinated service which liaises with the family and other providers
- to collaborate with parents and families when setting goals and reviewing progress
- to inform and educate as to the reasons why therapy programmes are undertaken and what role the family or others have with therapy
- to provide the most appropriate therapy to each child when it is needed

23. Incredible Years Programme (3-7 years 11 months)

Appropriate if significant risk factors.

Incredible Years is a 14-18 session programme for parents.

Parents come together each week and develop approaches to use at home with problem behaviours, such as aggressiveness, ongoing tantrums and acting out behaviour, such as swearing, whining, yelling, hitting and kicking, answering back and refusing to follow rules.

Referral forms and information sheet for parents:

- [The Incredible Years Referral Form - Horowhenua area](#)
- [The Incredible Years Referral Form - Manawatu and Tararua area](#)
- [The Incredible Years Information Sheet for Parents](#)

Contact information:

- co-ordinator: Di Thomas
- email: di.thomas@minedu.govt.nz
- phone: 350 9859

[More information is available through the Werry Centre for Infant, Child and Adolescent Mental Health](#)

24. Plunket PEPE Programme

PEPE (Parenting Education Programme) is a Plunket-developed national programme which consists of a series of five courses, aimed at supporting parents in their parenting role through the different stages of their child's early development. Free to all participants.

For more information:

- [website](#)

- [programme brochure](#)
- ph: 06 357 4844 / 06 356 7248

25. Consider referral to community social services

Contact the local community social work services for support and intervention:

- [Directory of social services](#)

26. Community Social Services

Contact the local community social work services for support and intervention:

- [Directory of social services](#)

27. Triple P – Positive Parenting Programme

Triple P Positive Parenting Programme (targeting 3-8 years).

[Triple P](#) is one of the most effective evidence-based parenting programmes in the world, backed up by more than 30 years of ongoing research.

Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships.

Local Providers:

- [ACROSS Te Kotahitanga o te Wairua](#)
 - 0800 ACROSS (0800 227 677)
 - Telephone: 06-356-7486
 - Fax: 06-357-4988
 - Triple P Co-ordinator: Carlyne Jeanes (CJeanes@across.org.nz)
- [Parent Line Manawatu](#):
 - ph: 06 355 1655
 - fax: 06 355 1722
 - 24 Hour HELP Line: 0800 432 6459

28. Family Start Programme

Family Start is an intensive home visiting programme that focuses on improving children's growth and health, learning and relationships, family circumstances, environment and safety. It helps families who are struggling with challenges or problems that may make it harder for them to care for their baby or young child. Family Start will begin to support babies and their parents/ caregivers early - before the baby's birth or in their first year.

Referral Criteria

- Families can be referred to Family Start from the time the mother is 3 months pregnant up until the baby is 12 months old (referrals are encouraged from the second trimester of pregnancy). In exceptional circumstances, a child may be accepted into the programme up to 2 years old.
- Main criteria - families need to experience challenges in one of these areas to be referred:
 - mental health issues
 - drinking, using drugs or gambling too much
 - abuse as a child

- serious problems with partners, family or whānau
- knowing how to make sure a child is healthy and growing strong
- a child has a disability or needs special care
- the family has been involved with the Ministry for Vulnerable Children, Oranga Tamariki (formerly Child Youth and Family) or they've been involved with the family or whānau
- they're a young parent that needs extra support
- Secondary criteria - see [Referral Guide for Practitioners](#)

Resources:

- [Information brochure for families/caregivers](#)
- [Referral Guide for Practitioners](#) (info on aims of the programme, referral criteria, referral steps and timing)

Referral details - Manawatu/Taranua:

- Return the [referral form](#) to:
 - Keri Smith - Family Start Team Leader
 - Keri.smith@plunket.org.nz
 - 021518725

Referral details - Horowhenua/Otaki:

- [referral form](#)
- George Davis - Raukawa Whanau Ora Ltd
- georged@rwo.nz

The Family Start provider will contact the family within five days to arrange an initial visit. This visit will determine whether the programme is the right service for the family. The Family Start provider will let the referrer know the outcome of the initial visit.

Behaviour Issues in Children

Provenance Certificate

[Overview](#) | [Editorial methodology](#) | [References](#) | [Contributors](#) | [Disclaimers](#)

Overview

This document describes the provenance of MidCentral District Health Board's **Behaviour Issues in Children** pathway. This pathway is regularly updated to include new, quality-assessed evidence, and practice-based knowledge from expert clinicians. Please see the Editorial Methodology section of this document for further information.

This localised pathway was last updated in February 2016.

For information on changes in the last update, see the information point entitled 'Updates to this care map' on each page of the pathway.

One feature of the "Better, Sooner, More Convenient" (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The purpose of implementing the CCP Programme in our DHB is to:

- Help meet the Better Sooner More Convenient Business Case aspirational targets, particularly the following:
 - Reduce presentations to the Emergency Department (ED) by 30%
 - Reduce avoidable hospital admissions to Medical Wards and Assessment Treatment and Rehabilitation for over-65-year-olds by 20%
 - Reduce poly-pharmacy in the over-65-year-olds by 10%
- Implement a tool to assist in planning and development of health services across the district, using evidence-based clinical pathways.
- Provide front line clinicians and other key stakeholders with a rapidly accessible check of best practice;
- Enhance partnership processes between primary and secondary health care services across the DHB.

To cite this pathway, use the following format:

Map of Medicine. Medicine. MidCentral District View. Palmerston North: Map of Medicine; 2014 (Issue 1).

Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

1	Contributors representing the Child Health Behaviour Issues Collaborative Clinical Pathway Working Group – MidCentral DHB (2012)
3	Mental Health and Conduct Disorder Available at: http://www.webmd.com/mental-health/mental-health-conduct-disorder
4	Ministries of Health and Education. (2008). New Zealand Autism Spectrum Disorder Guideline. Wellington: Ministry of Health
5	New Zealand Guidelines Group. (2010). What does ASD look like? A resource to help identify autism spectrum disorder. Wellington: New Zealand Guidelines Group.
6	Ministries of Health and Education. (2013) Autism Spectrum Disorder (ASD) Quick Card for Referral. Wellington: Ministry of Health Available at: http://www.health.govt.nz/publication/does-person-have-asd-quickcard

Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

The following individuals contributed to the update of this care map:

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- Gabrielle Scott, Child Health Development Team, MidCentral DHB
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- Denise Kingi, Pacifica Liaison, MidCentral District Health Board
- Jacqui Moynihan, Police
- Dr Garth Bennie, District Manager, Ministry of Education
- Sally Hogg, Service Manager, Service Manager, Regional Operations, Ministry of Education
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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.