Parents’ Evaluation of Developmental Status (PEDS)

Maternal and Child Health Conference October 2015

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PEDS Update: What’s New?

- New users
- New numbers
- New research
- New forms
New Users

Australia:

- **Victoria** – maternal and child health service, school entry health questionnaire
- **ACT** – child and family health service, kindergarten (school entry) check
- **NSW** – child and family health service
- **Queensland** – child and family health service
- **Tasmania** – child and family health service
- **WA** – child and family health service, school entry questionnaire, targeted contacts

New Zealand:

- child and family health service, school entry questionnaire, gateway assessments
New Numbers

Re-standardised in 2012 on 47,531 families in 27 US states and Canada, representing the major geographic regions of the US

- Sample was representative of population
  - Urban/rural
  - Ethnicity
  - Parental level of education
  - Gender
  - Poverty

- Younger cohort than initial norming studies
New numbers

Validation studies confirmed:

- Increased frequency of concerns as children get older
- Increased frequency of concerns with more psychosocial risk factors
- Educated families are more likely to receive Path C scores
New Numbers: Reliability and Validity

Reliability

- eg Test-retest reliability
  - 193 children
  - 0 – 32 day time frame
  - 94% agreement in PEDS Paths and parents’ concerns

Validity

- eg Content validity
  - PEDS facilitates a discussion of concerns across all developmental domains including social/emotional
New Numbers: Accuracy

- **4,473 children across two separate studies**
  - administered a variety of diagnostic measures
  - Sensitivity = 86% and specificity = 74%

- **4,000 children across >20 studies**
  - Determining how well PEDS identifies specific conditions eg autism spectrum disorder, mental health problems, cerebral palsy/motor disorders, intellectual disabilities, language impairment, etc
  - sensitivity >80%
New Numbers: Accuracy

- Two studies examining whether parental mental health problems affect the use of PEDS
  - PEDS can be used effectively with parents who have mental health difficulties (at least mild ones)
  - PEDS performed less well in identifying abused and neglected children with developmental-behavioral problems when the informant was the suspected perpetrator
New Research

- Melbourne Uni/Berry Street using PEDS to help study the developmental needs and participation in early childhood program in foster children

- Playgroup co-ordinators being trained in PEDS in a trial in Sydney, to assist in performing developmental surveillance on CALD communities

- Child care workers being trained in PEDS in Queensland to improve developmental surveillance of children in the childcare setting

- ACT examining the effectiveness of PEDS within their Kindergarten Health Check (Prep)
New Response Form – no numbers

Old Form:

New Form:
New Score Form

- Shaded / unshaded boxes are now circles & squares
- No numbers
- Date and age – multiple entries now possible
- Instruction for scoring clearer that 2 pathways may be possible

Old Form:

New Form:

Parents' Evaluation of Developmental Status (PEDS) Score Form

Old Form:

New Form:
New Interpretation Form

- More information at Path B

Old Form:

New Form:

Parents’ Evaluation of Developmental Status (PEDS) Interpretation Form

Specific decisions

- 0–6 months
- 6–12 months
- 12–18 months
- 18–24 months
PEDS e-learning

- Funded by Victorian Government Department of Education and Training
- In final stages of development
- Launched early 2016
- Suitable for use by practitioners from different disciplines
  - education, nursing, medicine and allied health
PEDS e-learning package

Three courses under development:

1) PEDS Foundation course for practitioners
   - Module 1  Introduction to developmental screening
   - Module 2  Understanding PEDS
   - Module 3  Using PEDS
   - Module 4  Putting PEDS into practice

2) PEDS Advanced practice course

3) PEDS Leader training
Introduction to developmental screening

Acknowledgements and Credits The Royal Children's Hospital, Centre for Community Child Health.
Introduction to developmental screening

Welcome
Many practitioners who work with young children and their families have extensive knowledge of developmental screening. For others this topic will be new. However, this is important information for all practitioners as it underpins much of your work. Early detection of developmental concerns is essential to make a difference to the health and wellbeing outcomes of children. The earlier the intervention to treat developmental concerns the more likely the intervention will be effective.

You'll learn
- The importance of the early years in a child's life and the need to support the early detection of developmental concerns.
- The background and rationale of population surveillance and developmental screening.

Getting started
Please review the resources and consider accessing the recommended readings. The recommended reading may provide new opportunities to develop or refresh your knowledge.
Introduction to developmental screening

Screening quiz
Throughout this module, you have:

- reviewed the rationale for developmental monitoring and screening
- listened to experts from the field talking about the early years in a child's life, about risk and protective factors, and the importance of early detection.

Now it is important to reflect on your understanding of what screening is and what it isn't in the context of your everyday practice.

Select the correct options. More than one response may be correct.

How does developmental screening complement the role of the child and family practitioner? It ...

- Provides an evidence-based approach to identifying children at risk of developmental problems
- Provides a systemic approach to universal health surveillance and the early detection of developmental concerns
- Supports the development and use of a partnership approach in working with parents
- Addresses the difficulties experienced by practitioners in detecting mild to moderate developmental problems

The Royal Children's Hospital, Centre for Community Child Health.
Key learnings

Take a moment to consider what evidence-based screening tools you use in your work.

Also consider the framework that supports your everyday practice.

With these in mind, consider the three questions and write down your thoughts. Submit them so that they are saved in My notes.

What are your key learnings in regard to the early years of a child’s life?

Enter text here

Why is it difficult to identify mild to moderate developmental delay in young children?

Enter text here

What makes a developmental screening tool acceptable?
Outcomes for children, families and practitioners

- Practitioners are skilled in the application of the tool – ongoing process
- Developmental and behavioural concerns are identified and addressed **early**
- Parents are engaged and feel able to discuss concerns with the practitioner
Key messages

- Only a tool
- **Not diagnostic – primary screen**
- Relies on the skill and knowledge of the practitioner
- Relies on the capacity of the practitioner to form respectful and engaging relationships with parents
- Practice benefits from reflection
A systematic review of the prevalence of parental concerns measured by the Parents’ Evaluation of Developmental Status (PEDS) indicating developmental risk (2014)

This systematic review sought to identify the prevalence of parental concerns about their children’s development, as measured by the PEDS, along with identifying associated risk factors. 37 studies were ultimately included in the review, with over 210,000 subjects in total. Nearly 14% of parents raised concerns associated with high developmental risk and overall more than 31% raised concerns associated with either high or moderate risk of developmental problems. A variety of individual, family and service level risk factors were identified.


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The Centre for Community Child Health is a department of The Royal Children’s Hospital and a research group of Murdoch Childrens Research Institute.