Red Flags School-aged Guide

Supporting conversations and service engagement for children with neurodevelopmental concerns

What is the *Red Flags School-aged guide?*

The *Red Flags School-aged Guide* is a health resource for professionals (including general practitioners, child health nurses, allied health professionals and educators) to support conversations with families about developmental concerns in school aged children and enable timely and targeted referrals. This guide will:

- Assist with identification of the impact of developmental concerns on a young person's day-to-day functioning.
- Assist with decision making for the most appropriate service to engage, based on the young person's presenting concerns.

The *Red Flags Early Identification Guide* is also available for children under six.

Tips for using this guide

- It is recommended that this resource be used to support a conversation between parents/carers and a professional who understands typical development of a school-aged child.
- Red flag icons indicate an area of concern.
- Question mark icons are used to prompt further conversations.
- A single red flag is not always an indication for concern or referral.
- An orange/red indicator on the severity scale supports a specialist referral.

Definitions

- **Trauma**: an event or series of events that have long lasting impacts (e.g. abuse, neglect, witness to violence).
- **Tasks**: activities that you would expect a child of similar age to do as part of a family, school or community (e.g. playing with friends, participating in physical activities, enjoying a meal).

Referring

Every family is different, before referring consider:

- Family readiness for assessment. If not ready, consider GP case management and school liaison
- Family identification of which services will be most helpful now
- Service eligibility (e.g. age, geography)
- If there is a risk to family, self or others – consider services to support child's mental health and safety (e.g. Child and Youth Mental Health Service, psychiatrist, Child Safety).

A referral to a **developmental service** and/or general paediatrician may be indicated if:

- History of developmental concerns **over time.**
- Presentation of developmental concerns **over contexts** (e.g. school and home).
- Severity scale is **most/all tasks, most/all environments**.

Most tasks Most environments	All tasks All environments

A referral to a **behavioural based service** may be recommended if behavioural or emotional concerns are noted (e.g. aggressive, frequent meltdowns) but minimal/no developmental concerns.

If a young person is experiencing difficulties with one/some tasks in one/some environments services including private allied health, university clinics or child health may be indicated.

One task One environment	Some tasks Some environments

If a young person is experiencing current trauma (e.g. using illicit substances or being affected by cyber bullying) ensure the young person is safe and supported before a referral to an appropriate service is made.

School aged children need a TEAM approach. Families, schools, communities and specialist services can work together to ensure:

TRANSITIONS are supported. Starting/leaving primary or high school, age 9, grade 9 are some key transitions where young people with developmental concerns may require extra support.

EXPLORATION and identification of **other conditions**. Developmental difficulties often occur with other conditions (e.g. mental health, medical complexity). They may be hidden by behavioural or emotional concerns. If a young person is having behavioural or emotional concerns, it is important to ask about their development.

ACROSS CONTEXT presentations are considered to determine impact of developmental challenges. It can also help identify developmental strengths that can support a young person's function and participation.

MONITORING of development of children with identified vulnerabilities occurs. Research shows that children who have a history of medical complexity; a history of trauma and/or a parent with mental health concerns are more likely to present with developmental concerns.

Please contact **Child Development Program Access Service** on
1300 366 039 (prompts 2, 2) for more information regarding referrals.

Call 13HEALTH (13 432 584) 24 hours, 7 days to speak to a Child Health Nurse.

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Your concerns

Developmental concerns

- Poor school performance
- Difficulties with talking/ listening/playing/co-ordination
- Loss of skills

Behavioural concerns

- Distracted
- Overactive
- Disruptive
- Aggressive

Emotional concerns

- Socially withdrawn
- Frequent meltdowns
- Frequently worried/sad

We will ask about

Child/young person's history

- Medical history
- Family and social history
- Developmental history
- Parental mental health

What else?

- Information from school/ other settings
- Options tried
- Family functioning
- External factors (e.g. illicit substance, cyber bullying)

Trauma

- Current trauma/s
- Historical trauma/s
- Family trauma/s

Together we will explore

Difficulties with

- Learning new things
- Understanding another's view
- Understanding jokes
- Giving relevant information
- Taking turns in conversation
- Following directions
- Finishing tasks

Difficulties with

- Sleep
- Toileting/Dressing
- Changes in routines
- Diet and mealtimes
- Organising self and belongings
- Achieving everyday tasks

Difficulties with

- Calming after being upset
- Making and keeping friends
- Recognising emotions
- Separating from parent
- Sharing/cooperating
- Playing with others (would rather be alone)

Frequency/ severity scale

One task One environment	Some tasks Some environments	Most tasks Most environments	All tasks All environments