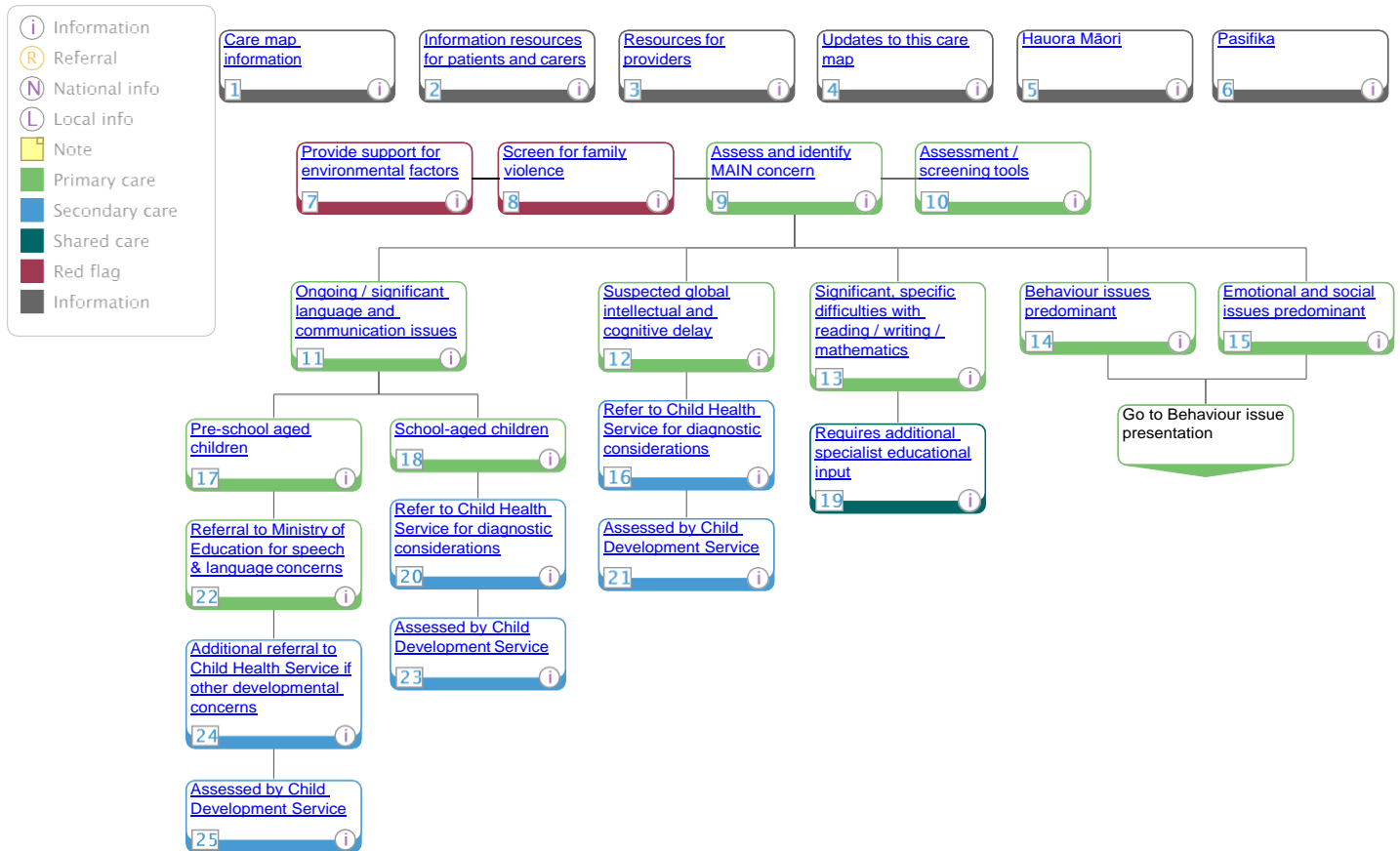


# Developmental Issues in Children – Learning, Cognition and Communication

Paediatrics > Child development > Developmental Issues in Children - Learning, Cognition and Communication



## 1. Care map information

This pathway relates to children (under 16 years) presenting with difficulties or delays in developing their learning or cognitive skills.

This pathway should be followed for suspected cases of:

- language or communication disorders
- Autism Spectrum Disorder (ASD)
- Intellectual Disability (ID)
- Global Developmental Delay (GDD)
- specific learning disorder
- other neurodevelopmental disorders

This pathway does not include presentations related to:

- behavioural concerns (e.g. low motivation, oppositional behaviour, suspected Attention Deficit Hyperactivity Disorder - ADHD)
- emotional or mental health issues (e.g. anxiety, depression, grief, trauma)
- ACC covered injuries (e.g. traumatic brain injury, concussion)
- medical aetiologies that are addressed by a tertiary provider (e.g. paediatric oncology)

These issues may not always be the main reason for children to present to their primary care provider. However, it is important to be alert to potential issues with communication, intellectual functioning, or learning and school work. This is particularly the case for presentations that do not seem to be adequately explained by variations in normal development, current stressors, or environmental or mental health factors, and therefore require further investigation.

## 2. Information resources for patients and carers

### Information resources for patients and carers:

- The Ministry of Education publication '[much more than words](#)'
- [Special Education](#) - Ministry of Education
- Plunket - [you and your child](#)
- [Strategies with Kids](#)
- Kidshealth - talking, playing and your child's development
- [other useful information](#)
- [Parenting Through Separation](#) (free parenting information programme)
- [Common Sense Media](#)
- [Women's Refuge](#)

## 3. Resources for providers

### Hearing and vision concerns:

Initial hearing and distance vision screening for children from 4 years up to 18th birthday is via Vision and Hearing Screeners - phone 0800 153 042. The screening can be done at school or one of the regular clinics around the district. Families, teachers and health professionals can refer by phone (06 350 4560), letter or [referral form](#) (email to [schoolhlth@midcentraldhb.govt.nz](mailto:schoolhlth@midcentraldhb.govt.nz) / fax 06 350 4561).

If a hearing problem is found, the child will be referred to Audiology Clinic.

If any distance vision issues are identified, then a referral will be made to a local Optometrist or the MidCentral Eye Clinic. Children

with a High User Card or who have a parent with a valid CSC may qualify for the [Spectacles Subsidy](#) annually.

**Abuse:**

- [Family violence assessment and intervention guideline](#): child abuse and intimate partner violence (MoH)
- [Child Abuse and Neglect brief intervention](#)
- [Partner abuse framing questions](#)
- [Partner abuse risk assessment](#)

**Parental separation:**

- [Parenting Through Separation](#) (free parenting information programme)
- [Family Dispute Resolution](#) (funding is means tested)
- [Directory of Social Services](#)

**Family member with mental health or addiction issues:**

- [Directory of social services](#)
- [Manawatu Community Mental Health & Addictions Directory 2015/2016](#)

**Care and protection concerns (e.g. family violence, sexual assault/abuse, neglect):**

- [Oranga Tamariki website](#)
- [Ministry of Health Child abuse and Neglect: Brief Intervention Guide](#)
- [Child Abuse and Neglect Risk Assessment](#)
- [Family Violence Intervention Guidelines: Child and Partner Abuse \(Nov 2002\)](#)

**Family member with serious medical condition(s):**

- [Health Conditions Service \(Massey University\)](#) - for adults and young people with long-term health conditions. To make a referral ring (06) 350-5180 - [Massey Psychology Service Referral Form](#)
- [Cancer Psychology Service \(Massey University\)](#) - free service for people and Whānau affected by cancer - [referral information](#) and [Massey Cancer Psychology Service referral form](#)

**TV and gaming - appropriate screen time/programmes:**

- for more information see [Common Sense Media](#)
- for more information see the [American Academy of Paediatrics recommendation](#) regarding screen times for children

## 4. Updates to this care map

This Care Map was published in March 2017.

This Care Map will be reviewed in October 2017.

## 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](#)

## 6. Pasifika

**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 2010-2014](#)
- [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 Maori/Pacific Health Providers](#)
- [Central PHO Pacific Health website](#)

## 7. Provide support for environmental factors

**Consider whether any of the following need to be addressed immediately:**

- **care and protection concerns** (e.g. family violence, sexual assault/abuse, neglect)
- **family violence** (e.g. partner violence, child abuse)
- **hearing and vision concerns**
- **parent wellness concerns** (e.g. coping with child's behaviour, own stress levels, poverty)
- **social situation changes** (e.g. job loss, bullying, family member in prison, change in family composition)
- **parental separation**
- **grief and loss**
- **family member with serious medical condition / mental health or addiction issues**
- **TV and gaming** (e.g. appropriate screen time/programmes)

For resources see "Resources for providers" box at the top of the pathway.

## 8. Screen for family violence

**Screen for 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 pushed, 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 partner?

**Resources:**

- [Family violence assessment and intervention guideline](#): child abuse and intimate partner violence (MoH)
- [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. Assess and identify MAIN concern

If main concern is behaviour - go to [Behaviour issue presentation](#) Pathway.

**Assess child's:**

- history of caregiver's main concerns
- academic progress / school functioning reports
- the child's developmental history including prenatal and birth (e.g. alcohol and drug use during pregnancy, birth complications, prematurity, developmental milestones)

**Identify the main developmental concerns present:**

- issues with language and communication
- intellectual/cognitive concern
- difficulty with school work
- emotional and social issues

A child may present with one, many, or all of the following issues. However, the most urgent/severe issue should be addressed in the first instance.

NB: If accident related / acquired brain injury, recent or historical please contact the child's ACC case manager to progress assessment.

#### **Consider differential diagnoses.**

The learning difficulties are not better accounted for by:

- uncorrected visual problem
- uncorrected hearing problem
- other motor or neurological disorders
- lack of proficiency in the language (ESOL)
- inadequate educational instruction / stimuli / attendance
- Attention Deficit Hyperactivity Disorder (ADHD)
- mental health difficulties such as trauma, neglect, attachment difficulties, abuse

## 10. Assessment/screening tools

#### **Consider use of the following 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 in children):
  - [questionnaire for parent informant](#)
  - [questionnaire for teacher informant](#)
  - [follow-up questionnaire for parent informant](#)
  - [follow-up questionnaire for teacher informant](#)
  - [scoring instructions](#)

Initial hearing and distance vision screening for children from 4 years up to 18th birthday is via Vision and Hearing Screeners - phone 0800 153 042. The screening can be done at school or one of the regular clinics around the district. Families, teachers and health professionals can refer by phone (06 350 4560), letter or [referral form](#) (email to [schoolhlth@midcentraldhb.govt.nz](mailto:schoolhlth@midcentraldhb.govt.nz) / fax 06 350 4561).

If a hearing problem is found, the child will be referred to Audiology Clinic.

If any distance vision issues are identified, then a referral will be made to a local Optometrist or the MidCentral Eye Clinic. Children with a High User Card or who have a parent with a valid CSC may qualify for the [Spectacles Subsidy](#) annually.

## 11. Ongoing/significant language and communication issues

All children aged 1–3 years with any of the following findings must be referred for further assessment of their language and communication:

- no babble, pointing to or showing of objects or other gesture by 12 months
- no meaningful single words by 18 months
- no 2-word spontaneous (non-echoed or imitated) phrases by 24 months
- any loss of any language or social skills at any age

Consider whether the language delay is isolated or in conjunction with other delayed social development. The Ministry of Education publication '[much more than words](#)' includes information about typical communication development in young children and ideas for supporting them.

For children aged 3 years and older with any of the following, consideration should be given to referring them for further assessment of their language and communication:

- difficulties with speech production, fluency or comprehension
- use or understanding of verbal language below expected level for age
- use or understanding of non-verbal language below expected level for age
- poor use of language for social purposes, including with main caregiver (e.g. not understanding conversational "rules" or subtleties and ambiguous meanings)
- reduced (or no) sharing of attention, interests, emotion, or imaginative play with others
- no initiation of interaction with, failure to respond to, or no interest in peers

### Useful links:

- MCHAT Questionnaire
- [Ministry of Health \(2013\) Autism Spectrum Disorder \(ASD\) Quick Card for Referral](#)
- [New Zealand Autism Spectrum Disorder Guidelines - 2016](#)
- The Ministry of Education publication '[much more than words](#)'

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## 12. Suspected global intellectual and cognitive delay

Global concerns in all areas of functioning across a range of cognitive skills well below a typical child of that age. Difficulty in self cares, independence, social skills, communication and all areas of learning.

## 13. Significant, specific difficulties with reading/writing/mathematics

These learning concerns are significantly below expected for the child's chronological age.

### Significant and specific learning difficulties:

- child is **significantly below** typically developing children's ability in one or more of these areas (reading, writing, mathematics)
- however, adaptive function is typical for the age of the child (child can dress, eat, wash, toilet etc.)

## 14. Behaviour issues predominant

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 in children):

- [questionnaire for parent informant](#)
- [questionnaire for teacher informant](#)
- [follow-up questionnaire for parent informant](#)
- [follow-up questionnaire for teacher informant](#)
- [scoring instructions](#)

## 15. Emotional and social issues predominant

Learning or cognitive issues appear secondary to emotional (anxiety, depression, trauma) and social issues (family circumstances).

## 16. Refer to Child Health Service for diagnostic considerations

Complete [referral form](#) and **include completed home AND school questionnaires**.

MidCentral Health Behavioural/Learning Assessment:

- [Home Questionnaire](#)
- [School Questionnaire](#)

## 17. Pre-school aged children

Pre-school aged children:

- consider whether an audiology review is needed
- consider whether a vision check is needed
- if child is over 4 years ensure B4School check has been completed or has been arranged (0800 692 445)
- if the child is presenting with an isolated speech and/or language concern, refer to Ministry of Education for early intervention
- if the child is presenting with a language concern in conjunction with other social, cognitive, or motor concerns, refer to both Ministry of Education and the Child Health Service

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## 18. School-aged children

School-aged children:

- consider whether a vision and/or hearing check is needed
- general practice team to advise parents to talk to the child's teacher regarding learning support for the child; this could include Special Education Needs Coordinator (SENCO) who could access a range of additional educational support for the child in the school:
  - if the parents are unable to do this, gain consent from them to liaise directly with the school

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If a hearing problem is found, the child will be referred to Audiology Clinic.

If any distance vision issues are identified, then a referral will be made to a local Optometrist or the MidCentral Eye Clinic. Children with a High User Card or who have a parent with a valid CSC may qualify for the [Spectacles Subsidy](#) annually.

## 19. Requires additional specialist educational input

General practice team to advise parents to talk to the child's teacher regarding learning support for the child; this could include Special Education Needs Coordinator (SENCO) who could access a range of additional educational support for the child in the school.

If the parents are unable to do this, gain consent from them to liaise directly with the school.

## 20. Refer to Child Health Service for diagnostic considerations

Complete [referral form](#) and **include completed home AND school questionnaires**.

MidCentral Health Behavioural/Learning Assessment:

- [Home Questionnaire](#)
- [School Questionnaire](#)

## 21. Assessed by Child Development Service

Assessment to be undertaken as appropriate with parents/caregivers and referrer, and relevant professionals advised of the outcome.

## 22. Referral to Ministry of Education for speech & language concerns

[Contact details for learning support services \(MoE\)](#) for early intervention.

## 23. Assessed by Child Development Service

Assessment to be undertaken as appropriate with parents/caregivers and referrer, and relevant professionals advised of the outcome.

## 24. Additional referral to Child Health Service if other developmental concerns

Complete [referral form](#) and **include completed home AND school questionnaires**.

MidCentral Health Behavioural/Learning Assessment:

- [Home Questionnaire](#)
- [School Questionnaire](#)

## 25. Assessed by Child Development Service

Assessment to be undertaken as appropriate with parents/caregivers and referrer, and relevant professionals advised of the outcome.

# Developmental Issues in Children – Learning, Cognition and Communication

## Provenance Certificate

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

### Overview

This document describes the provenance of MidCentral District Health Board's Developmental 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 March 2017.

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.

Developmental Issues in Children Working Group members
Ministry of Education representatives
Plunket
Robert Goodman, 2005; Strengths and Difficulties Questionnaire

## 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 original development of this care map:

- Dr Naomi Dunwoodie, GP (Primary Care Clinical Lead)
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- Sally Hogg, Service Manager, 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.