



ACT  
Child  
Development  
Service

A program of



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Government

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# ACT Child Development Service ?

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# Who can access CDS

- ▶ Families with children aged 0 to 6 years who
  - Live in the ACT
  - Are not accessing services through NDISearch.
  - Where there is a concern about a delay in development.



# What is the CDS

- ▶ ACT Child Development Service (CDS) provides:
  - Assessment – including ASD assessments for children upto 12 who have been referred by a Paediatrician
  - Referrals
  - Linkages
  - Information
  - Programs



# Who works at CDS

- ▶ Occupational Therapists
- ▶ Physiotherapists
- ▶ Social Workers
- ▶ Speech Pathologists
- ▶ Early Years Engagement Officer
- ▶ Early Childhood Teachers
- ▶ Allied Health Assistants

# How to access CDS

- ▶ Physiotherapy Drop In Clinic – Held weekly across Canberra
- ▶ Speech Pathology Drop In Clinic – Held weekly across Canberra
- ▶ Intake – 62051246 for all other concerns
- ▶ Or via email [child.development@act.gov.au](mailto:child.development@act.gov.au)
- ▶ <https://www.communityservices.act.gov.au/childdevelopment/service>



# What happens at Drop In






- ▶ **An informal discussion and screening/observation of skills – This is not a formal assessment**
  - If further assessment is indicated, a referral will be made to the appropriate service
  - Additional referrals and recommendations may be made at this time i.e. See GP to ask for referral to Paediatrician.
- ▶ **No appointment is necessary**
- ▶ **An approximate timeslot will be provided upon arrival**
- ▶ **There are a limited number of people who can be seen**
- ▶ **A parent or guardian will need to accompany the child (if not, written consent must be provided)**

# What is Early Identification

When a parent has concerns about a child's development that they are able to get support from the right professional at the right time.



# Areas of development

Red Flags Early Identification Guide									
Area	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Red flags at any age
<b>Social emotional</b> 	<ul style="list-style-type: none"> <li>Does not smile or interact with people</li> </ul>	<ul style="list-style-type: none"> <li>Not sharing enjoyment with others using eye contact or facial expression</li> </ul>	<ul style="list-style-type: none"> <li>Does not notice someone new</li> <li>Does not play early turn-taking games (e.g. peekaboo, rolling a ball)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks interest in playing and interacting with others</li> </ul>	<ul style="list-style-type: none"> <li>When playing with toys tends to bang, drop or throw them rather than use them for their purpose (e.g. cuddle dolls, build blocks)</li> </ul>	<ul style="list-style-type: none"> <li>No interest in pretend play or interacting with other children</li> <li>Difficulty noticing and understanding feelings in themselves and others (e.g. happy, sad)</li> </ul>	<ul style="list-style-type: none"> <li>Unwilling or unable to play cooperatively</li> </ul>	<ul style="list-style-type: none"> <li>Play is different than their friends</li> </ul>	<ul style="list-style-type: none"> <li>Strong parental concerns</li> <li>Significant loss of skills</li> <li>Lack of response to sound or visual stimuli</li> <li>Poor interaction with adults or other children</li> <li>Lack of, or limited eye contact</li> <li>Differences between right and left sides of body in strength, movement or tone</li> <li>Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills</li> </ul> 
<b>Communication</b> 	<ul style="list-style-type: none"> <li>Not starting to babble (e.g. aahh; oohh)</li> </ul>	<ul style="list-style-type: none"> <li>Not using gestures (e.g. pointing, showing, waving)</li> <li>Not using two part babble (e.g. bubu, dada)</li> </ul>	<ul style="list-style-type: none"> <li>No babbled phrases that sound like talking</li> <li>No response to familiar words (e.g. bottle, daddy)</li> </ul>	<ul style="list-style-type: none"> <li>No clear words</li> <li>Not able to understand short requests (e.g. 'Where is the ball?')</li> </ul>	<ul style="list-style-type: none"> <li>Not learning new words</li> <li>Not putting words together (e.g. 'push car')</li> </ul>	<ul style="list-style-type: none"> <li>Speech difficult for familiar people to understand</li> <li>Not using simple sentences (e.g. 'Big car go')</li> </ul>	<ul style="list-style-type: none"> <li>Speech difficult to understand</li> <li>Not able to follow directions with two steps (e.g. 'Put your bag away and then go play')</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty telling a parent what is wrong</li> <li>Not able to answer questions in a simple conversation (e.g. 'What's your name? Who is your family? What do you like to watch on TV?')</li> </ul>	
<b>Cognition, fine motor and self care</b> 	<ul style="list-style-type: none"> <li>Not reaching for and holding (grasping) toys</li> <li>Hands frequently clenched</li> <li>Does not explore objects with hands, eyes and mouth</li> <li>Does not bring hands together at midline</li> </ul>	<ul style="list-style-type: none"> <li>Does not hold objects</li> <li>Does not 'give' objects on request</li> <li>Cannot move toy from one hand to another</li> </ul>	<ul style="list-style-type: none"> <li>Does not feed self finger foods or hold own bottle/cup</li> <li>Unable to pick up small items using index finger and thumb</li> </ul>	<ul style="list-style-type: none"> <li>Does not scribble with a crayon</li> <li>Does not attempt to stack blocks after demonstration</li> </ul>	<ul style="list-style-type: none"> <li>Does not attempt to feed self using a spoon and/or help with dressing</li> </ul>	<ul style="list-style-type: none"> <li>Does not attempt everyday self care skills (such as feeding or dressing)</li> <li>Difficulty in manipulating small objects (e.g. threading beads)</li> </ul>	<ul style="list-style-type: none"> <li>Not toilet trained by day</li> <li>Not able to draw lines and circles</li> </ul>	<ul style="list-style-type: none"> <li>Concerns from teacher about school readiness</li> <li>Not able to independently complete everyday routines such as feeding and dressing</li> <li>Not able to draw simple pictures (e.g. stick person)</li> </ul>	
<b>Gross motor</b> 	<ul style="list-style-type: none"> <li>Not holding head and shoulders up with good control when lying on tummy</li> <li>Not holding head with control in supported sitting</li> </ul>	<ul style="list-style-type: none"> <li>Not rolling</li> <li>Not sitting independently/without support</li> <li>Not moving (e.g. creeping, crawling)</li> <li>Not taking weight on legs when held in standing</li> </ul>	<ul style="list-style-type: none"> <li>No form of independent mobility (e.g. crawling, commando crawling, bottom shuffle)</li> <li>Not pulling to stand independently and holding on for support</li> </ul>	<ul style="list-style-type: none"> <li>Not standing independently</li> <li>Not attempting to walk without support</li> </ul>	<ul style="list-style-type: none"> <li>Not able to walk independently</li> <li>Not able to walk up and down stairs holding on</li> </ul>	<ul style="list-style-type: none"> <li>Not able to walk up and down stairs independently</li> <li>Not able to run or jump</li> </ul>	<ul style="list-style-type: none"> <li>Not able to walk, run, climb, jump and use stairs confidently</li> <li>Not able to catch, throw or kick a ball</li> </ul>	<ul style="list-style-type: none"> <li>Not able to walk, run, climb, jump and use stairs confidently</li> <li>Not able to hop five times on one leg and stand on one leg for five seconds</li> </ul>	

Updated July 2016

# Case Study 1

- ▶ 2 year old boy “Lachlan” presented to Speech Pathology Drop in Clinic with his mother.
- ▶ Mother reports the following concerns
  - Lachlan understands everything that is said to him
  - He has less than 10 words that he uses regularly
  - He will gesture and point to what he wants to get his message across.

# At DIC

- ▶ Mother reported
  - 1 or 2 cold/ear infections
  - Is a good eater, still has a bottle to go to bed
  - Does not use a dummy
  - Has older sister who talks a lot.
  - Likes to play with his sister and friends.

## Observations at DIC

- Lachlan was bringing toys to show Mum, was interested in the speech pathologist, was peering around Mum to look at the speech pathologist.

# At DIC

- ▶ Engaged with Speech Pathologist to look at a book.
- ▶ Lachlan was observed to be using some single words during the appointment including some environmental sounds (quack for a duck) that Mother had not reported and was pointing and looking to show what he was interested in.
- ▶ Referral to Children's Hearing Services
- ▶ Referral to Is Your Toddler Talking at CDS
- ▶ Handouts on Language development given to Mother as well as advice regarding use of bottle

# CDS Pathway

- ▶ Parent/s attend Is Your Toddler Talking to learn some language stimulation strategies
- ▶ At workshop Lachlan's Mother was able to identify that she was asking lots of questions and not giving him time to respond as well as anticipating all of his needs.
- ▶ Mother has a plan on how to use the language stimulation strategies at home

# Assessment

- ▶ Lachlan attends an assessment with the Speech Pathologist (about 2 months after workshop)
- ▶ Mother reports that there has been some improvement and he is now using more words but is not yet speaking in sentences
- ▶ Hearing has been tested and is WNL
- ▶ Lachlan is no longer having a bottle at bed time.
- ▶ Assessment indicates that receptive language is within normal limits and expressive language is delayed
- ▶ Lachlan attends a speech pathology group to work on his expressive language

# Using Gestures to Communicate

- ▶ Video Pat baby

# Case Study 2

- ▶ A mother calls CDS Intake. She reports the following concerns
  - ▶ – Meltdowns when things don't go the way he wants to
  - ▶ – he doesn't listen to what he is told
  - ▶ – he likes to be clean and is fussy about the textures of clothes he wears
  - ▶ – he chews everything
  - ▶ – he goes to bed really late and won't fall asleep unless he is in their bed

- ▶ – he doesn't play with other children at childcare, although they don't report meltdowns at childcare
- ▶ – Good language skills

# CDS Intake actions

- ▶ Mother provided with OT checklist to complete
- ▶ Provided Childcare checklist as different behaviour reported in this setting.
- ▶ When checklists are returned no fine motor skill concerns are identified but both parent and childcare checklists indicate sensory differences.

# CDS Intake referrals

- ▶ CDS parent workshop on sensory processing
- ▶ Following workshop OT assessment
- ▶ Recommended hearing check if Mum is worried about listening
- ▶ Recommended contacting their local Child and Family Centre for Drop in parenting advice with a possibility of attending the Children's Behaviour and Emotional Wellbeing Clinic
- ▶ [https://www.communityservices.act.gov.au/\\_\\_data/assets/pdf\\_file/0020/1324019/Child-and-Family-Centres-ACT-A-guide-to-our-programs-and-services-2019.pdf](https://www.communityservices.act.gov.au/__data/assets/pdf_file/0020/1324019/Child-and-Family-Centres-ACT-A-guide-to-our-programs-and-services-2019.pdf)

# OT Assessment

- ▶ Mother reports she has had his hearing checked and this is normal
- ▶ She went to the Child and Family Centre and has started a Circles of Security program
- ▶ Mo reported she had tried some of the strategies from the workshop has seen little improvement
- ▶ Detailed case history and functional impact across domains including self care
- ▶ Play based observations within the clinic setting
- ▶ Childcare observation assessment due to differences reported at this setting
- ▶ Discussion with family including sleep hygiene

- ▶ Discussion with family including sleep hygiene facilitating boundaries in the home environment
- ▶ Safe and appropriate items for chewing and tactile defectiveness advice
- ▶ Advise family to continue with COS and
- ▶ C&FC

# Case Study 3

- ▶ An 18 month old girl 'Lily' attends PT DIC, on form reported concern is not yet walking.
- ▶ At DIC Mum reports an uneventful pregnancy. Lily was born via c-section at 40+5, following induction and then labour failed to progress. Apgar scores 9 and 9. No health concerns. All gross motor milestones to date have been late, rolling and sitting at 9 months and commando crawling at 11 months, crawling and transitioning in and out of sitting at 13 months.

- ▶ Mum reports she has no concerns about play or language but Lily was difficult to transition to solids as they moved through the textures.
- ▶ At DIC it was noted that Lily had low muscle tone and some increased joint mobility.
- ▶ Lily was transitioning from kneeling to standing though  $\frac{1}{2}$  kneeling at furniture and starting to cruise.
- ▶ In standing it was noted that Lily had significant calcaneal eversion, with lateral border lift.



# PT DIC action

- ▶ Referral in for physiotherapy program
- ▶ Discussion of use of supportive foot wear to provide a flat foot posture and increased stability at the foot. Handout provided.
- ▶ Provided advice on weight shift in standing and how to assist with cruising with manual support and by changing the environment. Handout provided.

# CDS PT

- ▶ Appointment 1 month following DIC, Mother report Lily loves her shoes and asks for them when she gets up in the morning. Lily was now cruising easily in both directions and starting to get to stand at the glass sliding door at home and the fridge. Home program was progressed and review appointment booked for 3 month later.
- ▶ At the review Lily had been starting to take a few independent steps for the last week. Progressed program.

- ▶ Lily was reviewed after she had been walking consistently for 3 months. Activities to improve independent walking were provided.
- ▶ Family was offered to attend an early gross motor group program but they were happy with her progress and since she had started days care full time did not feel this was needed, or that they had the time.
- ▶ Additional advice was given on learning to jump and to return to DIC if at 4 years of age if not keeping up with peers.

# Questions

