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| **SERVICES FOR CHILDREN AND YOUNG PEOPLE -****B4 SCHOOL CHECK[[1]](#footnote-1) SERVICE****SERVICE SPECIFICATION** |

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**SERVICES FOR CHILDREN AND YOUNG PEOPLE -**

**B4 SCHOOL CHECK SERVICE**

**TIER LEVEL TWO**

**SERVICE SPECIFICATION**

**C01013**

This tier two Service Specification for B4 School Check (the B4SC Service) must be used in conjunction with the tier one Services for Children and Young People service specification. This service specification should also be read in conjunction with ‘The Well Child Framework’ documents.[[2]](#footnote-2)

# Service Definition

This service specification is the eighth and final core contact service in the Well Child / Tamariki National Schedule 2010. Core contacts one to seven are covered by the tier two Well Child / Tamariki Ora service specification.

The B4SC Service:

* is a universal, comprehensive screening and health education opportunity for four year old children / tamariki and their parent(s) and / or guardian(s) / caregivers
* has a particular focus on the provision of services to high deprivation populations and to high need, Māori, Pacific and new migrant children
* includes measurement of height and weight, screening for vision and hearing concerns, oral health, and an assessment of behavioural and developmental status
* is undertaken to allow time for further assessment and / or intervention to occur if required before the child starts school.

The B4SC is undertaken to allow time for further assessment and / or intervention to occur if required before the child starts school.

# Service Objectives

## General

The objectives of the B4SC Service are to:

* promote health and wellbeing in preschool children
* ensure that children are prepared for school
* identify any health, behavioural, or developmental concerns that may adversely affect a child’s / tamaiti’s ability to learn in the school environment
* make appropriate and timely referrals to improve child health and education outcomes, and reduce inequalities.

## Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to:

* matters such as referrals and discharge planning
* ensuring that the services are culturally competent
* and that services are provided that meet the health needs of Māori.

It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the child and young people's specific services.

Māori children are one of the four priority populations identified in the Child Health Strategy. Māori children are almost twice as likely to be hospitalised as other New Zealand children. Analysis of the 2006/07 New Zealand Health Survey found that Māori children continue to experience poorer health outcomes than other New Zealand children (Ministry of Health, 2009).

An estimated 35 percent of children aged 0-14 years live in NZDep2006 10 (the most deprived) of which 72.4% are Māori. The causes of unequal health outcomes are complex and generally linked to the uneven distribution of the determinants of health, such as income, housing, education and employment. For example, low income or poverty is a key mediator of poor child health outcomes. It often leads to poor quality accommodation with consequent overcrowding, and susceptibility to infectious diseases. Poverty also leads to poorer access to healthcare.

B4SC services are expected to contribute to the reduction of health inequalities for Māori children and young people.

B4SC services need to recognise the cultural values and beliefs that influence the effectiveness of services for Māori and must consult and include Māori in service design and delivery. B4SC services must build on the current investment and innovation in Māori programmes and services and develop effective models of service delivery that are Māori responsive and contribute to whānau ora: Māori families supported to achieve their maximum health and wellbeing and consistent with the directions set in key strategic documents: He Korowai Oranga – the Māori Health Strategy and Whakatataka Tuarua 2006-2011, the second Māori Health Action Plan.

B4SC Service Providers must offer an integrated service that includes developing and maintaining relationships with other primary and specialist health, education and social services that influence Māori child and young people’s health outcomes. This is particularly important for vulnerable whānau if they are to develop the skills and access the support and resources they need for ongoing healthy whānau functioning.

# Service Users

## General

This Service must be offered to all eligible[[3]](#footnote-3) children who are:

* four years of age
* living in both urban and rural areas, with a particular focus on the provision of services to high deprivation populations, and
* School New Entrant check (hearing and vision screening as a minimum for 5-6 year olds who have missed the B4SC at age 4 years[[4]](#footnote-4) .

Targets for high deprivation (quintile 5) children in will be set according to service requirements in the Crown Funding Agreement and then in the Service Coverage Schedule.

## Provider Management of Access

The DHB or Service Provider must establish and maintain a system for contacting parents, co-ordinating with providers, and ensuring children receive all the components of the service they are entitled to receive.

# Access

## Entry Criteria

Entry to the Service will be by the Service Provider or appropriate co-ordinator making contact with the parents or guardians of children at the time of their fourth birthday, inviting them to have a B4SC and arranging an appointment.

Parents or guardians can also contact their local B4SC co-ordinator to request their four year old has a check.

## Exit Criteria

* The B4SC has been completed and closed. A B4SC is able to be recorded as ‘Completed’ in the B4 School Check Information System once the *minimum* *requirements* have been fulfilled. If the child attends an early childhood education service, this includes either the return of a completed SDQ-T or formal notification to the Provider by the early childhood education service that they are declining to complete the SDQ-T.
* A B4SC can be closed once it has been completed and all referrals have been accepted and commenced by the referral service, and the referral outcome information has been stored and entered into the Information System.

## Time

* The B4SC is undertaken and completed before the child’s fifth birthday.
* Clinically appropriate referrals are made as close as possible to the time of the B4SC. It may be necessary in some cases to perform a secondary screen (as defined in the ‘B4 School Check – A Handbook for Practitioners’) to confirm the need for a referral.
* Referrals are followed up to confirm with the referral service provider that they have assessed and accepted the referral, and provided the appropriate referral service in a timely manner (ie, before the child begins school).

# Service Components

## Processes

The B4SC Service Provider must:

* provide a universal service that maintains a strong focus on serving high deprivation populations
* ensure that delivery of a high quality and nationally consistent service is in accordance with the service requirements set out in this service specification
* ensure the minimum data requirements, of all B4SCs provided are entered into the National B4SC Information System as specified in the current version of the’ B4SC Minimum Information Requirements’
* monitor the appropriateness and timeliness of referrals, the impact on referral pathways, and the availability of referral services
* provide the B4SC Service to children and families free of charge. This includes the process of referring children and their families for further assessment and/ or intervention
* deliver the B4SC in a clinically, culturally and socially appropriate manner and setting that respects the privacy and developmental needs of the children and their families
* employ a coordinator who is accountable and responsible for managing and coordinating the B4SC, and any resulting referrals, in the DHB’s area
* refer children to appropriate health, education and / or social services where the B4SC has identified a need for further assessment and / or interventions

The B4SC Service will provide the components of the B4SC as specified in the current version of ‘B4 School Check – A Handbook for Practitioners’ (published by the Ministry of Health and available online at www.moh.govt.nz), including but not limited to:

* informed consent for B4SC and any immunisations required
* child health questionnaire
* immunisation or referral for immunisation if required
* hearing and vision screening
* oral health screening and promotion
* identification of developmental and behavioural problems using the Strengths and Difficulties Questionnaire for Parents and Teachers (‘SDQ-P’ and ‘SDQ-T’) and the Parental Evaluation of Developmental Status (‘PEDS’)
* growth measurement and monitoring
* family violence and smoking cessation screening (in appropriate situations where the provider has the appropriate training and support systems)
* referral of children to appropriate health, education and / or social services where the B4SC has identified a need for further assessment and / or interventions.

## Pacific Health

The B4SC Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the B4SC Service must link service delivery to the improvement of Pacific health outcomes. Overall, the B4SC Service activity should contribute to reducing inequalities.

Compared to the total New Zealand population, Pacific peoples have poorer health status across a wide variety of measures, including child and youth health, risk factors leading to poor health and long-term conditions. From 1981-2004, Pacific amendable mortality (the kind most influenced by health services) improved the least of any ethnic group[[5]](#footnote-5). Pacific peoples are more exposed to risk factors leading to poor health, and experience more barriers to accessing health services than other groups.

Pacific children are one of the other population priority groups identified in the Child Health Strategy. As a population group Pacific children continue to have poorer health outcomes than other New Zealand children. There are a number of reasons for this difference. Lower incomes, lower educational attainment and poorer housing contribute significantly to poorer health outcomes. Beliefs about individual health, and family and community needs and realities can influence health choices and behaviours. Pacific people with English as a second language may also have difficulty understanding health information and engaging effectively with health professionals.

Improving the quality of delivery of the B4SC Service to Pacific families will require services that are culturally competent, respond to Pacific people’s needs and expectations, are more acceptable to a wider spectrum of individuals and families, enable Pacific people to make healthy choices and facilitate access to other services including social services.

## Settings

Services may be delivered in the child’s home or in a primary health care clinic or community setting.

## Support Services

Refer to tier one Services for Children and Young People services specification.

## Key Inputs

The Service, apart from the hearing and vision screening component, will be delivered by Registered Nurses (or other registered health professionals) who have a background in Public Health, Well Child / Tamariki Ora or Primary Health Care (Registered Health Professionals).

The B4SC Service will provide the Registered Health Professionals with training, prior to the delivery of any B4SCs, in:

* the content of the Service from a trainer who has received Ministry-approved Train-the-Trainer training

child development, behaviour and speech and language from a Senior Clinical Advisor / Paediatrician. The B4SC Service Provider will need to assess the child development knowledge of Registered Health Professionals and provide access to adequate training for the Registered Health Professionals delivering the B4SC Service.

The B4SC Service will ensure Registered Health Professionals have access to:

* a Senior Child Health Clinical Advisor (eg, developmental/ community paediatricians, General Practitioners or Senior Nurses) to provide guidance on clinical issues
* a range of other multidisciplinary specialists to support them in making referral decisions

The hearing and vision screening component of the service will be provided by qualified DHB funded Vision Hearing Technicians (VHT) that:

* are provided with training from an Audiologist and Ophthalmologist / Optometrist in the national hearing and vision screening protocols in accordance with the latest version of ‘B4 School Check – A Handbook for Practitioners’ (published by the Ministry of Health). This training must be provided prior to delivery of any B4SCs.
* where VHTs are not available to deliver the hearing and vision screening component of the service, this component can be delivered by the Registered Health Professionals. If the Registered Health Professionals are engaged to deliver the hearing and vision screening component they must receive training equivalent to that of a VHT. The B4SC Service Provider must demonstrate how the Registered Health Professionals will maintain competence and quality.

# Service Linkages

The B4SC Service Provider will facilitate engagement with primary health care and early childhood education services, including encouraging parents to register their child with:

* a general practice if they are not already, and
* an early childhood education service if they are not already.

Linkages include, but are not limited to those described below:

| **Service Provider** | **Nature of Linkage** | **Accountabilities**  |
| --- | --- | --- |
| General Practice Team (GPT) | Liaise and work with the relevant GPT whenever there are client concerns or issues. | To ensure continuity of care for the child and their family and whānau. |
| Family Start (FS) | Liaise and work with the relevant FS worker.  | To ensure continuity of care for the child and their family and whānau. |
| Child, Youth and Family (CYF) | Liaise and work with CYF whenever there are growth or developmental concerns for a child referred to, or under, CYF supervision.Participate in Family Group Conference (FGC) as required.Refer to CYF where a child’s safety is at risk from abuse or neglect. | To ensure continuity and quality of care for the child and their family and whānau.The child’s safety is paramount. |
| Interagency Co-ordination (Strengthening Families) | Attend or instigate Interagency Co-ordination meetings as appropriate. | To ensure continuity and quality of care for the client. |
| Other Well Child /Tamariki Ora providers (WCTO Providers) | Liaise and work with the relevant WCTO Providers  | To ensure seamless WCTO care delivery for all families. |
| Hospital servicesSpecialist Medical Services | Refer to relevant Hospital service when a child’s health or development is of concern.Liaise and work with relevant professional whenever there are concerns relating to the health or development of a particular child. | To ensure timely intervention occurs and provide continuity of care for the child.General practice team is first point of referral, where appropriate, and is kept informed of child’s progress/discharge plan |
| Community /General Paediatrician | Refer or liaise re individual children as appropriate | To ensure timely intervention occurs and provide continuity of care for the child |
| Pre-school Vision and Screening Services | Refer individual children at 4 years  | To ensure timely intervention occurs and provide continuity of care for the child |
| Community Agencies  | Refer or liaise re individual children as appropriate | To ensure timely intervention occurs and provide continuity of care for the child |
| Whakarongo Mai Ear Health Service | Refer individual children with suspected otitis media with effusion for screening and ear care management | To ensure timely intervention occurs and provide continuity of care for the child |
| Pre-school Dental Services Ministry of Social Development programs – HIPPY, SKIP, PAFT | Refer or liaise re individual children as appropriate | To ensure timely intervention occurs and provide continuity of care for the child |
| MSD programs – HIPPY, SKIP, PAFT | Refer or liaise re individual children as appropriate | To ensure timely intervention occurs and provide continuity of care for the child |
| Early Childhood Education CentresSpecial Education (general services as well as Incredible Years) | Refer or liaise re individual children as appropriate | To ensure timely intervention occurs and provide continuity of care for the child |

# Exclusions

The B4SC Service excludes:

* children before their 4th birthday and after their 5th birthday (except if they have missed the B4SC prior to starting school, then they are checked before their 6th birthday).

# Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

* The B4SC Service Provider must ensure that users receive services that are safe, effective, consumer centred and of high quality; and that services are provided by appropriately qualified and experienced staff
* The B4SC Service will ensure that the Service is delivered in a culturally appropriate and competent manner.

# Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry’s Nationwide Service Framework Data Dictionary. The following Purchase Units apply to this Service.

| **PU Code** | **PU Description** | **PU Definition** | **PU Measure** | **PU Measure Definition** | **National Collections or Payment Systems** |
| --- | --- | --- | --- | --- | --- |
| C01013 | Well Child Services - B4 School Checks | A universal, comprehensive screening and health education service for four year old children/ tamariki and their parent(s) and/or guardian(s). It includes measurement of height and weight, screening for vision and hearing concerns, oral health, and an assessment of behavioural and developmental status, and appropriate referrals if required. The check cannot be counted until it is complete | Check | Number of checks provided, and other information outlined in the ‘B4 School Check - Minimum Requirements for Information’. A check cannot be counted until it is complete | B4SC Information System |

The B4SC Service must comply with the requirements of national data collections.

## Additional Reporting Requirements

### Data entry into B4SC Information System

B4SC Service Providers must:

* enter and store at least the minimum data set, as per the current version of ‘B4 School Check – Minimum Requirements for Information’ (published by the Ministry of Health), into the B4 School Check Information System.
* ensure that all B4SCs are, at a minimum, entered and completed[[6]](#footnote-6) in the B4SC Information System no later than 7 days after the child’s fifth birthday.
* ensure that all B4SCs are closed in the B4 School Check Information System.

### Quarterly Reports

B4SC Service Providers must provide quarterly reports to their DHBs on percentage targets for the population and, percentage targets for children in high deprivation (quintile 5) populations that will be set according to service requirements in the Crown Funding Agreement and then in the Service Coverage Schedule.

1. [↑](#footnote-ref-1)
2. http://www.moh.govt.nz/moh.nsf/indexmh/changes-well-child-framework [↑](#footnote-ref-2)
3. Eligibility status is applied according to Ministry of Health eligibility criteria (www.moh.govt.nz/eligibility. [↑](#footnote-ref-3)
4. These are exceptions from the normal service user requirements and only apply to children who have missed out prior to entering the school system. [↑](#footnote-ref-4)
5. Tobias M, Yeh L-C. 2009. How much does health care contribute to health gain and to health inequality? Trends in amendable mortality in New Zealand 1981-2004. *Australian and New Zealand Journal of Public Health.* [↑](#footnote-ref-5)
6. A Check is able to be recorded as ‘Completed’ in the B4 School Check Information System once the minimum information requirements have been fulfilled. If the child attends an early childhood education service, this includes either the return of a completed SDQ-T or formal notification to the provider by the early childhood education service that they are declining to complete the SDQ-T. A check can be closed once it has been completed and all referrals have been accepted and commenced by the referral service, and the referral outcome information has been stored and entered into the Information System. [↑](#footnote-ref-6)