

Children starting school in rural and remote Queensland

Parent resource



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An electronic version of this document is available at <https://www.childrens.health.qld.gov.au/chq/health-professionals/qcyc-network/>

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Introduction

Children living in rural and remote areas of Australia experience higher rates of developmental vulnerability compared to their peers living in urban areas¹. This is due to several factors including geographic isolation, lack of access to appropriate services, and less engagement in early childhood education. The Isolated Children's Parents' Association Queensland (ICPA) have an objective to obtain equal justice for every school child isolated by distance, and have collaborated with Queensland Health to develop a resource for parents to assist children starting school in rural and remote Queensland.

The aims of this resource are to:

- help parents to identify if their child requires developmental support prior to starting school
- provide information that assists parents in asking for the right information from health professionals
- help parents to understand who can provide assistance for their child with developmental difficulties
- have access to information and tips on helping their child start school.

All children have the right to grow and develop in a way that supports optimal participation in day-to-day activity, including formal schooling. While most children achieve appropriate developmental outcomes, some do not develop cognitive, motor, language, and social-emotional skills at the rate or level of sophistication that the wider community may expect of a child of a similar age. The purpose of this document is to empower parents to facilitate communication between health and education service providers that their child is involved with, to ensure the best start to schooling.



SCHOOL
BUS

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Is my child ready for Prep?

Your child is due to start Prep in the next 12 months, and you're wondering what they should be able to do. The transition to Prep is a time of great expectations for all involved. It can be hard to know what skills are typical at this age, if you are seeing signs of difficulties, and what to do if you do have concerns.



The 'School Developmental Checklist' has been designed to help you know what milestones to expect of your child at this age, and to help you identify any underlying difficulties before your child starts Prep (see Page 7).

Children develop at different rates; however, some children may have underlying problems that cause delayed development. The earlier developmental difficulties are identified, the earlier an effective intervention program can be started, which will support better long-term outcomes for your child.

Can I just wait until my child starts school and see how they go?

- Identifying concerns early will give your child the best start to school and help them to reach their full learning potential.
- Early intervention helps to reduce the 'learning gap' for children with developmental difficulties.
- When the right help and learning strategies are put in place early, positive results can be achieved.
- As well as helping school participation and performance, early action can help reduce emotional problems and behavioural problems that might emerge if a child doesn't have the right support at school.

I'm scared my child will be 'labelled' with a disorder:

- A 'label' is not required but having the right information and a good understanding of your child helps you to make informed decisions about your child's education. Being aware of your child's strengths and difficulties prior to starting school can help ensure the right learning strategies are put in place.
- Linking in with the right supports before school will help identify what works well for your child and strategies can be carried over when they start Prep.

What is early intervention?

- Early intervention means doing things as early as possible to work on your child's developmental, health and support needs.
- Early intervention often combines specialist support and therapies. You might be linked to government-funded services, community services, or private therapists. Other services can also be helpful, including having your child attend childcare or an early childhood development program, visiting child and family health services, and utilising regional parenting services.

School developmental checklist – 4 years

Most children will achieve these milestones by the time they turn 4 years. All children develop at different rates. Some children may develop slower than others, but catch up with time. Other children may have an underlying problem that causes their delayed development, and it is important to access early intervention to assist their development. If you are concerned about any aspect of your child’s development, **see your GP or Child Health Nurse**. If in doubt, it is better to have your concerns checked than to ‘wait and see’.

Medical:		
Has your child had a hearing test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any concerns with your child’s hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child had their vision checked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any concerns regarding your child’s vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
 <i>If you have concerns book an appointment with your GP or Child Health Nurse or optometrist and/or Aboriginal and Torres Strait Islander Health Worker.</i>		
Does your child have any of the following?		
Learning difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech or language difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavioural challenges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional challenges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
 <i>If you have concerns book an appointment with your GP or Child Health Nurse and/or Aboriginal and Torres Strait Islander Health Worker. If your child has a developmental diagnosis, remember to take documentation to their school enrolment meeting.</i>		
Development - Is your child able to:		
<i>Motor skills:</i>		
Hold a pencil between thumb and 1-3 other fingers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Draw simple shapes (circle, square, cross) and a basic human figure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use scissors to cut a straight line?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Show coordination when running and jumping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Catch, throw, and kick a ball?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Learning skills:</i>		
Maintain attention to complete a whole task (e.g. listen to a book, sit for duration of a meal)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Count to at least 10?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name at least 4 colours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name at least 3 shapes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Social skills:</i>		
Tell someone their name and age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Play cooperatively with other children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Share and take turns in play?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Create play reflecting social situations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Talking and Understanding:</i>		
Speak clearly using sentences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Understand a two-part instruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hold a conversation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ticked ‘no’ to any of the questions? If you have concerns about your child’s development, book an appointment with your GP (family doctor), Child Health Nurse or Aboriginal and Torres Strait Islander Health worker.



Child Health Nurse (CHN) / GP / Aboriginal and Torres Strait Islander Health worker

Along with your GP and Aboriginal and Torres Strait Islander Health worker, your child and family health nurse is a good starting point for any worries you have about your child’s health and development, and they offer regular check-ups in your child’s early months and years.

Did you know CHNs offer a 4-year (pre-school) check-up where your child’s growth, hearing, vision, and milestones are assessed. Find your closest one at <https://www.oneplace.org.au/>.

Questions for your Child Health Nurse / GP / Aboriginal and Torres Strait Islander Health worker:

- Are my child’s developmental checklists up-to-date? (Refer to PEDS in Red Book <https://www.childrens.health.qld.gov.au/chq/information-for-families/personal-health-record/peds/>)
- Is there anything I should be worried about regarding my child’s development?
- What activities can I do to support my child’s readiness for Prep?

Do you have your child’s Red Book (personal health record)?

The parent-held booklet is used to record your child’s immunisations, developmental checks and other major health events. It is important to keep your child’s PHR up to date so please take it with you whenever you take your child to see a health professional. Find more information at <https://www.childrens.health.qld.gov.au/chq/information-for-families/personal-health-record/>.

Want more information about development?

Check out the Raising Children Network at <http://raisingchildren.net.au/preschoolers/preschoolers.html>

Getting the right support: who does what?

Queensland Health:

The role of Queensland Health is to provide services aimed at achieving good health and well-being for all Queenslanders². This includes diagnostic services, support in understanding health conditions, interventions that support function, and transitional services which involve goal setting in order to access the right services. Services are provided by allied health, nurses, Aboriginal and Torres Strait Islander Health Workers and doctors.

General practitioner/family doctor:

General practitioners (GPs or family doctors) are the health care providers most commonly seen by children and their families. They provide continuing, comprehensive care within the communities in which children live. GPs have a central role in helping children and families “get to the right place” if further services are needed. They are an important link to connecting up care for children and families.

Department of Education:

The Department of Education is committed to inclusive education and continuous improvement to maximise education outcomes for students with disability. The department provides a range of support services and resources to assist teachers to meet the diverse educational needs of all students. Special Education Teachers main role is to support the classroom teacher in enabling students with disability to access and participate in the curriculum. Their role requires liaison with parents, classroom teachers and therapists to ensure the educational priorities for students with disability are met. State schools have access to a range of therapists who work with teachers to support eligible students with disability and their education teams. The Department of Education therapist’s role is to facilitate students' participation in the educational process and support the attainment of educational goals³.

National Disability Insurance Scheme (NDIS):

The National Disability Insurance Scheme (NDIS) is the new way of providing support for Australians with disability, their families and carers. As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life. The NDIS supports people with disability to build skills and capability so they can participate in the community and employment⁴.

NDIS in Queensland -

<https://www.ndis.gov.au/about-us/our-sites/QLD>

NDIS Factsheets and Publications -

<https://www.ndis.gov.au/people-disability/fact-sheets-and-publications>

NDIS Early Childhood Early Intervention (ECEI)

The ECEI approach supports children aged 0-6 years who have a developmental delay or disability and their families/carers. The ECEI approach supports families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life. Find out more information at <https://www.ndis.gov.au/ecei>. It is acknowledged that access to ECEI may be challenging in rural and remote communities.

Aboriginal and Torres Strait Islander Health Worker

A Queensland Health Aboriginal and Torres Strait Islander Health Worker is an Aboriginal or Torres Strait Islander person who:

- works within a primary health care to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals, families and communities
- advocates for the delivery of services in accordance with the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009 (Australian Health Ministers' Advisory Council)
- holds an Aboriginal and Torres Strait Islander primary health care qualification.

My child has a diagnosis: getting the right information

Having your child diagnosed with a developmental disorder can feel overwhelming and confusing; and understanding what it means can be challenging. This document aims to provide you with tips on how to learn more about your child's diagnosis and gives an overview on some diagnoses and common language used by health professionals.

Tips for getting the right information:

- Ask your paediatrician or medical specialist to explain how they diagnosed your child to better understand what characteristics they look at.
- If your child is seeing intervention therapists, be involved and ask lots of questions. There's no such thing as a 'stupid' question.
- Don't get lost in information. It's good to do some reading and research about the diagnosis, but remember that your child is unique and not everything that you read will apply to them.
- You might like to develop your own explanation of what your child's diagnosis means for when family or friends ask. Sometimes making it individual to your own child can make it easier to explain.



You're in charge – questions to ask your health professional:

- What does my child's diagnosis mean?
- What assessments have been done?
- What medications does my child have and what are they for?
- What will my child need help with?
- When should I bring my child back?

Print the 'Information Sharing Form' (page 11) to take with you to your child's appointments.

Information Sharing Form

Health to School



Print this form to take with you to your child's healthcare appointments.

Child's name:	
Address:	
DOB:	
Today's date:	

Diagnosis:
Assessments completed:
Medications:
Child's strengths:
Child's difficulties:
Recommended support/s:
Completed by:
Name:
Signature:
Contact details:

I, _____ (parent name), give consent for the above information to be shared with my child's school and give permission for school personnel to contact the above health professional for further information.

Signed: _____

Date: _____

School supports

Most children will develop skills in roughly the same order, but this can occur at different rates. Some children may not meet criteria for a developmental diagnosis, but can show delays in some areas of their development. Attending school is beneficial to all children, and provides them with plenty of opportunities to further develop their skills and abilities. In some cases, specific therapies may be helpful (for example physiotherapy, occupational therapy). It is best to speak with your GP regarding this.

Department of Education:

- If your child doesn't meet departmental criteria for inclusion in the Education Adjustment Program (EAP), the school can still work towards providing an appropriate program for your child.
- Schools support the learning needs of all students through the *'Whole School Approach'* to support student learning. Principals are responsible for the resources provided to support educational programs of all students in their school, including students with disability who either meet or do not meet EAP criteria.

Early Childhood Education and Care services (ECEC):

Early childhood education and care services enable parents and carers to work, study and take part in community life knowing their child is safe, well cared for and educated by people who share an understanding of their child's learning and development needs. Find out more information here.

Other things you can do to support your child's development:

Activity ideas to support your child at home



Ages and Stages activity ideas -

<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/publications/cychs-ages-stages.pdf>



Influencing a Child's 5000 hours -

<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcycn/influence-5000-hours.pdf>

Information on how parents can influence a child's development outside of health care environments.

Education Adjustment Program

The Department of Education and Training (DET) provides a range of programs and resources to assist schools in meeting the educational needs of students with disability, one of which is the Education Adjustment Program (EAP). This is a process for identifying and responding to the educational needs of students with disability who require significant education adjustments and includes the following impairments:

Diagnosis	Diagnosed by:
Autism spectrum disorder	Paediatrician, psychiatrist or neurologist
Hearing impairment	Audiologist or otolaryngologist
Intellectual disability	Paediatrician or psychologist
Speech-language impairment	Speech pathologist
Vision impairment	Ophthalmologist (or paediatrician or neurologist)
Physical impairment	Registered medical specialist (e.g. paediatrician, neurologist, orthopaedic surgeon, geneticist)

Frequently asked questions:

When does verification begin for a child?

The Education Adjustment Process (EAP) may begin once a student is enrolled and attending prep and continues for students up to year 12.

Who identifies that a child will require a verification?

The school team identifies that a child's educational needs may meet the criteria for the EAP. Over time, the school team considers whether a student's impairment and education adjustments may meet the criteria for the EAP, and a verification request is submitted by the school principal to a state-wide verifier.

If my child has any of the diagnosis listed, will they be eligible for an EAP?

Not necessarily. For verification, there are two criteria, one of which is an identified impairment, and the second being an identified impact on functioning that requires significant education adjustments. Not all students with identified impairments require significant education adjustments.

If my child has a diagnosis prior to starting school how quickly can the process be started?

The process of understanding and documenting student needs and providing appropriate responses to these needs begins at enrolment and is ongoing throughout schooling. The length of time between school enrolment and verification (if appropriate) will be individual to the student and the specific situation.

What if my child attends a non-state school?

For the EAP categories of intellectual disability, autism spectrum disorder and speech-language impairment, non-state schools have their own processes, although the same criteria are used and similar processes apply. Talk to your school for further information.

Understanding developmental diagnoses: definitions for verification in Education Queensland

Autism spectrum disorder:

Autism spectrum disorder (ASD) is a neurological disorder that affects how a person makes sense of the world around them. It is characterised by difficulties in social interaction, communication, and by restrictive and repetitive patterns of thought and behaviour. Autism is caused by abnormalities in the brain structure or function of the brain that occurs before birth, meaning that ASD is a lifelong condition. Every person with ASD is different, and can learn and develop with support.

Speech-language impairment:

Speech-language impairment (SLI) is a term used by the Department of Education Queensland to describe severe difficulties with being able to speak, making sense of speech sounds, being able to understand others, and using language to interact socially. SLI's may be a result of a neurological disorder or brain injury, hearing loss, a physical impairment (e.g. cleft palate) or an unclear cause (e.g. developmental language disorder). An SLI is likely to be permanent, however with appropriate support a person will make improvements in the above areas.

Intellectual disability:

Intellectual disability is a neurological disorder that occurs before the age of 18, and affects the way a person learns as well as their adaptive function skills (communication skills, self-care skills, social skills, learning). It is characterised by difficulty understanding new information, difficulties with communication and social skills, and slow cognitive processing time. With support, a person with intellectual disability can learn new skills.

Physical impairment:

A physical impairment is defined as a dysfunction of the musculoskeletal and/or neurological systems, which affects a child's physical capacity to move, coordinate actions, or perform physical activities. This may affect a child in their fine and gross motor skills, self-care skills, and communication. Children with physical impairments can be supported to increase their function and participation in activities.

Hearing impairment:

A hearing impairment is when a person has difficulty identifying sound clearly due to auditory problems, and may be unilateral or bilateral. The degree of hearing loss is classified into different levels including mild, moderate, severe, and profound. Hearing loss may also be described according to the site of damage to the auditory system and includes conductive hearing loss, sensorineural hearing loss, and mixed hearing loss. Repairing hearing loss depends on which part of the auditory system is affected. With the help of appropriate auditory and speech intervention, even children with severe hearing impairment can show gradual improvement in response to sound.

Vision impairment:

Vision impairment is any diagnosed condition of the eye or visual system that cannot be corrected to within normal limits. This includes damage or disease to the eye or the visual pathways to the brain. Vision impairment can be present from birth, occur at any time due to disease or injury, or can be part of a medical condition. Some visual conditions are stable and vision will remain relatively unchanged, whilst others may be progressive, resulting in reduced vision over time.

Starting school checklist for children with developmental delays

Starting school is an important time for children and their families, and is a significant event for everyone involved. Good planning is critical to allow for a smooth transition and give your child the best start at school. It is important to start planning for the transition to Prep at least 12 months before your child is due to commence. This document aims to help you prepare your child for the transition, by providing a checklist to connect your family, existing therapies, early childhood education providers, and your chosen school.

Prior to school enrolment:

- Schedule an interview with the principal and/or school staff prior to your child starting school to discuss your child's needs and what supports the school can put in place.

Enrolling with a school:

- Complete the school enrolment form
- Check what supports your early intervention service can offer during the transition phase. Some early intervention services may be able to attend planning meetings with you.
- Visit the school with your child before they start to help them become familiar with the environment. Schools may offer orientation during before or after school hours and at quieter times during the school day.

Share these documents with the school and your child's teacher:

- Diagnostic letter
- Recent reports from therapists involved in your child's care
- Learning plans or goals from early education providers
- Transition statement from your child's early education provider
- Record of Health Professionals involved in your child's care (see page 14)

If your child changes school:

Have your current school fill out a school transfer form -

<http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/Enrolment%20in%20State%20Primary,%20Secondary%20and%20Special%20Schools/Student%20Transfer%20Note.PDF>

Check out some tips about moving schools on the Raising Children Network website -

http://raisingchildren.net.au/articles/moving_schools.html/context/1138

Helpful pages:

Assistance for isolated children scheme -

<https://www.humanservices.gov.au/individuals/services/centrelink/assistance-for-isolated-children-scheme>

Financial assistance for rural and remote families -

<https://www.qld.gov.au/education/schools/financial/ruralremote/pages/rural>

Record of health professionals involved in my child's care



Print this form to keep a record of your child's health professions. Share a copy of this form with your child's school.

Child's name:	
Address:	
DOB:	

Diagnosis:	Name	Contact Details
General Practitioner (GP)		Ph: Address:
Paediatrician		Ph: Address:
Child Health Nurse (CHN)		Ph: Address:
Psychologist		Ph: Address:
Psychiatrist		Ph: Address:
Social Worker		Ph: Address:
Speech Pathologist		Ph: Address:
Occupational Therapist		Ph: Address:
Optometrists		Ph: Address:
Physiotherapist		Ph: Address:
Dietitian		Ph: Address:
Other		Ph: Address:
Other		Ph: Address:

I, _____ (parent name), give consent for the above information to be shared with my child's school and give permission for school personnel to contact the above health professionals for further information.

Signed: _____

Date: _____

Helpful links

This page provides some helpful links including web pages to support you in finding your closest health facilities in rural and remote Queensland.

- Discover your closest health facility on OnePlace - <https://www.oneplace.org.au/>
- Rural and Remote Health Facilities Map - <https://www.health.qld.gov.au/clinical-practice/engagement/networks/rural-remote/rural-facilities>
- Search whether a school is in a rural or remote zone using the Schools Directory - <https://schoolsdirectory.eq.edu.au/>
- List of Rural and Remote Schools QLD (2017) - <https://www.qld.gov.au/education/schools/financial/ruralremote/documents/rural-remote-education-zone-schools-2017.pdf>



Case study

Information supplied by parents of the 'Isolated Children's Parents' Association (2017)

I am a parent that has lived on a remote property in western Queensland, and currently live in Quilpie with my family and 2 young children. My son, George, has delayed speech and language development and fine motor difficulties. Prior to school, George had access to a private Occupational Therapist (OT) and Speech Pathologist (SP) to help support his development, however this was financially draining and we had to travel far to access this. When George started Prep we were told to get support through the school system.

The school is visited by a Speech and Language Pathologist (SLP) once every semester. On the day that the SLP was visiting, George was away sick and was not able to be assessed. Another time was not able to be made as only one day is allocated to our school, so we would have to wait for the next semester. I spoke with the principal about George requiring extra support for his speech and language skills and fine motor skills but was told that he needed further assessment before they could offer him any support.

We sought further assessments ourselves as we knew George was having developmental difficulties, and saw several specialists and underwent scans and tests. It wasn't until 8 months later that we saw a private Paediatrician based in Brisbane, and George was diagnosed with an Intellectual Impairment. We took this diagnosis with us back to the school, but were told that they would need to assess George and the process could take some time. George had now finished his Prep year. We went back to our doctor who referred us to QLD Health, but we were unable to access a service.

With George's diagnosis of Intellectual Impairment, we could apply for the National Disability Insurance Scheme (NDIS) funding. Once this was processed, George was then able to get support for his developmental needs. The issue is that he is now in Grade 3, so from Prep to now he has missed out on early intervention and support services that would have helped him. It was evident that he was having difficulties, but he wasn't diagnosed in a timely manner.

What could have been different, using this resource?

Working through the parent resource, George's parents may have been able to have George diagnosed sooner and have accessed appropriate supports in a more timely manner, to allow the best start to school for George.

The 'Is my Child Ready for Prep' page prompts parents to think about their child's development at least 12 months prior to beginning Prep, with information to help identify concerns early. Using the 'School Developmental Checklist' George's parents may have identified developmental concerns across several domains and prompted the family to see their GP or Child Health Nurse (Primary Care Providers) as a starting point. A Child Health Nurse could complete the 4-year-old screener, hearing and vision assessment with George. The GP could have referred George to a paediatrician or developmental service for further assessment. The GP may also have considered telehealth services to link in with specialists without the family having to travel long distances.

Seeing a paediatrician or developmental team would have allowed for a holistic understanding of George's presentation and potentially an earlier diagnosis. The 'Getting the Right Support' page in the resource provides information to parents about the roles of each government department. George's parents could have used the 'My Child has a Diagnosis' tip sheet and the 'Information Sharing Form' to ensure they understood George's diagnosis and request for written information to share with other services if needed.

George would have been diagnosed with a developmental difficulty and referred for the right early intervention supports well before starting Prep. The 'School Supports' page provides information to parents about what support schools can offer whether a child has a diagnosis or not. George's parents would be able to ask for learning support even before an 'Education Adjustment Program' is completed. The parent resource also provides easy access to definitions to help parents understand diagnoses.

Using the 'Starting School Checklist' George's parents have prompts to meet school personnel prior to school starting and to share relevant reports and documents with the school. This would allow the school to start the Education Adjustment Process sooner if applicable.

If George's parents wanted private therapies, they would know that their GP is the best starting point for information and advice. Using the 'Oneplace' website, George's parents could search for their closest health services and facilities. The Parent resource also includes links to developmental tip sheets and the Raising Children Network Website that provides helpful information for parents. George's parents could also consider applying for NDIS funding sooner, and use the links provided in the resource for easy access.

Using this resource, it is hoped that parents will have information to identify their child's developmental needs, be able to effectively communicate with health professionals, have the information needed to advocate for their child, and allow their child the best start to schooling.

Thank you to the ICPA parents who shared their stories to use in this case study.

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Queensland
Government