



GUIDELINE	
Universal contact 4 years (School Entry Health Assessment)	
Scope (Staff):	Community Health Staff
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To promote the health and development of children by engaging with families and school staff.

To identify children who may be at risk of health and developmental concerns, through age appropriate surveillance activities.

Risk

Delays in identifying health and developmental concerns, impact negatively on child development and school engagement.¹ Lack of timely intervention can result in considerable cost to the health system, governments and the community.

Background

The early identification of health and developmental concerns is acknowledged as a primary health care opportunity for timely intervention, enabling children to achieve optimal developmental and functional health outcomes.^{2, 3} It is most meaningful when community health staff undertake a systematic enquiry of parental and teacher concerns, gather information about the child’s current abilities and functions, identify risks and protective factors, and complete age appropriate observations and assessments.¹

The Universal Contact at four (4) years is offered to clients in the school setting to enable community health staff to focus on assessing child development and growth; and respond to parental and teacher concerns, where indicated. Child development from two (2) years to five (5) years is a time when parental concerns often emerge.⁴ Community health staff will undertake vision and hearing assessments (unless there is evidence that the child is under the care of a relevant health professional), growth assessment (including height, weight and Body Mass Index (BMI)) and oral health assessment. Early identification and intervention of physical, development and social wellbeing concerns will assist in school engagement and minimise the impact on learning.⁴

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 focused on optimising the building blocks for school engagement and learning. Alternate venues may also be used in some circumstances. In Western Australia (WA), most children commence school in Kindergarten, which is offered to those who turn four (4) years of age by 30th June of a given year. Pre-primary is the first year of compulsory schooling and is applicable for children who will five (5) years of age by the 30th June of a given year.

Key Points

- Community health and teaching staff work together to consider all children in each Kindergarten class, prioritising assessments for those at greatest risk of health, developmental or wellbeing concerns.
- Undertake vision, hearing, developmental, growth and oral health assessments for all children. Make a clinical assessment of children for whom other concerns are identified.
- Assessments may be conducted when parental (guardian) consent has been provided. If parental consent cannot be obtained, and a health concern has been identified, the *Health Act 1911 (section 337(1))* makes provision for a child to be assessed under special circumstances. Refer to Appendix A *Special circumstances for assessing a child without parent consent*.
- When conducting the SEHA with Education Support Children, either CHS409-1 (mainstream form) or CHS409-5 (specific for Education Support children) may be used; whichever is more appropriate. Refer to Appendix B.
- Promote health and development emphasising nutrition, physical activity and social emotional development.
- Identify clients who may require additional support or further, specialised assessments and interventions.

Process

For a flow chart summary of the SEHA process, refer to Appendix C.

Steps	Additional Information
<p>1. Establish class lists and priorities</p> <ul style="list-style-type: none"> • Early in term one, establish class lists for kindergarten (K) and pre-primary (PP) children, including Education Support Students. <p><u>Pre-primary classes</u></p> <ul style="list-style-type: none"> • Identify children who may require assessment in PP, including those who did not attend (or only partly attended), K or did not have a CHS 409-1 returned. • Check electronic information systems, previous class lists and/or results sheets in academic records for missed or incomplete assessments. <p><u>Kindergarten classes</u></p> <ul style="list-style-type: none"> • Check electronic information systems to identify children with previously identified concerns who had an issue identified at a child health check. • Liaise with K teachers (at regular intervals) to identify children who need to be prioritised in relation to particular 	<ul style="list-style-type: none"> • Where available, follow local protocols around the use of electronic systems to create client class lists and records. • The CHS143A Class list is available for use as a paper copy when travelling to schools to assist tracking the progress of individuals and class cohorts through the SEHA schedule. Children in PP who have not previously been screened, or for whom a parental or teacher concern has been raised, are to be screened as soon as possible. • Distribute a CHS 409-1 to parents of PP children as required. • Areas for potential prioritisation may include: social or emotional behaviour; gross or fine motor skills; language and communication; cognition and understanding; vision; hearing; growth/weight; any other health and developmental concerns.

<p>concerns.</p>	
<p>2. Distribution and collection of CHS 409-1</p> <ul style="list-style-type: none"> • Show parents the CHS 409-1 and promote completion with parents at meetings, ‘Kindy talks’ and via school newsletters. • Distribute the <i>Information for the School Entry Health Assessment (free check)</i> parent information sheet with the CHS 409-1 (parent questionnaire) to parents via class teacher with identified return date. Record on CDIS (CACH) using SEHA tracking options. • Discuss the SEHA process with the classroom teachers. Enlist their help to encourage parents to return the completed CHS 409-1 in the envelope provided. • On collecting returned CHS 409-1, ensure consent is signed by parent/guardian. Record 409-1 returned on CDIS (CACH) • For CACH clients use the class list, printed from CDIS to record and track information about individual children. • Distribute a second round of CHS 409 to parents who have not returned by the specified date. If the second form is not returned, and there are no teacher concerns, document actions. No further action is required. • If there are teacher concerns, and the form has not been returned, ask 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. • For conducting the School Entry Health Assessment with Education Support families, see Appendix D. 	<ul style="list-style-type: none"> • If the CHS 409-1 is not returned, consider possible barriers such as literacy or language issues, or psychosocial issues. Discuss alternative means of contacting parents with school staff. • If the standard methods of communication and efforts to gain consent have failed to elicit a response from a parent, see Appendix A for suggested strategies. • See Appendix D for guidance when working with non-English speaking clients and the hearing impaired. • For Aboriginal children, liaise with the school to seek help from the school Aboriginal and Island Education Officer (AIEO), or Aboriginal Health Worker to liaise with parents/carers. • To enhance return of CHS 409-1, consider the following: <ul style="list-style-type: none"> ○ Use the kindergarten or school newsletter to promote the SEHA and return of CHS 409-1 forms by a specific date. Promote the benefits of early detection and provide parents with a contact number. ○ Ask the Kindergarten and other teachers to place a reminder note in the newsletter and on the front door of the classroom or information board including a specific return date. ○ Where possible, arrange to be on site at the beginning or end of the K session to approach parents who have not returned the first form. Provide forms to parents, which can be completed there and then.
<p>3. Preparing for assessments</p> <ul style="list-style-type: none"> • Arrange suitable dates, times and 	<ul style="list-style-type: none"> • Where possible, book ‘Mat Time’ with the classroom teacher to talk with the

<p>venues for conducting assessments.</p> <ul style="list-style-type: none"> • 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 does not provide a suitable room. <p>Refer to Appendix A should a teacher and/or a nurse identify a child who appears to have an issue which requires assessment, referral and intervention; however the CHS 409-1 form has not been returned.</p>	<p>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.</p> <ul style="list-style-type: none"> • If team screening, each team member will work with their own individual children for 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. This staff member is then responsible for recording information and contacting the parent. • Whether working in a team or alone, it is recommended that individuals conduct no more than 10 Lea Chart Tests per day. This will help to prevent repetitive strain injuries.
<p>4. Conducting the assessments</p> <p>Review CHS409 form and determine required actions.</p> <p>Conduct the following assessments on all children unless there is evidence of involvement from a relevant specialist:</p> <ul style="list-style-type: none"> • Vision • Hearing • Growth (including height, weight and BMI) • Oral health (Lift the Lip) <p>Review the Parent’s Assessment of Child’s Development tick boxes, and other sections of the CHS409-1 for any parental concerns.</p> <p>Use clinical observation of the child in conjunction with parental and/or teacher feedback to determine if further developmental assessment is required.</p>	<p>Note: The following policy documents can be accessed in the Community Health Manual: HealthPoint link or Internet link.</p> <ul style="list-style-type: none"> • For vision screening, use the following procedures: <ul style="list-style-type: none"> ○ Cover Test ○ Corneal Light Reflex Test ○ Distance vision testing (Lea Symbols Chart) • For hearing assessment, use the following procedures: <ul style="list-style-type: none"> ○ Otoscopy ○ Audiometry ○ Tympanometry (for at risk children and where training has been provided). • For growth assessment, refer to BMI Assessment Primary School procedure. • For the Lift the Lip assessment, refer to Oral Health Examination procedure • Consider use of the ASQ3/ASQ:SE2 if further developmental assessment is indicated.
<p>5. Document all decisions and actions according to local processes.</p>	<p>Primary School Health Record (CHS 409) serves as the hard-copy health record for school children during their primary school years (K-6/7). It has the following components:</p>

	<ul style="list-style-type: none"> • CHS 409-1 Parent questionnaire seeking personal details and health history information on the child, including parent’s assessment of child’s development. It enables the provision of parental consent to conduct the SEHA and share information with the Department of Education and other health providers, as appropriate. • CHS 409-2 Health assessment results (duplicate record for health service and school academic record). • CHS409-6 Simplified summary of the results sent to the parent; not retained within the Primary School Health record. • CHS 409-3 Reusable envelope for the exchange of forms between community health staff and parent/guardian. • CHS 409-5 Parent completed questionnaire specifically for Education Support Children and families. • CHS 425 follow-up letter to parent if the nurse has been unable to contact the parent following an assessment that requires further action • CHS142 Referral to Community Health Nurse • CHS 143 Class List – to be used as a paper list at the school • CHS 663 – (Metro only) Referral from Community Health when referring to outside agencies • CHS 430 Weight Assessment Record A (girls) B (boys).
<p>6. Follow-up and referral</p> <ul style="list-style-type: none"> • Where deviations are identified in assessments, refer to <i>Body Mass Index assessment – Primary School</i> procedure. 	

Retention and Disposal of CHS 409

Refer to Record Management - Client policy for instruction on the retention and disposal of health assessment records.

Key points for SEHA records:

- Lodge a copy of Health Assessment Results (CHS 409-2) with School Academic record. (This copy is managed as per DOE policy.)
- Retain the CHS 409-1 (Parent completed form) and a copy of Health Assessment Results (CHS 409-2) with Health Service.

Documentation

Community health staff will document relevant findings according to local processes.

References	
1.	Sharma A, Cockerill H. From birth to five years: Practical developmental examination: Routledge. 2014.
2.	Bellman M, Byrne O, Sege R. Developmental assessments of children. British Medical Journal. 2013.
3.	Jackson B, Needelman H, Roberts H, Willet S, McMorris C. Bayley scales of infant development screening test-gross motor subtest: Efficacy in determining need for services. Pediatric Physical Therapy. 2012;24(1):58-62.
4.	Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services. Australian Government Department of Health and Ageing. 2011.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual via the HealthPoint link or the Internet link
Acuity tool Guideline
Ages and Stages Questionnaires™ guideline
Audiometry procedure
Body Mass Index assessment- Primary School procedure
Children in Care - conducting an assessment
Corneal light reflex test procedure
Cover test procedure
Distance vision testing (Lea Symbols Chart) procedure
How Children Develop
Oral Health Examination
Otoscopy procedure
Overweight and obesity guideline

Records management - Client
Tympanometry procedure

Related internal resources and forms
The following resources and forms can be accessed from the HealthPoint CACH Intranet link
School newsletter items promoting SEHA
Safe SEHA PowerPoint
CHS forms noted in section 5

Appendix A - Special circumstances for assessing a child without parent consent

In instances where the CHS 409 form has not been returned by parents, and when the nurse or Department of Education staff member have identified concerns with a child, the following is suggested:

1. Telephone the parent (or guardian) to request verbal consent to undertake the Universal contact 4 years.
2. Liaise with DoE staff to request assistance in obtaining consent from the parent (or guardian).
3. If not successful with the above, discuss the case with the school principal and manager. Pursuant to the *Health Act 1911 (section 337(1))*, 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.*
4. Consider making contact with the Department of Communities, Child Protection and Family Support if parental engagement is an ongoing concern, preventing the child from receiving adequate care.
5. Document all decisions and actions thoroughly.

* This authorisation may be cited as the Health (Examination of School Children) Authorisation 2017.

Appendix B – School Entry Health Assessment with Education Support Children

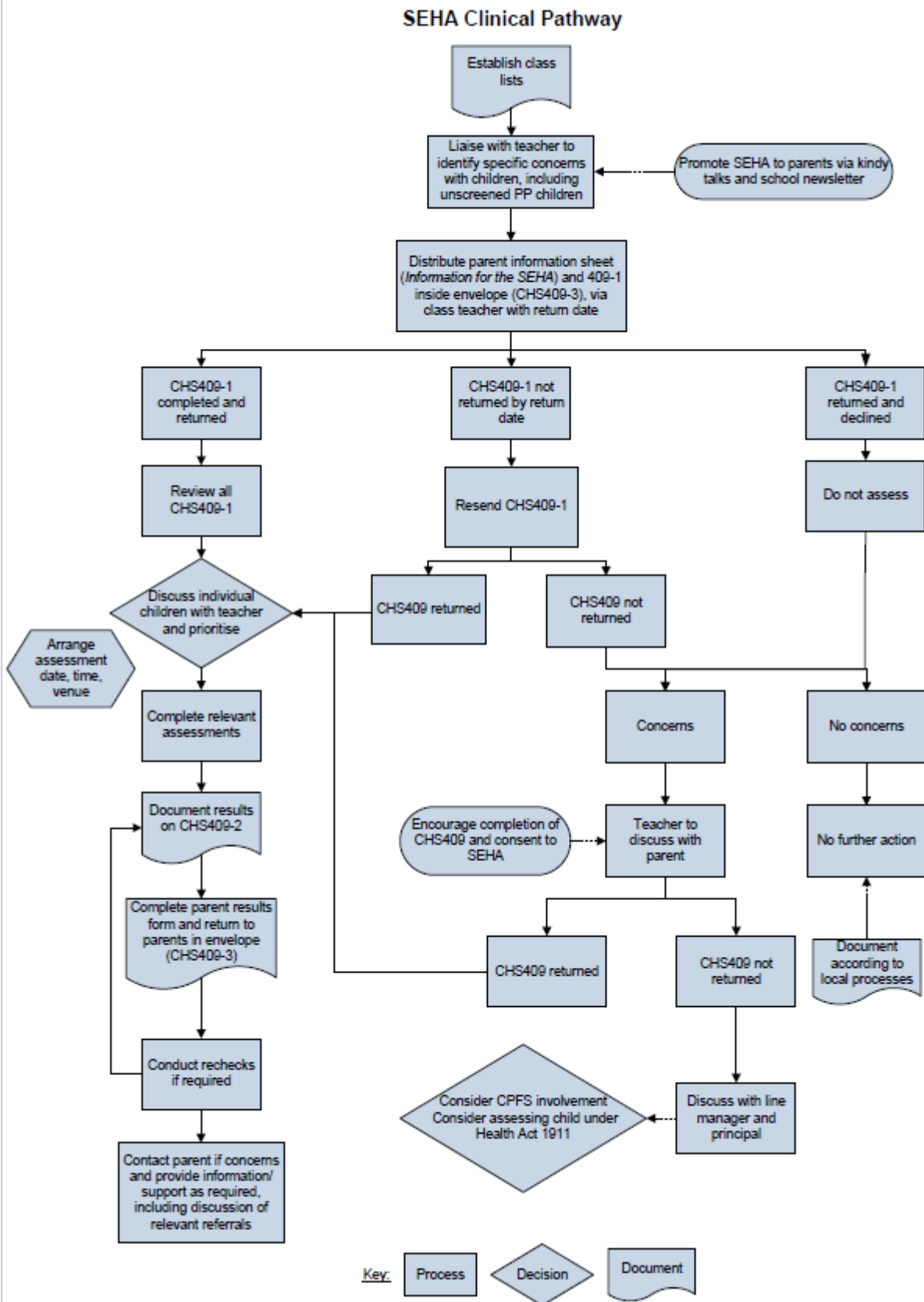
The SEHA for Education Support children focuses on engagement with the family in order to enquire about the child’s individual needs. It provides an opportunity to explore the services and agencies involved with the family, and discuss any information, resources or referrals which may benefit the family.

- Parents of children who have a disability who are integrated into mainstream schools are to be offered a SEHA (or review) when they commence school in Kindergarten (K) or Pre Primary (PP). Either the general CHS 409-1 form or the CHS 409-5 (for Education Support children) may be used.

The recommended process is as follows:

- Contact parents of newly enrolled (K and PP) children to schedule an appointment to discuss, and to complete, the School Entry Health Review form CHS 409-5.
- Conduct the review meeting with the parent at school, over the phone or in the family home (in compliance with the Home Visiting Policy), depending on circumstances.
- Identify needs for health care planning and complete Department of Education forms as required.
- Respond to identified needs by undertaking physical, development and growth assessments of the child, where appropriate. Complete clinical observation/assessment of the child as appropriate.
- Discuss with parents:
 - results of the completed assessments
 - suggested referrals and confirmation of consent to share information with school staff;
 - health care planning;
 - family education and support;
 - and any other necessary information.

Appendix C – SEHA Clinical Pathway Summary



Appendix D - Working with non-English speaking clients and the hearing impaired

The class teacher/school administration should be aware of those children 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

On the front page of the CHS 409, there is a sentence asking parents to tick the appropriate box if they require interpreter services to complete the form. This is accompanied by an interpreter service symbol.

Parents are also 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.

This document can be made available in alternative formats on request for a person with a disability.

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