

# DEVELOPMENTAL ASSESSMENT IN LANCASTER 2003

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## BACKGROUND

Approximately one hundred pre-school children per year in Lancaster are referred to Longlands Child Development Centre (CDC) because of concerns about development or disability.

Children with obvious syndromes such as Down's Syndrome or with severe motor problems are recognised and referred as babies, whereas those with more subtle difficulties or delay with communication present a little later.

Changes were made in the initial assessment system between 2001 and 2003 to give a more flexible and prompt response, in line with 'Together from the Start'<sup>(1)</sup>, and to concentrate scarce resources most effectively.

## THE OLD SYSTEM

Previously children were seen first by the paediatrician who would evaluate development and decide further management. That would often involve inviting the child to a series of nursery sessions at Longlands to achieve a multidisciplinary assessment by the team.

### The team

- nursery officers
- physiotherapist
- occupational therapist
- speech and language therapist
- educational psychologist
- paediatrician
- liaison health visitor.

In addition the child's own health visitor and parents play an important role in the assessment.

## THE NEW SYSTEM

Now, children receive a home visit by one or two members of the team (usually health visitor and/or nursery officer). Reports are obtained from those involved with the child. An appointment with a paediatrician is offered.

All cases are discussed with the whole team to ensure appropriate management. If team members agree it is necessary, a team assessment is arranged.

Patients with a developmental age of under about 18 months can be easily assessed in a single 'baby' session at Longlands by most members of the team.

Children with more advanced development have more skills and require more detailed testing. They are seen over two or more visits in whichever venue seems most appropriate.

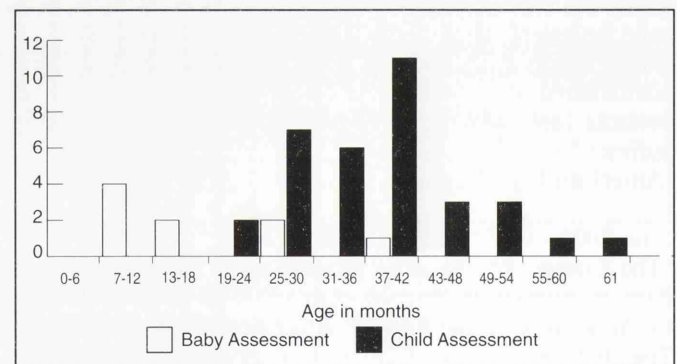
Patients not requiring team assessment can be referred to individual therapists for help and/or assistance through education services or other routes such as behaviour management groups.

## EFFECTS OF CHANGES

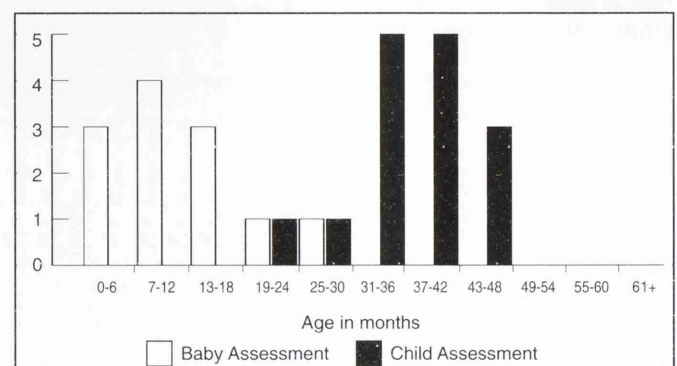
The following data refer to events or contacts recorded in 2003 and include some comparison with 2000 (the last year in which the old system had been fully operational).

	2000	2003
New referrals	82	111
Seen by consultant	82	107
Multidisciplinary assessment – total	53	27
Baby assessment	13	12
Average age at assessment – months	18m	12m
Child assessment	40	15
Average age at assessment – months	37m	36m

Numbers being assessed



Age at assessment 2000



Age at assessment 2003

A similar number of babies are undergoing multidisciplinary assessments annually but they are being seen at a much younger age. This means there can be a much more co-ordinated approach to management from an early stage. The age at assessment has continued to fall.

Fewer children are having multidisciplinary assessments and those that are seen tend to be seen at a younger age than previously.

Babies and children are able to receive help more promptly.

In the older age group we are dealing mainly with boys.

**Problems**

Since 2002 we have been documenting on our database the main areas of concern for each child. Many children will have more than one area of concern.

Problems found at baby assessment (12 babies)							
Problem	Medical	Motor	Communication	Social	Cognitive	Emotional	Visual
Number	7	11	7	2	6	1	2

Many of those undergoing the shorter team assessment as babies have multiple physical and cognitive difficulties, often including cerebral palsy.

Problems found at child assessment (15 children)							
Problem	Medical	Motor	Communication	Social	Cognitive	Emotional	Visual
Number	4	5	15	13	5	6	0

In the past, the children chosen for team assessment were evenly divided between those with physical problems, those with general learning difficulties and those with communication problems.

Now most of those being chosen for team assessment have communication difficulties and often come within the autistic spectrum. We have found it is really helpful to gain a multidisciplinary view of their difficulties.

**Severity score**

Since 2002 we have recorded on the database a severity score for each child. The severity score has been added to help with planning for education and refers to the likelihood of the child having special educational needs or needing school adaptations or special equipment.

The 'severity score' and 'areas of concern' are agreed by the team in the discussion at the end of assessment.

Apart from one baby with a chromosome problem likely to cause developmental difficulties in the future, all the patients chosen for team assessment were judged to have at least moderate difficulties and most were severe.

**CONCLUSION**

The change in the pathway through CDC has had a significant effect on the pattern of children undergoing team assessment.

Assessments are now being carried out at a younger age and concentrated on two groups most likely to benefit from a team approach: babies with significant developmental problems, including cerebral palsy, and children with complex problems of communication and social interaction.

The reduction in the number of assessments on children means that there is slightly more time available for therapists to treat children.

**THE FUTURE**

The process is being refined further. There will be improved planning of the assessments to ensure that each patient is seen by the most appropriate professionals.

We are also improving the information given to parents, partly with the help of the 'Contact a Family' CD-ROM<sup>(2)</sup>.

At the initial home visit, babies are now being invited into a baby massage group so that they can meet staff and other families informally prior to the assessment.

**REFERENCES**

1 Together from the Start. Practical guidance for professionals working with disabled children (birth to third birthday) and their families. May 2003 LEA/0067/2003. Department of Education and Skills and Department of Health.  
 2 Contact a Family Directory. 2003 edition. www.cafily.org.uk