4.4 Early Detection Guidelines

4.4.2 School Entry Health Assessments

Background
The School Entry Health Assessment (SEHA) program is conducted by community health services across Western Australia (WA) and forms part of the universal child health schedule. This schedule offers specific community health contacts which coincide with critical periods in a child development. It aims to improve the health outcomes of those individuals identified as having difficulties or early signs of a disorder, by enabling prevention, early detection, support and referral to appropriate health services and supports.

Numerous research findings indicate that early detection and intervention of health and development problems in young children is crucial for optimising lifelong learning, behaviour and health outcomes. It involves the identification of individuals who are at increased risk of developing, or are experiencing the first stages of a condition or disorder. The school setting offers a unique opportunity to reach the majority of children at a relatively early age, and at a time when families and teachers are focussed on optimising the academic building blocks for achievement. In WA, almost all children commence school at Kindergarten level, at four years of age (or turning four by June 30).

In Australia, the National Health and Medical Research Council (NH&MRC) published a detailed review of the evidence relating to twenty child health screening tests (2002). The NH&MRC cited research evidence justifying universal screening of all children for some conditions and disorders, and targeted screening for children at risk of other conditions or disorders. Subsequently, an evaluation of the hearing screening component of the SEHA program was found to be effective in identifying previously undetected hearing loss for many children. Further, the National Children’s Vision Screening Project, completed in 2008, suggested that universal screening for visual acuity between three and five years of age onwards was feasible and coincided with an age for which treatment for amblyopia is still effective.

The NH&MRC review found that developmental delay did not meet criteria for universal screening programs; however there was good evidence and support for targeted screening for children at risk of developmental delay. The NH&MRC noted that for developmental screening to be effective, children and families require access to further assessment, effective early interventions and support.

In light of a review of current research indicating a rise in childhood obesity in the past 20 years and that prevention and treatment programs are most likely to be successful when implemented pre-puberty, a growth assessment (Body Mass Index) is now offered to all children as part of the SEHA. This allows for children at risk of obesity to be identified early and for brief intervention and/or referral to take place.
General principles

School Entry Health Assessment in Western Australia

WA School Health Service Policy guides the provision of the SEHA program. The Policy states that access to health assessments should be provided as early as possible after school entry. The Policy defines provision of universal hearing and vision screening for all children, targeted developmental assessments for children for whom a concern is identified and a growth assessment where parents accept the offer in the (CHS 409) Primary School Health Record. All screening tests are used to evaluate the need for further, more specialised assessments and interventions.

Children who were not assessed in Kindergarten are to be offered school entry health assessments early in Pre-primary. It is recommended that community health services prioritise those children at greater risk of health, developmental concerns, and vision or hearing difficulties. The WA Community Health Acuity Tool and the SEHA Consent and Prioritising Clinical Pathway (Appendix A) assist with prioritising.

The SEHA program is as follows;

1.1. Vision screening for all children, including visual acuity and strabismus using the Lea Symbols Chart, Cover Test and Corneal Light Reflex Test. (Trachoma screening by service providers working in trachoma endemic regions.)

1.2. Hearing and ear health screening for all children, including audiometry and otoscopy. (Tympanometry screening by service providers working with targeted populations.)

1.3. Targeted screening of any child for whom there is an identified concern regarding development. Concerns may be identified by parental responses to the Parents’ Evaluation of Developmental Status (PEDS) questions embedded in the CHS 409. Concerns may be identified by classroom teachers or by other means. Targeted screening involves teacher and nursing observations, and may involve specific second level screening tests.

- Further developmental follow up on PEDS concerns is achieved by Community Health Nurses offering an Ages and Stages Questionnaire (ASQ) and/or Ages and Stages Questionnaire (ASQ: SE) to parents.

1.4. Growth assessment if parent consents by ticking the box in the CHS 409.

1.5. Assessment and/or support for other health concerns as indicated by parent in the CHS 409, such as dental health, enuresis behaviour and parenting concerns.

1.6. Assessment of Education Support students and engagement with their families. For details see appendix A.
Role of community health staff

Recommendations for implementing the SEHA program

Establish class lists and priorities

Early in term one, establish class lists for kindergarten (K) and pre-primary (PP) children, including education support students.

To identify those students who require assessment in PP, check electronic information systems, previous class lists and/or results sheets in academic records. Distribute a CHS 409 to parents of PP students who have not yet been screened. Meet with relevant teachers to discuss any concerns.

Prioritise children for screening, for example;

1. Priority cases identified by parent or teacher concerns (K or PP) should be screened as soon as possible.
2. Children in PP who have not previously been screened and for whom a parental or teacher concern has been raised, should be screened as soon as possible.
3. Kindergarten students who have no identified concern, to be assessed when children have settled into school life, i.e. term 2 or 3.

Note: It is recommended that children with no parent or teacher concerns identified should be considered a lower priority and scheduled for assessment when time permits. If the child has not been assessed by the end of the calendar year, notify the parent that the child has not been screened and seek consent for assessment the following year.

Distribution and collection of CHS 409

Consider capacity when sending home the CHS 409. It is recommended that CHS 409 forms are distributed close to the time when screening will occur, so that there is a timely response to any parent concerns.

Liaise with class teachers to identify any children with particular concerns who need to be prioritised.

Promote the uptake of school entry health assessments with parents at meetings, ‘Kindy talks’ and via the school newsletter. Show parents the CHS 409 and encourage them to complete it and return to the school.

- Distribute CHS 409 health record to parents and record on class list.
- Discuss the SEHA process with the classroom teachers. Enlist their help to encourage parents to return the completed CHS 409.
- If the CHS 409 is not returned, consider possible barriers such as literacy or language issues, or psychosocial issues. Discuss alternative means of contacting parents with school principal.
- For Aboriginal children, seek help from the school Aboriginal and Island Education Officer (AIEO) or Child and Adolescent Community Health Aboriginal Health Team to liaise with parents/carers.
• On collecting returned CHS 409, ensure consent is signed by parent or guardian. Use the class list to record and track information about individual students.

• Distribute a second round of CHS 409 to parents who have not returned by the specified date. If the second form is not returned, discuss with the teacher. If there are no teacher concerns, document actions and no further action is required.

• If there are teacher concerns, and the form has not been returned, encourage the teacher to discuss these with the parent/guardian. If this is unsuccessful, discuss with the principal and/or your line manager about a course of action.

• To enhance return of CHS 409, consider the following:
  o Use the kindergarten or school newsletter to promote the SEHA and return of CHS 409 forms by a specific date. Promote the benefits of early detection and provide parents with a contact number.
  o Ask the Kindergarten and other teachers to place a reminder note in the newsletter and on the front door of class or information board including a specific return date.
  o Where possible, arrange to be on site at the beginning or end of the Kindergarten session to approach parents who have not returned the first form. Provide forms to parents, which can be completed then and there.

Conducting assessments

• Arrange suitable dates, times and venues for conducting assessments. Ensure that an appropriate quiet room is allocated. This should be negotiated in the School Level Agreement. Request the support of your manager if the school administration does not provide a suitable room.

• Where possible, book ‘Mat Time’ with the classroom teacher to talk with the children about the assessment process prior to conducting assessments. This provides an opportunity for children to meet the nurse, look at the equipment which will be used, and become familiar with the Lea symbols.

And/or

• Ask the Kindergarten teacher to show the Lea symbols to the children so that they are familiar with the shapes and names.

• Be aware of the correct procedures for conducting assessments.

If team screening, it is recommended that children with identified concerns are assessed by the community health nurse allocated to the school. This will allow for specific concerns to be discussed and followed up after the initial assessment.

If team screening, it is recommended that each team member works with their own individual children for hearing and vision assessments. In this way, there is an opportunity to gain a holistic view of each child and to act on professional observation and judgement about other aspects of health and development during the assessment.
Whether working in a team or alone, it is recommended that individuals assess no more than 10 children per day. This will help to prevent repetitive strain injuries.

In many cases, further assessment will involve a professional observation and nursing judgement, which can be enhanced with input from the teacher and the How Children Develop Resource.

### Special circumstances

It sometimes occurs that a teacher and/or nurse has identified a child who appears to have an issue which requires assessment, referral and intervention, however the CHS 409 form has not been returned. If the standard methods of communication and efforts to gain consent have failed to illicit a response from a parent (or guardian), the following is suggested:

1. Telephone the parent (or guardian) and seek verbal consent to conduct the assessments and/or consider asking for assistance from the teacher, deputy principal or other suitable officer to obtain consent from the parent (or guardian).

2. If not successful in the above, discuss the case with the school principal and community health manager. Pursuant to section 337(1) of the Health Act 1911, the nurses specified in the schedule, may examine medically and physically, as the nurse deems necessary, any child attending any school or child care centre.*

3. If parental engagement is an ongoing concern preventing the child from receiving adequate care, discuss with the school principal and your line manager and consider making contact with the Department for Child Protection and Family Support.

4. Document all decisions and actions thoroughly.

* This authorisation may be cited as the Health (Examination of School Children) Authorisation (No. 1) 2011.

### Working with non-English speaking clients and the hearing impaired

The class teacher/school administration should be aware of those student’s whose parents/carers are non-English speaking and so may require an interpreter. Provision of interpreters for non-English speaking people and the hearing impaired is an essential service and the use of family members, children, friends or other bilingual individuals who may offer to help the client communicate is discouraged. Failure to provide appropriate interpreting could jeopardise standards of care. If the CHS 409 is not returned and the family are non-English speaking, the use of an interpreter should be considered.

**Telephone interpreter services:**

- Are appropriate for uncomplicated brief encounters
- Are less costly than face to face services
- Provide convenient access for families as they can be called at home
- May be less intrusive

**On-site interpreter services:**
- Are more appropriate for case conferences or complex issues
- Need to be booked in advance

For bookings and further information contact your Local Area Health Service site.

Using translated materials

Translated versions of the front page of the CHS 409-1 and summary results CHS 409-2 are available in Arabic, Chinese and Vietnamese.

On the front page of the CHS 409, there is a sentence in Arabic, Chinese and Vietnamese asking parents to tick the appropriate box if they require a translated version of the letter.

Attach a translated letter to CHS 409 and resend to parent through teacher and student.

In order to complete the form, some parents may indicate the need for an interpreter. Parents are asked to tick the box on the returned consent letter if they require an interpreter.

If the need for an interpreter is indicated, make contact with the parent and use Area Health Service procedures to access a telephone or on-site interpreter.

If appropriate, use the translated version of the CHS 409-2 in order to provide feedback to the parent.

PEDS Response Forms have been translated into many languages, such as; Arabic; Chinese; French; Haitian; Hmong; Indonesian; Portuguese; Russian; Somali; Spanish; Swahili; Thai; and Vietnamese. These forms are located on the CACH intranet under Child Developmental Screening Tools. It is a password protected site.

Retention and Disposal of CHS 409

1.1. Send original copy of Health Assessment Results (CHS 409-2) to parents.
1.2. Lodge a copy of Health Assessment Results (CHS 409-2) with School Academic record. (This copy is managed as per DOE policy.)
1.3. Retain the CHS 409-1 (Combined Letter and Parent completed form) and a copy of Health Assessment Results (CHS 409-2) with Health Service.
   1.3.1. Records are to be retained securely by health services until destruction.
   1.3.2. Records are to be retained until the individual reaches 25 years of age.
   1.3.3. Health service records can be transferred to other school health services if the individual moves to a new school. However, if the record contains sensitive information which may be required for future court proceedings, the original record is to be retained at health service of origin. If there is doubt about what constitutes ‘sensitive information’, staff should discuss with their line manager.
   1.3.4. When original records or copies are forwarded, they should be
handled in a secure manner which ensures confidentiality.

1.4. Ensure recording/documentation in relation to archiving and destruction is completed so that individual records can be tracked.

Documentation

Primary School Health Record (CHS 409)

Primary School Health Record (CHS 409) serves as the health record for school children during their primary school years (K-6/7). It has three components:

- **CHS 409-1** Combined letter and parent questionnaire seeking personal details and health history information on the child, including PEDS questions. It enables the provision of parental consent to conduct the SEHA and share information with Health and Education staff, as appropriate.

- **CHS 409-2** Health assessment results (triplicate record for parent, health service and school academic record).

- **CHS 409-3** Reusable envelope for the exchange of forms between community health staff and parent/guardian.

- **CHS 409-4** Assessment questionnaire- Addendum. Available to use as an insert into the CHS 409. Asks parents to give information about who their child usually lives with and whether there are any current family issues of concern. (Information required when making an acuity assessment).

CHS 143 Class List - to be used as a paper list at the school

CHS 663 Referral from Community Health to be used when referring to outside agencies

CHS 419 Weight Assessment Record A (girls) B (boys). Soon to be available in triplicate (for Parent, health service and referral)

Follow-up

Re-checks and results

Record assessment results on triplicate form (CHS 409-2).

If a re-check is required, hold the results form until it is completed.

Contact parents if a re-check is required or if there are particular concerns noted. A follow-up letter is available to download from the Child and Adolescent Community Health (CACH) intranet if the nurse is unable to contact the parent.

In the case of team screening, the practitioner who conducted the screening test with the child is to initial the test result.

All practitioners who conducted one or more tests with a child are to sign the bottom of the CHS 409-2, including the Community Health Nurse designated to the school.

Referral and follow-up

Discuss with parent and gain consent prior to issuing an appropriate referral form.
Follow-up referrals for vulnerable clients such as those whose family or personal circumstances suggest higher risk and vulnerability, or acuity.

In cases where parents/carers of a vulnerable child fail to pursue a referral, discuss further action with line manager and a member of the school services team, e.g. classroom teacher, deputy, AIEO. Consider community supports which will assist the family access the specialist service. Consider contact with the local Department for Child Protection and Family Support as per Local Area Health Service procedures if child neglect is suspected.

Contact parents if a discharge letter is received from the Child Development Service as the parent may have changed address since the original referral.

Document all decisions and actions in the progress notes.

**Related professional development**

- PEDS, ASQ and ASQ:SE eLearning package
- Community Health Acuity Tool eLearning package
- Talking with parents about children’s weight (on-line training)
- Safe and effective School Entry Health Assessment- PowerPoint presentation and managers notes
- Teacher Checklists for Child Development
- Family Partnership training.

**Related policies, procedures and guidelines**

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<td>4.2.2 School Health Services in Western Australia. Western Australian Department of Health, 2013</td>
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6.3.1 Otoscopic examination
6.3.2 Screening audiometry
6.3.3 Tympanometry

Useful resources

MOU between DOH and DOE for the provision of School Health Services 1 July 2013 - 30 June 2016
Kindy Talks Framework and PowerPoint presentation
The Role of the Community Health Nurse in Schools.
School Level Agreement: Primary School

Policy Owner | Portfolio
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Director Statewide Policy Unit. | School Aged Children

References

7. Child and Adolescent Community Health Policy Unit (Statewide), (2013). 4.2.2 School Health Services in Western Australia. Department of Health, Perth, Western Australia
APPENDIX A. SEHA with Education Support Students

The School Entry Health Assessment for Education Support students focuses on engagement with the family in order to get to know the child and his/her particular health needs. It provides an opportunity to explore the services and agencies involved with the family, and discuss any information, resources or referrals which may benefit the family.

Children who have a disability may be integrated into mainstream schools, or may be enrolled in an Education Support School or Centre. All children categorised as Education Support Students are to be offered a School Entry Health Assessment when they commence school in Kindy or Pre-Primary.

The recommended process is as follows:

- At the beginning of the school year, provide the CHS 409 (ESS) to parents of Education Support students starting school for the first time in Kindergarten or Pre-primary.
- For Education Support students in mainstream schools, it may be appropriate to use the mainstream CHS 409, rather than the ESS version.
- Talk to the parent of each new student before or as the form is distributed. Discuss the assessment with each parent, focusing on getting to know the students and their health needs, checking the child’s general health, and engaging with the family.
- Provide assistance if parents need help to complete the form.
- Read the completed form and make contact with parents for any of the following:
  - Any concerns identified by the parent.
  - Any concerns identified by the Community Health Nurse.
  - Any concerns identified in relation to family and environment.
  - To develop student health care plans as required.
  - To further discuss health services, professionals or agencies involved with the family, (if Yes for any services on page 4 of the form).
  - To further discuss medications (i.e. if Yes on page 4.)
  - To further discuss any hospital admissions (If Yes on page 4.)
- Tailor the assessment to each child. Carry out a clinical observation/assessment of the child. Include screening tests if appropriate; Lea, Cover test, Corneal light test, otoscopy and/or audiometry.
- Invite the parent to attend the assessment, if possible.
- Discuss assessment results with the parent, including; suggested referrals, confirmation of consent to share information with school staff, health care planning, family education and support and any other necessary information.