

Behaviour and Development Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients aged **up to 16 years**, who have been identified with delays in development; have symptoms that indicate a possible neurodevelopmental condition such as Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD), and/or challenging behaviour that requires assessment, evaluation, and management. Patients will be triaged by a Consultant Paediatrician into management pathways according to specific clinical requirements:

These referral guidelines are for Paediatric Specialist Clinics provided at Joan Kirner Women's & Children's at Sunshine Hospital, Bacchus Marsh Hospital and Melton Health only. Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.

Referrals from the Emergency Department or the Children's Ward for a Behaviour and Development assessment will not be accepted. All referrals must be made by a General Practitioner to ensure pre-assessments are included.

Note: Wait time for this clinic is approximately 24 months, as of April 2025. Please consider whether alternate pathways for assessment can be accessed.

Note: Medications and prescriptions will not be issued prior to a medical review in the Behaviour and Development clinic, and urgent appointments are not available for this purpose.

Conditions not seen by Behaviour and Development Specialists at Western Health:

- The paediatric Behavioural and Development clinic is not an acute crisis service. It does not accept referrals for acute behavioural concerns or acute mental health concerns requiring urgent assessment.
- Mental Health Services: Please refer to a clinical psychologist or Child and Adolescent Mental Health Services (CAMHS).
- Second opinions for children already seen by another Paediatrician are not available due to the long waitlist times.
- Adolescents aged 16 or 17 years cannot be accepted onto our waitlist. Those already known to our Paediatric team and receiving ongoing care may continue to be seen until they turn 18. New referrals past an adolescent's 16th birthday are not accepted.
 - For ADHD assessment and management referrals for this age range, please refer to adult psychiatry services.
 - For mental health issues in this age range, please refer to community psychology services, CAMHS, or adult psychiatry services as appropriate.
 - For developmental and learning issues, the GP will need to manage as the primary carer and involve adult specialties and psychology as required.

- Allied Health: Speech Pathology, Occupational Therapy, Physiotherapy, Dietetics and Neuropsychology are not provided as part of the Paediatric and Neonatal Specialist Clinics Service at Western Health with the exception in some instances for multidisciplinary follow-up care for premature neonates.

Some of these services may be provided by the Children's Allied Health Service in specific circumstances.

- For services at the Joan Kirner Women's and Children's, Sunshine Hospital, please visit the Western Health [Children's Referrals](#) webpage and review referral criteria for Allied Health.
- For services at the Melton Community Health campus, please see <https://bmm.wh.org.au/specialist-services/paediatrics>

Behaviour and Development Alarm Symptoms:

Acute conditions requiring immediate assessment – please refer the patient to the Emergency Department.

Access & Referral Priority Behaviour and Development:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT

Appointment timeframe 30 days.

Note:

Western Health does not provide a crisis/urgent service for behavioural or developmental problems and most referrals are triaged as Routine. Occasionally a referral may receive prioritand we will endeavour to see these within **90 days**.

Please provide as much information as possible if referral is felt to be urgent, and further discussion with the referrer may be sought by the triaging team. The following should be included, but will not guarantee a more urgent triage category

All referrals for Developmental and Behavioural clinics require information about:

- Social concerns such as
 - Out of home care
 - Child Protection involvement.
- Medication history
- Impact or impairment from behaviour.
- If child is at risk of losing school placement.
- If child at risk of losing foster care placement

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

Behavioural Problems and Development Delays or disorders.

In all cases, please consider the extent to which a diagnosis and/or management may be possible using primary care, allied health, and other community supports. In most cases Western Health is only able to provide paediatric medical assessment and management.

Do not delay involvement of other services whilst waiting for a paediatric appointment, as the waitlist for this service exceeds 24 months. You must have referred for NDIS/Early Intervention if the child is eligible (under 7 years of age), and to appropriate community allied health services.

Please refer to HealthPathways for further referral resources at [HealthPathways - North Western Melbourne Primary Health Network \(nwmpnhn.org.au\)](https://www.healthpathways.org.au/HealthPathways-North-Western-Melbourne-Primary-Health-Network-nwmpnhn-org-au)

Developmental Delay and Learning Difficulties:

- Ongoing concerns for development after other considerations have been excluded e.g.: hearing or vision impairment.

Note:

- Simple isolated delay in language is not an indication for paediatrician referral.

Behavioural Problems

Refer if suspicions of:

- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Intellectual Disability
- Underlying medical cause for behaviour
- Symptoms of an externalising behaviour disorder

Autism Spectrum Disorder or Global

Developmental Delay:

Prior to referral, please arrange an audiology assessment and referral to relevant allied health clinician e.g. speech pathologist. Refer as per HealthPathways.

If this child is < 7 years of age and has more than 2 domains of developmental concerns, they must also be referred to Early Childhood Early Intervention Services. [Early childhood approach | NDIS](#)

Note:

A paediatric evaluation and some separate allied health assessments can be performed at Western Health. However, a diagnosis may not be able to be made without additional speech pathology and psychology assessments which for most children will need to be performed externally. Some allied health services for these assessments may be provided at our Melton campus if the child meets the eligibility criteria.

Note:

Not all children with behaviour and developmental concerns require ongoing paediatrician review and where possible patients will be discharged back to their primary clinician once initial assessments have been completed. If you are referring a patient for repeat review, please provide as much information about their current medical issues as possible.

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
<p>Developmental Delay Including Autism Spectrum Disorder.</p> <ul style="list-style-type: none"> Refer all children with any concerns in the domain of communication, speech, language, comprehension, and swallowing to a speech pathologist. Refer children with concerns of gait, balance, and coordination to a paediatric physiotherapist. Refer children with concerns with functional movement, activities of daily living, play, and hand function to a paediatric occupational therapist. <p>Note:</p> <ul style="list-style-type: none"> Refer children with delay in ≥ 2 domains to Early Childhood Early Intervention Services (ECEIS) / NDIS. This is essential prior to referral to Paediatrics. Children younger < 6 years do not need a diagnosis to get support from an early childhood partner where there are developmental concerns. <p>Referral can be made by completing the Early Childhood Early Intervention Referral Form.</p>	<p>Essential</p> <p>Pregnancy and birth details</p> <ul style="list-style-type: none"> Developmental history <ul style="list-style-type: none"> Gross motor & fine motor Language Social and emotional History and exam findings including: <ul style="list-style-type: none"> Onset Symptoms Growth parameters Details of family history if similar patterns or other developmental delay Details of required referrals already made. If referrals to NDIS / Early Childhood Early Intervention Services and to appropriate community allied health supports have not been made, the referral may be rejected. <p>Desirable</p> <ul style="list-style-type: none"> A Parent's Evaluation of Developmental Status (PEDS) and/or Brigance test report completed by a MCH nurse is highly desirable if available. 	<ul style="list-style-type: none"> Paediatric audiology report or details of referral made is required. Optometry report Assessments and reports by teacher's, school therapists and allied health providers PEDS or Brigance test if available Any previous paediatrician communication.

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
ADHD	<p>Essential</p> <ul style="list-style-type: none"> Developmental history <ul style="list-style-type: none"> Gross motor & fine motor Language Social and emotional History and exam findings including: <ul style="list-style-type: none"> Onset Symptoms Family history if similar patterns or other developmental delay Details of referrals already made. Chronic Disease Management Plan referral details and/or Mental Health Care Plan referral details. If the patient has a pre-existing diagnosis of ADHD and has been on medication from another prescriber, please include previous letters/ reports and details of medication. <p>Desirable</p> <ul style="list-style-type: none"> Psychologist assessment report Behaviour checklist such as parent and teacher report of the NICHQ Vanderbilt Assessment Scale 	<ul style="list-style-type: none"> Paediatric audiology report Consider optometrist assessment to ensure adequate vision. Behavioural optometry is not recommended. School reports
Behaviour Problems	<p>Essential</p> <ul style="list-style-type: none"> Clear description of the behaviours of concern, and their impact on the child and family <p>Desirable</p> <ul style="list-style-type: none"> Information regarding parenting and other supports already recommended or attended. Details of clinical psychologist involved in care. 	<p>Copies of school reports</p> <p>Reports from psychologist and other therapists involved</p>