

Queensland Health Child Developmental Screening

Parents' Evaluation of Developmental Status (PEDS)

Ages & Stages Questionnaires® (ASQ³)

Implementation Guide

Queensland Child and Youth Clinical Network – Child Health Sub Network

Queensland Health Child Development Screening (PEDS & ASQ³) – Implementation Guide

Published by the State of Queensland (Queensland Health), July 2015



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For more information contact:

Clinical Access and Redesign Unit, Health Services and Clinical Innovation Division,
Department of Health, GPO Box 48, Brisbane QLD 4001, email Statewide_Child_&Youth_Network, phone 36469877

An electronic version of this document is available at *G:\Ellen-Barron\EBFC\Clinical\Staff Work Groups\Statewide Project Officer\PEDS & ASQ3 Project\Implementation Guide*

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1. Introduction

The Queensland Child and Youth Clinical Network (QCYCN) have partnered with Children's Health Queensland Hospital and Health Service (CHQ HHS) to continue to support and strengthen the delivery of universal child and family health services state-wide. The current project focusses on providing access and training to Child Health Nurses and Aboriginal and Torres Strait Islander Health Workers in relation to the Parents' Evaluation of Developmental Status (PEDS) and the Ages and Stages Questionnaires® (ASQ³). The PEDS and ASQ³ are evidence based primary and secondary screening tools used to screen and monitor developmental progress at scheduled universal visits. Early identification of developmental concerns enables early intervention to enhance positive child developmental outcomes

The Queensland Health Child Developmental Screening (PEDS & ASQ³) – Implementation Guide (the Guide) has been developed to support Queensland Hospital and Health Services (HHS) to implement evidence-based child developmental screening. This aligns with the principles of the Queensland Universal Child Health Framework (Queensland Framework) and the National Framework for Universal Child and Family Health (National Framework). The Guide supports HHS' to provide safe and consistent child development screening and referral as a part of universal child and family health services.

The Guide outlines the critical success factors for the implementation of the evidenced based developmental primary screening (PEDS) and secondary screening (ASQ³) and use of the screening tools from the 1st of January 2016. This implementation will include staff education, workforce development and support, purchasing and current information on licencing of these products.

2. Scope

The Guide has been developed to enable HHS' to support team leaders and Service Managers to implement recommended developmental screening practices across child health services using these recommended developmental screening tools. These tools will be used in the primary care clinical practice setting primarily by Child Health Nurses and Child Health Indigenous Health Workers. The screening tools may also be used by other health professionals (who have been trained in the use of these tools) in other settings including Child Development Services, Child Protection assessment clinics, early childhood centres and the Ellen Barron Family Centre (EBFC).

This Guide focuses on providing primary developmental screening at the scheduled universal child and family health visits from six months through to five years of age, with secondary developmental screening provided where concerns are identified through the scheduled primary screening visits. Developmental screening is a core service element of both the Queensland Framework and the National Framework.

3. Background

The Child Health Sub network (CHSN) of the Queensland Child and Youth Clinical Network (QCYCN) is focused on the improvement of children and young people's health services in communities across the state and is committed to a number of key initiatives into the future.

In 2010-2011 the CHSN undertook a significant consultation process to develop the Queensland Framework at the same time as the Australian Health Minister's Advisory Council sponsored the development of the National Framework. Both frameworks were finalised in 2011. In 2013 the CHSN sponsored a project to develop an Implementation Guide to support health services with the implementation of the Queensland Framework.

A core service element of both frameworks is developmental surveillance. The Child Development Sub Network (CDSN) of the QCYCN reviewed the developmental screening tools currently in use and considered the available evidence and the context in which these tools would be used. As a result of these considerations the CDSN recommended that the PEDS be implemented in Queensland as the primary developmental screening tool and that the ASQ³ be the secondary screening tool for use in the primary care setting for children aged up to 5 years.

In 2014, CHQ HHS in partnership with QCYCN, sponsored and funded the CHSN to roll out training in the two developmental screening tools across the state to coincide with PEDS being printed in the Personal Health Record.

It subsequently became apparent that an Implementation Guide was required to support HHS's to embed the use of the recommended primary and secondary screening tools. The current PEDS/ASQ³ project scope was expanded to develop this guide to support HHS' to implement and sustain the tools into practice.

Screening and surveillance of child development enables early identification of children with developmental delay, and provision of early intervention services. There is strong evidence that early intervention for these children can significantly improve developmental outcomes. In order to optimise outcomes for individuals and for communities as a whole, targeted support for children who have developmental disabilities might be provided by a range of government and/or non-government providers. (Child Development, 2013).

4. Policy Context

4.1 National context

National strategies that align with and support the principles of the Queensland Framework and National Framework in the delivery and strengthening of universal child and family health services include:

- The Council of Australian Governments (COAG) Investing in the Early Years: A National Early Childhood Development Strategy
- The National Preventative Health Strategy Australia the Healthiest Country by 2020
- The National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023

- The National Framework for Protecting Australia’s Children 2009 – 2020
- The Australian Commission on Safety and Quality in Health Care (ACQSHC)
- National Safety and Quality Health Service Standards (NSQHS)

4.2 Queensland context

Related Queensland policy and strategic directions include

- The Blueprint for Better Healthcare in Queensland 2013
- The Queensland Government Mums and Bubs’ policy
- The Queensland Department of Health Strategic Plan 2012 – 2016 (2013 update)
- The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033
- The National Early Childhood Development National Partnership Agreement
- Queensland Child Protection Reforms: Taking Responsibility: A Road Map for Queensland Child Protection 2013.
- Queensland Government universal postnatal contact Queensland Government Early Years Centre Initiative.
- The Queensland Health Clinical Services Capability Framework version 3.1
- Queensland Universal Child Health Framework and National Framework as well as both state and national clinical guidelines and standards.

These guidelines include:

- National Health and Medical Research Council (NHMRC) guidelines,
- Personal Health Record (PHR) and
- Child and Youth Health Practice Manual for child and youth health nurses and Indigenous child health workers.

The Queensland Framework covers the antenatal period from birth to 12 years of age. This extended scope identifies the importance of universally available services to support families at key transition periods including becoming a parent and starting school. It supports the delivery of a universal service pathway where assessments and interventions are standardised and provided to all families regardless of additional identified needs.

5. Governance

5.1 PEDS Licencing - (as per sub licence agreement between CHQ HHS and Royal Children’s Hospital (RCH) Melbourne).

CHQ HHS will, on behalf of all HHS’ hold and pay for the PEDS sub-licence.

‘The Sub-Licensee acknowledges that all intellectual property rights in the Materials are and remain the property of RCH and/or PEDSTest and nothing in this Agreement shall affect or alter the ownership of the intellectual property in the Materials.’

The Materials covered by this Sub-Licence are:

The Parents' Evaluation of Developmental Status Response Form; and The Parents' Evaluation of Developmental Status Score Form; and The Parents' Evaluation of Developmental Status Interpretation Form.

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Legal obligations: As this contract is a sub-licence agreement, there is limited opportunity for CHQ HHS to contract on its own terms and conditions, however RCH Melbourne is a reputable institution and there is little risk to CHQ HHS in signing to their contract terms. Each HHS in using the PEDS agrees to the licencing agreements including appropriate training of staff.

Payment: CHQ will fund the cost of the Response Form (into the PHR) each year (for 5 years). For those families who currently have the 'old' PHR's they will require paper copies of the PEDS Response Forms which CHQ will provide for a period of 2 years. Each Line Manager (at each HHS) will be responsible for loading these forms onto staff desktops used by Child Health staff.

The Score Form and Interpretation Forms will be available in paper form either on QHEPS or on each desktop in each HHS and are unable to be changed in any way.

5.2 ASQ³ Licencing

CHQ HHS purchased an ASQ³ 'starter kit' (*Ages and Stages Questionnaires®, Third Edition: A Parent Completed Child Monitoring System*) and subsequent licence for each of the 'train the trainers' at the commencement of the training in March 2015. Therefore at least one site has a licence to commence using ASQ³. Each HHS needs to determine if they require any additional ASQ³ 'starter kits' and can purchase these on line as required. Each 'starter kit' comes with a licence to photocopy the Ages and Stages Questionnaires, as well as the letter templates and forms from the ASQ³ User's Guide. Photocopies may only be made from a set of original ASQ³ questionnaires and/or the original Users Guide.

Each 'branch office' (Child Health Centre) or physical site that will be using the ASQ³ system must purchase its own set of original ASQ³ questionnaires; master forms cannot be shared amongst sites. Each physical site must have its own copy of the ASQ³ User Guide. A 'site' is a single physical location, such as an office/clinic. An organisation may have various sites: a main centre with other sub-centres can use the one ASQ³ system but if there are centres 'outreach' from these sub-centres they will then need separate licences. The sites may be located in the same city or town (See Frequently Asked Questions in the ASQ³ User's Guide for more information).

For example: Nundah Clinic is a 'main centre' with Chermside, Zillmere and Brighton (for example) as sub-centres with staff from the sub-centres rotating through the main centre regularly and therefore in contact with the 'starter kits'(licences).

6. Procedures/Work Instructions

There will be particular procedures/standards and/or work instructions that are relevant to individual HHS'. Each HHS is expected to review their local procedures/standards etc to ensure that both PEDS and ASQ³ are reflected in these processes. There may need to be changes in intake and referral procedures and documentation in general when considering the impact that both screening tools may have on the work environments.

The following are an example of procedures/standards/work instructions that are relevant to the implementation of PEDS and ASQ³ in CHQ;

- Child and Youth Health Practice Manual 2014
- Assessment of infant/child nutrition, growth and development, within the primary health care setting Guideline: Statewide Child and Youth Clinical Network (SCYCN):
<http://www.health.qld.gov.au/caru/networks/docs/scycn-guideline-growth.pdf>
- Child Health Service – Extended Nurse Home Visiting Procedure 19904:
<http://gheps.health.qld.gov.au/childrenshealth/resources/proc/docs/proc-19904.pdf>
- Admission, Nursing Care and Discharge Planning Nursing Standard 00211
http://gheps.health.qld.gov.au/childrenshealth/resources/nursestand/docs/ns_00211.pdf

7. Quality and Safety

Quality processes should be followed to ensure that procedures around the implementation of the PEDS and ASQ³ are clear for all staff and any changes to practice are well described and documented.

The use of audit and review processes will need to be employed to ensure that outcomes are measurable (ie regular staff meetings and other communication processes to ensure the correct use of these tools).

Quality management processes ensures all users are trained appropriately and have sound understanding of the tools and how to use them. The initiation of a 'Train the Trainer' type of training was implemented for the start-up of the first phase of training statewide. The trainers are required to train all appropriate staff in the use of both screening tools prior to their use. Once all existing staff are trained then each HHS is required to determine the most appropriate 'ongoing' training for new staff. HHS' may decide to utilise their 'trainers' to continue with face to face training.

There will be an optional 'on-line' PEDS training course available sometime in 2015 where staff will be able to learn PEDS as an initial training course and also for ongoing professional development.

It is anticipated that this training will need to be provided every 2 years for professional development and ongoing competency of staff. There will be a requirement for each HHS to fund the PEDS on-line training for each of their staff who will be using the tool. (see Appendix (b): CHQ 531/2015 Sub- Licence Agreement).

ASQ³ does not provide ongoing updates but as new editions of the questionnaires are released then each HHS would need to investigate the updating of these new editions (ie: editions of ASQ (1 – 3) historically have been updated approximately every 9 years).

By CHQ providing training to the trainers and overseeing the facilitation of further team training within HHS' we are ensuring that confident users can make appropriate referrals for early intervention specialists. Correct usage of the tools and referrals is a reflection of the quality of the training delivered to users by their trainers.

Regular audits should be completed of all relevant documentation to establish if the use of PEDS and ASQ³ meets service and licencing requirements.

8. Health Information Management

8.1 Documentation

PEDS will be embedded into the PHR for all babies **born after July/August 2015** and will be available in printed form for those babies born before these dates for a period of two years. ASQ³ developmental questionnaires will be available (in PDF form) and are able to be downloaded from the CD-ROM's (which are provided in the ASQ³ 'starter kits'.) A review of the documentation by (local HHS staff) currently being used in each HHS is necessary to complement the use of PEDS and ASQ³. Most HHS' use the Child and Youth Health Manual (2014) Developmental Profile for designated ages (ie: 12 month and 18 month assessment), the EBFC Child Assessment forms (ie: Developmental Profile six-nine months, 12-18 months) or the Child Health Checks from the Chronic Disease Guidelines (2010). The PEDS does not replace the existing objective developmental assessment/profile performed by Child Health Nurses.

NOTE: The Child Health and Youth Practice Manual 2014 (51) states:

Developmental assessments involve:

- Eliciting and discussing parent's concerns
- Making accurate and informative observations of a child
- Obtaining relevant developmental history
- Promoting development

The expectation is that these developmental assessments will be used **as well as** the PEDS screening test and then if a secondary developmental assessment is required then ASQ³ will then be used. The addition of a "checkbox" on the existing developmental assessment/profile (for example) to identify PEDS and ASQ³ would be necessary to ensure that the use of these tools is captured on these forms.(ie: on the Developmental Profile and the Child Assessment forms there is a question: *Has the parent/carer any concerns with their child's development?* Which could include the statement PEDS completed YES and NO and the ASQ³ questionnaire given to the parent).

8.2 Clinical Forms

Each HHS will need to follow their Clinical Forms Management procedures to ensure that the introduction of the new PEDS and ASQ³ forms are appropriately managed (ie: follow local HHS procedures and HIM (Health Information Management) advice. Each HHS will need to ensure that there is no duplication of current forms with the new (PEDS and ASQ³) forms and that these new forms are available in all child health clinics, home visiting and other community health centres/hospitals and EBFC where developmental checks are

completed. There will need to be relevant PDF documents available on computer desktops and wherever staff access information and documentation.

8.3 Medical Records

As mentioned above, the medical records/charts/files (either paper or electronic) must follow local HHS HIM advice and procedures regarding the development of new forms and the review of existing forms. NOTE - PEDS and ASQ³ forms **cannot be altered** in any way (due to copyright infringement). The positioning of the PEDS and ASQ³ forms within the medical record (either paper or electronic) needs to be determined at a local level through advice from the HIM for each HHS.

9. Referral Pathways

Each HHS will need to identify secondary and tertiary referral services available in their area and may need to develop new pathways, continue with existing pathways or modify existing pathways if changes need to be made. This needs to occur in consultation with GP's/Paediatricians, Child Development Services and schools where appropriate. The pathways need to be documented including eligibility criteria that determine the most appropriate service provider/s for the child. The child health nurse/health worker will be able to provide to the referral services a comprehensive developmental assessment with evidence in the form of the PEDS Interpretation Form (including the required referral pathway), the findings of the 'objective' developmental screen conducted by the Child Health Nurse and the ASQ³ Information Summary.

10. Clinical Resources

Each HHS will need to consider the following clinical resources that may need to be considered when implementing PEDS and ASQ³:

10.1 Documentation

Availability of clinical forms (see above); text books/clinical resources/guidelines/manuals and the updating of these on a regular basis.

10.2 Equipment

Each HHS will need to determine how many ASQ³ 'starter kits' and licences they require and how many ASQ³ Learning Guides per centre (as per licencing agreements); and also how many developmental assessment kits will be required when completing ASQ³ assessments with the parents and child, for example. Consideration will need to be given regarding the cleaning and infection control of these items.

10.3 Parent Education Resources

As mentioned earlier each HHS will need to determine how many ASQ³ Learning Guides and other relevant evidence-based client education resources are required in each centre and who is responsible for ongoing replacement, ordering of outdated resources etc.

10.4 PEDS Forms

Each HHS will need to obtain copies of the PEDS Response Forms and the Scoring and Interpretation Forms as per the licencing agreements.

11. Clinical Practice Support

11.1 Education and Training

Each HHS will need to ensure that PEDS and ASQ³ trainers are available for training of their staff and for providing ongoing support and education. Education sessions will need to be determined in consultation with Nurse Managers and Clinical Nurse Consultants to ensure least disruption of service delivery during the training phase. Venues need to be booked and staff need to be communicated with regarding the requirements of training. The training sessions need to include evaluation processes to ensure staff understand and have confidence in using the new tools etc. Where necessary ongoing education and support may be required particularly in relation to the potential lag in the use of the tools in some HHS'.

CHQHHS will not be providing a 'train the trainer' program beyond the initial project phase.

11.2 Staff Support

Each HHS will need to consider what clinical support is available to staff during the implementation phase in particular. This may be met through regular staff meetings, emails or clinical supervision (for example).

11.3 Sustainability

Consideration will need to be made around ongoing training and up skilling and also the introduction of new staff on the use of PEDS and ASQ³ in each HHS. On line PEDS training will be available in 2015 (for staff that commence after the training sessions are completed and also for professional development purposes in the future). These on line training sessions will be at a cost to individual HHS see Appendix (b): CHQ 531/2015 Sub-Licence Agreement.

12. Marketing and Communication

It is advisable that staff work closely with local HHS media and communication departments where available and liaise with key stakeholders in Child Development Services, GPs and Maternity Hospitals/Services. A statewide communication and media campaign will be

provided to capture all new parents and health providers about the inclusion of PEDS in the PHR. The use of social media has also been considered as part of the communication/media plan. It might also be helpful if staff liaise with Playgroups, Australian Breastfeeding Association, new parents groups, local service providers and organisations where appropriate. Some areas might find it beneficial engaging with local media (print and TV/radio) as well. See appendix (a) Communication Plan - Inclusion of Parents Evaluation of Developmental Status (PEDS) in the Personal Health Record. July 2015.

13. Conclusion

HHS's will need to consider the following points during the implementation phase of PEDS and ASQ³:

- review existing paperwork for duplication
- include check points in documentation for completion of PEDS and the use of ASQ³ questionnaires
- quality/audit markers – completed, pathway, referral, action
- future requirements to maintain a well trained workforce
- encourage local engagement with GPs, local media and other partners
- Importance of the use of the most up to date PHR
- review of appointment types and bookings (intake and access)
- licencing requirements
- resources required (current and ongoing)
- referral pathways

14. Abbreviations

PEDS	Parents' Evaluation of Developmental Status
ASQ ³	Ages and Stages Questionnaire (3 rd edition)
QCYCN	Queensland Child and Youth Clinical Network
HHS	Hospital and Health Service
RFDS	Royal Flying Doctor Service
PHR	Personal Health Record
AMS	Aboriginal Medical Service
CNC	Clinical Nurse Consultant
NSQHS	National Safety and Quality Health Service Standards
CHQ	Children's Health Queensland
NUM	Nurse Unit Manager

15. Glossary

Developmental surveillance	“a process of eliciting and attending to parenting concerns, making accurate and informative longitudinal observations of children, obtaining relevant developmental history and promoting development” (NHMRC 2002).
Screening	“the presumptive identification of unrecognised disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. A screening test is not intended to be diagnostic” (US Commission on Chronic Illness 1957, in NHMRC 2002).
Developmental delay	“a lag in the acquisition of a skill or milestone otherwise expected of a child at a particular age. This lag may be within a single domain, or may be across many areas of development (global developmental delay)” Child Development (2013)

16. References

Bricker, D. & Squires, J. 1999, Ages & Stages Questionnaires (ASQ³) A Parent Completed, Child-Monitoring System, 2nd Edition, Paul H. Brookes Publishers, Baltimore, Maryland

Child and Adolescent Community Health Policy (Statewide) Evaluation and Information Team. (2011). *Introduction of Parent-Completed Child Developmental Screening Tools, Project Implementation Evaluation.*

Child Development, Sub Network. (2013). *Act now for a better tomorrow 2013 to 2020.*

Children's Health Queensland (Draft) Child Health Service Model of Care 2013

Chronic Disease Guidelines Child Health Check 3rd Edition (2010) The State of Queensland (Queensland Health) Queensland Government

Glascoc, F.P., 1998, Collaborating with parents: using parents' evaluation of developmental status to detect and address developmental and behavioural problems, Ellsworth & Vandermeer

National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

National Health and Medical Research Council, 2002, Child Health Screening and Surveillance: a critical review of the evidence, Canberra

Queensland Health, 2015, Child and Youth Health Practice Manual for Child and Youth Health Nurses and Indigenous Child Health Workers, Queensland Government

Schmeid, V., Kruske, S., Barclay, L., & Fowler, C. (2011). National Framework for Universal Child and Family Health Services. Australian Government Department of Health and Ageing.

Snapshot of Early Childhood Development in Australia – Australian Early Development Index (AEDI) National Report 2009

17. Appendices

a) Communication Plan

Inclusion of Parents Evaluation of Developmental Status (PEDS) in the Personal Health Record. July 2015.

Communication Plan

Inclusion of Parents Evaluation of the Development Status (PEDS) in the Personal Health Record

July 2015



Prepared by: Damian Pointon
Title: Media and Communications Manager
Department/Unit: Communications and Engagement
Telephone: 3068 5608
Email: damian.pointon@health.qld.gov.au

Revision history			
Date	Version.	Author	Description of revision
23 April 2015	0.1	Damian Pointon	First Draft
24 April 2015	0.2	Karen Berry	Feedback on First Draft

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Overview

From mid-2015, the Personal Health Record (commonly known as the 'red book') issued to every child born in Queensland will include the Parents' Evaluation of the Developmental Status (PEDS) screening tool.

PEDS is an evidence-based screening tool for detecting and addressing developmental and behavioural problems in children aged from birth to eight years.

The inclusion of the PEDS in the PHR aims to standardise developmental screening across Queensland using an evidence-based tool that encourages parents to raise concerns about their child's development with their child health nurse or health care provider.

The purpose of this communications plan is to:

- Raise awareness among parents and child health professionals about the inclusion of the PEDS in the PHR.
- Increase parental understanding of the child developmental milestones to improve rates of early detection of potential developmental issues and intervention.
- Inform parents about their expertise in their own child's development.

Background

Australian Early Development Index (AEDI) data suggests that more than 25 per cent of children begin school underprepared to embark on their formal education. This is in addition to the 4.8 per cent of children who are acknowledged to have developmental disability.

Early intervention early in the life course is the most effective time to start to manage developmental disability. This includes intervening to maximise skill, prevent secondary difficulties, and planning ways to accommodate difficulties over time to lessen their impact.

Skilful application of PEDS supports the early detection of developmental and behavioural concerns in babies and children.

Furthermore, research suggests that parents, when asked the right questions in the right way, are very accurate observers of their child's strengths and weaknesses.

A Western Australian Evaluation of PEDS implementation suggested widespread education to parents will alleviate parental concerns, improve the comprehension and understanding of the application of the screening tool for their child. In turn this will create efficiencies in the use of staff time (Child and Adolescent Community Health Policy (Statewide) Evaluation and Information Team, 2011).

Scope

This communication plan is designed to assist with the planning and delivery of effective engagement to all identified stakeholders of the PEDS implementation in July 2015.

The plan will:

- Identify a strategy to generate awareness among Queensland parents about the changes to the PHR, and educate them about their valuable expertise in their children's development.
- Document the key messages which will be utilised when communicating information about the clinical consumables.

- Provide a communication action plan which identifies the tactics, audience, frequency and responsibilities in engaging with key stakeholders.

Communication activity will run from June to August 2015.

This plan is intended for the use of:

- Child Health Subnetwork
- Child Development Subnetwork
- Divisional Director, Child and Youth Community Health Service

Objectives

- Ensure identified stakeholders are aware of the inclusion of the PEDS screening tool in the PHR and understand the key impacts, benefits and outcomes of this change.
- Gain and maintain the support of key stakeholders, decision makers and influencers during the implementation.
- Engage key stakeholders to become champions and advocates for communicating key messages about the PEDS rollout.
- Implement effective communication processes and resources to support stakeholders through the implementation of the PEDS in community child health centres throughout Queensland.

Communication risks and challenges

The below issues have been identified as potentially impacting on the communication plan and its successful implementation. Mitigation strategies have also been identified to reduce or eliminate the potential risk and are outlined in the table below.

Issue	Mitigation
Families from culturally and linguistically diverse (CALD) communities	<ul style="list-style-type: none"> • Interpreter services information included in the PHR
Child health centres in remote areas	<ul style="list-style-type: none"> • Promotional resources will be posted directly to centres and HHSs. • Resources will also be available on the internet.
Families that don't attend child health centres	<ul style="list-style-type: none"> • Media releases will be sent to all regional papers and radio stations. • Information will be available on the CHQ website. • Information will be promoted on CHQ Facebook page.

Stakeholders

The following table provides a listing of all stakeholders identified as key target audiences for the communication activity outlined in this plan.

Stakeholder	Interest area(s)
Internal stakeholders	

CHQ staff	Use of PEDS in community health setting
CHQ Executive	Introduction of new resource / service improvement
CHQ Board	Introduction of new resource / service improvement
External stakeholders	
Parents/carers (new)	Child development, health and wellbeing
Parents/carers (existing)	Child development, health and wellbeing
Child health staff in other HHSs	Use of PEDS in community health setting
Queensland Health	Introduction of new resource / service improvement
Medicare Locals/Primary Health Networks	Use of PEDS in community health setting
RACPGP	Use of PEDS in community health setting
AMAQ	Use of PEDS in community health setting

Key messages

- The first five years of a child's life are critical for development. In these early years, a child's brain develops more and faster than at any other time in their life.
- Developmental milestones such as sitting, walking and talking generally occur during predictable periods of time. For example, most children will achieve the developmental milestone of learning to walk between the ages of nine and 15 months.
- Early detection of developmental issues enables early intervention to minimise the effect of the developmental delay and to maximize the outcome for the child in the long term.
- PEDS is a simple, 10-item questionnaire completed by the parents/carers that helps identify and address any concerns about a child's development, health and wellbeing.
- Parents play an important part in the effective use of the PEDS, as they know their child better than anyone else.
- Research suggests that if parents are asked the right questions in the right way, they are very accurate observers of their child's strengths and weaknesses.
- A child health professional reviews the PEDS questionnaire in partnership with parents/carers, drawing on the family's intimate knowledge of their child.

Spokespeople

The people authorised to speak to internal and external audiences about the PEDS rollout on behalf of CHQ are:

Name	Title/Position
Desiree Croft	PEDS/ASQ Project officer

Kerri-Lyn Webb	Developmental Paediatrician, Children's Health Queensland (CHQ)
Jennifer Crimmins	Divisional Director, Child and Youth Community Health Service
Sue McKee	General Manager Operations, CHQ
Fionnagh Dougan	Health Service Chief Executive, CHQ

Budget

The table below provides estimated costs for marketing and communication activities. These costs have also been detailed in the Action Plan.

Item	Cost (approx.)
Flyers (colour, A5, quantity: 2500) For distribution to child health centres / maternity hospitals statewide	\$460
Posters (A3, colour, quantity: 1500) For distribution to child health centres / maternity hospitals statewide	\$460
Facebook advertising	\$200
Fact sheets for child health professionals and families	\$800
Distribution of materials (by post)	\$1000
Total	\$2920

Communication action plan

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Cost
Development: May 2015 Distribution: June/July	Flyers (A5)	18. Parents / carers	Inform parents of inclusion of PEDS in the PHR and the role they are required to play. For distribution to every child health service in QLD.	Development: CHQ Comms Distribution: Karen Berry	\$460 (qty = 2,500)
Development: May 2015 Distribution: June/July	Posters (A3)	19. Parents / carers	Inform parents of inclusion of PEDS in the PHR and the role they are required to play. For distribution to every child health service in QLD.	Development: CHQ Comms Distribution: Karen Berry	\$460 (qty = 1500)
Advise May 2015	Email, Letter and by Telephone	20. Medicare Locals, Public Health Networks	Advising General Practitioners about the changes to the PHR and the roll out of training for Child Health Nurses and Indigenous Health Workers across QLD	Karen Berry	Postage- \$10
Development: June 2015 Publish: June/July	Web page on CHQ website	21. Parents / carers	Inform parents of inclusion of PEDS in the PHR, its importance and the role they are required to play. Educate parents about child development milestones and what to look out for. Link to other resources and information.	Development and content: CHQ Comms Karen Berry	Nil
Development: June 2015 Publish: June/July	Web page on CHQ website	22. Child health professionals (statewide)	Inform parents of inclusion of PEDS in the PHR, its importance and the role parents are required to play to ensure its effective implementation. Include resources for downloading.	Development and content: CHQ Comms Karen Berry	Nil
Development: May 2015 Distribution: June/July	Fact sheet/ FAQs (A4) To be provided to parents with PHR	23. Parents / carers	Inform parents of inclusion of PEDS in the PHR, its importance and the role they are required to play. 24. Educate parents about benefits. 25. Provide user instructions.	Development: CHQ Comms Distribution: Karen Berry	(\$400 approx. if hard copies required) Free is made available online

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Cost
			<p>26. For distribution to every child health service in QLD.</p> <p>27.</p>		for parents to download).
Development: May 2015 Distribution: June/July	Fact sheet for staff	Child health professionals (statewide)	<p>Inform child health staff about the inclusion of PEDS. Provide information to assist with parent/carer education.</p> <p>For distribution to every child health service in QLD.</p>	<p>Development: CHQ Comms</p> <p>Distribution: Karen Berry</p>	<p>(\$400 approx. if hard copies required)</p> <p>Free if distributed electronically.</p>
Late June - tba	Facebook post	Parents / carers	<p>“From next month, the PHR will include the PEDS” Promote awareness and generate interest (link to web page for more info)</p>	CHQ Comms	Nil
July (launch - tba)	Facebook post	Parents / carers	<p>The PHR now include the PEDS Promote awareness and educate (link to website for more info)</p>	CHQ Comms	Note: Consider a \$100-\$200 Facebook advertisement if budget permits.
Late July (post launch - tba)	Facebook Q & A Forum Topic: Child development and PEDS	Parents / carers	<p>Educate parents about child development milestones and what to look out for. Inform parents of inclusion of PEDS in the PHR, its importance and the role they are required to play.</p>	<p>CHQ Comms</p> <p>Karen Berry</p>	Nil
July (post launch)	Facebook post Facebook fourm	Parents / carers	<p>Reminders Did you know what you need to do before your baby’s 6 month check?.</p>	CHQ Comms	Nil
July (launch - tba)	Media release	Parents/carers Media	<p>Inform about inclusion of PEDS in PHR. Highlight valuable role that parents/carers play in the implementation of PEDS. Educate about importance of early detection and</p>	<p>CHQ Comms</p> <p>Karen Berry</p>	Nil

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Cost
			intervention for child developmental issues. Facts about child development milestones. Include a family case study.		
July (launch tba)	Spotlight article on QHEPS		Inform about inclusion of PEDS in PHR. Highlight valuable role that parents/carers play in the implementation of PEDS.	CHQ Comms	Nil
July (launch - tba)	Media interviews (local radio) with child development professional	28. Parents/carers media	As above	CHQ Comms	Nil
June	Publish updated PHR on CHQ website	29. Parents / carers	n/a - promote on CHQ Facebook page.	CHQ Comms	Nil
June	Publish updated Red Flag Early Intervention Guide document	30. Parents / carers	n/a - promote on CHQ Facebook page.	CHQ Comms	Nil

b) CHQ 531/2015 Sub-Licence Agreement

Parents' Evaluation of Developmental Status. The Royal Children's Hospital. Children's Health Queensland Hospital and Health Service

CHQ 531/2015

Sub-Licence Agreement

Parents' Evaluation of Developmental Status

The Royal Children's Hospital

Children's Health Queensland Hospital and Health Service

Sub-Licence Agreement

Parties

The Royal Children's Hospital ABN 35 655 720 546 (**RCH**)

Children's Health Queensland Hospital and Health Service ABN 62 254 746 464 (**CHQ HHS**) c/- Ellen Barron Family Centre, The Prince Charles Hospital, Rode Road, Chermside, Queensland 4032 (**Sub-Licensee**)

Background

- (a) RCH has been granted a license by PEDSTest.com LLC (**PEDSTest**) to use and sub-licence the materials listed in Item 2 of Schedules 1 and 2 to this agreement (**Materials**) within Australia and New Zealand under the terms of a Licence Agreement (**Licence**). A copy of the Materials is attached as Annexure 1 to this agreement.
- (b) The Sub-Licensee wishes to obtain, and RCH agrees to grant, a sub-licence in respect of the Materials in the manner outlined in Item 3 of Schedules 1 and 2 to this agreement (**Authorised Use**) for the purpose outlined in Item 4 (**Authorised Purpose**) of Schedules 1 and 2 to this agreement (**this Agreement**).

Agreed Terms

1 ACKNOWLEDGEMENT

The Sub-Licensee acknowledges that all intellectual property rights in the Materials are and remain the property of RCH and/or PEDSTest and nothing in this Agreement shall affect or alter the ownership of the intellectual property in the Materials.

2 TERM AND TERMINATION

- This Agreement commences and expires on the dates set out in Item 1 of Schedules 1 and 2 to this Agreement unless terminated earlier in accordance with this clause.
- Either party may terminate this Agreement without cause by giving the other party not less than 90 days notice in writing.
- RCH may terminate this Agreement by giving the Sub-Licensee notice in writing:
 - with immediate effect if the Licence either expires or is terminated by PEDSTest;
 - if RCH is satisfied on reasonable grounds that the Sub-Licensee has breached this Agreement and such breach is:
 - not capable of remedy, in which case RCH may terminate this Agreement immediately; or
 - capable of remedy, in which case RCH may terminate this Agreement if the Sub-Licensee fails to remedy the breach within 30 days of receiving a written notice of the breach from RCH; or
 - with immediate effect if RCH is satisfied on reasonable grounds that the Sub-Licensee is unable or unwilling to satisfy the terms of this Agreement.

3 SUB-LICENCE

- RCH grants the Sub-Licensee a non-exclusive licence to carry out the Authorised Use for the Authorised Purpose in the territory set out in Item 5 of Schedules 1 and 2 to this Agreement, subject to the terms of this Agreement.
- The Sub-Licensee must pay the fee set out in Item 6 of Schedules 1 and 2 to this Agreement in accordance with that Item.

4 CONDITIONS

The Sub-Licensee must:

- not use the Materials in any way other than as set out in this Agreement and must not abridge, expand or otherwise alter, amend, adapt or modify the Materials other than in accordance with clause 5 of this Agreement;
- take all steps necessary to protect the copyright of the Materials, including by inserting the following copyright notice on all publications of the Materials:

"© Authorised Australian Version, The Royal Children's Hospital, Centre for Community Child Health. Adapted with permission from Frances Page Glascoe and PEDSTest.com LLC";
- not distribute the Materials except for the Authorised Purpose;
- use reasonable endeavours to ensure that copies of the Materials made under this Agreement are not used for purposes other than the Authorised Purpose and must report to RCH any instances of such non-authorised use of which it becomes aware;
- ensure that the Materials are only used for clinical purposes by persons that have completed training in the use of the Materials conducted by RCH or an RCH accredited PEDS trainer, or e-learning approved by RCH, or such other training as RCH approves from time to time in its absolute discretion (**Users**). Users must complete training at least every three years or when RCH directs that training be undertaken due to a substantial change to the Materials.
- keep a register of Users and the training (as required by clause 4(e) undertaken by those Users;
- ensure that the authorised Australian version of *PEDS Brief Administration and Scoring Guide* is freely available to all PEDS users;
- as soon as reasonably practicable, amend the content of the Materials to reflect any revised versions as provided by the RCH from time to time;
- provide to RCH one digital copy of the final version of the Materials that will be used or published under this Agreement, including any revised version produced during the term of this Agreement;
- provide all reports set out in Item 7 of Schedules 1 and 2 to this Agreement in accordance with that Item; and
- comply with any other conditions set out in Item 8 of Schedules 1 and 2 to this Agreement.

5 MODIFICATION AND AMENDMENT OF MATERIALS

- This Sub-Licence does not include the right to modify the Materials, except:

to the extent necessary for the Sub-Licensee to carry out the Authorised Use and/or fulfil the Authorised Purpose; or
where the Sub-Licensee has obtained RCH's prior written approval.

- For the purposes of this clause 5, 'modify' or 'modification' includes, without limitation, making any alteration, amendment, adaptation or change to the Materials, including translating the Materials into a language other than English.

6 SUB-SUB-LICENCE

This Sub-Licence does not include the right to sub-sub-licence the Materials, except:

- to the extent necessary for the Sub-Licensee to enjoy the full benefit of this Sub-Licence; or
- where the Sub-Licensee has obtained prior written approval of RCH.

7 DESTRUCTION OF MATERIALS

- At the end of the term or on termination of this Sub-Licence, if directed by RCH, the Sub-Licensee must destroy and certify the destruction of all the Materials or any copies of the Materials or any modified version of the Materials made under this Agreement that are in the possession of the Sub-Licensee.
- Subject to clause 6(a), the Sub-Licensee may continue to distribute the Materials printed during the term of this license to parents for a 12 month period after the termination or expiration of this Agreement.

8 WARRANTY

RCH warrants in good faith that it has the necessary rights to grant the Sub-Licence under this Agreement.

9 INDEMNITY AND RELEASE

- (a) The Materials are provided to the Sub-Licensee 'as is'. The entire risk as to the use, results or performance of the Materials is to be borne by the Sub-Licensee. RCH disclaims all warranties, either express or implied, including but not limited to, implied warranties of merchantability, fitness for a particular purpose and non-infringement, to the extent permitted by law.
- To the extent permitted by law, the Sub-Licensee releases RCH and holds RCH harmless from any and all claims, demands, and damages arising out of or in connection with the Authorised Use.
- The Sub-Licensee indemnifies and shall keep indemnified RCH, its servants, officers, agents and contractors against any action, claim, suit, demand or damage, loss, expense or liability (including costs on a solicitor and client basis) caused by or flowing directly from the use of the Materials by the Sub-Licensee in accordance with this Agreement or a failure to observe the terms of this Agreement by the Sub-Licensee or its servants, officers, agents or contractors.

GENERAL

- This Agreement may only be varied or replaced with the written consent of each party.
- This Agreement is governed by and is to be construed in accordance with the laws applicable in Victoria. Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of Victoria and any courts of appeal from those courts.

- The Agreement contains the entire understanding between the parties as to the subject matter of this Agreement.
- This Agreement is not intended to create a partnership, employment, fiduciary, joint venture or agency relationship between the parties. The Sub-Licensee has no authority to enter into any agreement or incur any liability on behalf of RCH, and must not represent to any person that it has any such authority.

EXECUTION

Executed as an agreement

Date: _____ 20__

Executed for and on behalf of **The Royal Children's Hospital** by its duly authorised officer in the presence of:

Signature

Signature of Witness

Name

Name of Witness

Date

Executed for and on behalf of **Children's Health Queensland Hospital and Health Service** by its duly authorised representative in the presence of:

Signature

Signature of Witness

Name

Name of Witness

Date