

## Editorial

# The Usefulness of the Concept of *Kininaru-kodomo* (Children of Concern) in Japan when Evaluating Children with Special Health Care Needs

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## EDITORIAL

*Kininaru-kodomo* (KK: children of concern) is a term used by child health care professionals to refer to children supposed to have special health care needs [1]. Special health care needs include both developmental disabilities (DDs) and child maltreatment or other conditions that require medical management, health care and other special services [2]. Although more professionals became aware of the supposed relationship with child maltreatment, professionals are thought to use KK more commonly to refer to children with mild and often undiagnosed DDs. In community health settings, KK is believed to include children with the following disorders: autism spectrum disorder (ASD), pervasive developmental disorder, attention-deficit/hyperactivity disorder, and learning disabilities.

Researchers and clinicians came to believe the relationships between KK and DDs according to changes in children and society. Recently, children have experienced difficulties in acquiring sociability, and the number of children with behavioral symptoms is increasing [3]. These troubled children are considered to make up most of the KK population. However, including KK, the establishment of a precise early screening system for DDs in Japan has been an ongoing problem [4]. Therefore, most KK are undiagnosed and have difficulty receiving early support. To develop an early screening system that can decrease the number of children whose developmental disabilities are overlooked is an urgent issue.

The Japanese Ministry of Education, Culture, Sports, Science and Technology announced national survey data in 2012 in which 7.7% of elementary school students enrolled in a regular class were considered to have DDs. These children were undiagnosed. Moreover, more than 90% of this population did not receive any special needs education. It is considered that KK already have trouble adjusting to school life. Schoolchildren's maladjustment in the transitional period prompted the government to decide on an earlier start for compulsory education. It is inferred that KK

are included in these children with potential DDs. It is important to refine existing health care systems to enable professionals to be involved with KK even when they are considered to be in a gray area to prevent excluding children with special needs from entry into special services.

Infant health checkups are one of the major opportunities for early detection. The Japanese Maternal and Child Health Law define the municipalities' responsibility to provide these checkups for children at 18 and 36 months. The health checkup participation rates are consistently high. A multidisciplinary team provides these checkups, which are generally held at community health centers. Public health nurses play an important role in assessing children's special health care needs based on the concerns of each professional such as dentists, psychologists, and dietitians. However, public health nurses admitted that they found it difficult to detect children with potential DDs when those children possessed normal intellectual ability [1]. Previous research argues that there are many people with undiagnosed DDs in Japan [4]. Thus, there is an urgent need to improve the accuracy of an early screening system to enhance children's well-being.

It is considered useful to share the KK concept among professionals to develop early screening and intervention systems for preschool children with DDs. Public health nurses have already played an important role in detecting DDs and initiating the follow-up of the suspected children even before diagnosis [5]. However, it is necessary to collaborate with preschool teachers who have earned trust from parents to bring success in the early detection and intervention system [6]. Parents are skeptical of medical professionals' involvement with their children when they are unfamiliar. Moreover, teachers at day-care centers and kindergartens are experienced in detecting abnormalities in children's behaviors, because KK are enrolled at those preschools. It is essential for children with suspected DDs to be kept connected with a support network until diagnosis. To this end, it is a good strategy to use the KK concept when sharing

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each professional's concerns regarding those children suspected to have developmental disorders under the threshold at the time of limited checkup opportunities.

The new Diagnostic and Statistical Manual of Mental Disorders (the fifth edition, or DSM-5) redefined the boundaries of autism [7]. The boundaries exist as a spectrum between children with ASD, children with autistic behaviors, and normal children. By using the term "KK," professionals can deal with children suspected to have ASD or be just under the threshold even before diagnosis. Therefore, the usefulness of the KK concept is not undermined in the DSM-5 era. It is strongly recommended that a screening tool be developed that combines each professional's awareness of KK so that children with DDs can receive necessary support even before diagnosis.

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