Early Detection Sub-Policy for WA School Health Services CHS 002-2

1. Introduction

Early detection and intervention for health problems in childhood and/or early in the pathway to ill-health helps to prevent long term health problems and costs to individuals, families and communities. School Health Services play a valuable role in the early identification of problems and difficulties in the areas of vision, hearing, speech and language development, psychosocial and general development, including body weight issues.

School Health Services use surveillance activities and screening programs to identify and monitor the health status of school-aged children throughout their school life. This system of early detection aims to ensure that children who may be at risk of developing health problems are detected as early as possible. Surveillance activities and screening programs are delivered at a population (universal), group or individual level (targeted).

The Policy for school health early detection services has taken into account the evidence collated in the National Health and Medical Research Council review of the evidence relating to 20 child health screening tests,¹ and research evidence published since the review. There is a need for ongoing research and evaluation to be conducted to ensure provision of evidence upon which future recommendations can be based. For example, in the case of school entry universal hearing screening, the review concluded that there was insufficient evidence to make a recommendation for or against school entry screening. In 2004, a State-wide data collection was conducted to assess the outcomes of the school entry hearing screening program in WA. This research provided evidence to justify continuation of the hearing screening program in WA as it was found to be effective in identifying (previously undetected) hearing loss.² In 2008, evidence in the area of childhood overweight and obesity resulted in adaptations to this policy to incorporate targeted assessment for children with body weight issues.³

2. Policy statement

This policy guides the practice of Community Health staff, particularly nurses, employed by the Department of Health WA when delivering school-based universal and targeted early detection services.
3. Policy interpretation

Early detection programs aim to improve the health outcomes of those individuals identified as having problems or difficulties, by enabling early referral to appropriate and timely services and supports.

Programs aim to:

3.1. Provide access to health assessments as early as possible after school entry. Where possible this should be done in Kindergarten. This includes:

3.1.1. Screening for hearing and vision problems (visual acuity and strabismus), for all children.

3.1.2. Assessments for any child for whom there is an identified concern regarding language development, behaviour, or general health and development, including body weight issues. The assessment will evaluate the need for further, more specialised assessment and intervention.

3.2. Facilitate assessments for individual children post school entry, where a concern regarding vision, hearing, language development, behaviour or general health and development including body weight issues, is identified by the student, parent or teacher.

3.3. Monitor children who have been identified as being at higher risk of health and development problems, as determined by local Health and Education personnel. Children requiring additional monitoring and support may include: Aboriginal students, refugees, all children who require ‘educational support’, children with a family history of permanent or chronic childhood hearing and/or vision impairment, children living in out-of-home care and children who have parents with a mental illness and/or have problems due to alcohol or drug use.

4. Related policies and references

School Health Service Policy Rationale. Western Australian Department of Health 2010.


5. Procedures

5.1. Tests for Eye Conditions and Vision

5.1.1. Cover Test

5.1.2. Corneal Light Reflex

5.1.3. Visual Acuity tests

5.1.3.1. Lea Symbols Chart

5.1.3.2. Snellen Alphabetical Chart (for older children who can easily identify letters)

5.2. Tests for Ear Health and Hearing

5.2.1. Audiometry Screening

5.2.2. Otoscopy Screening

5.2.3. Tympanometry Screening by service providers working with targeted population groups

5.3. Other procedures as per Community Health Policies, Procedure and Guidelines Manual.

6. Qualifications and Workforce knowledge and skills

Health professionals providing early detection in schools should be equipped with the following:

6.1. Knowledge of child and youth development (physical, cognitive, emotional, social and behavioural);

6.2. Knowledge of common health and social issues for children and youth and associated risk and protective factors;

6.3. Knowledge of the Western Australian Education and Health systems, associated legislation and policies, and relevant Non-Government Agencies and local services;
6.4 Knowledge of primary health care principles;

6.5 Communication skills which enable effective engagement with children, young people and their families.

6.6 Competence in the procedures outlined under 5. Procedures within this sub policy.

7. Monitoring and evaluation

Monitoring and evaluation can include a range of quantitative and qualitative measures. Suggested measures include but are not limited to:

7.1 Universal school entry assessment

7.1.1 Number and percent of children who have received school entry health assessment by the end of Year 1. (Note: Assessment may be completed in Kindergarten, Pre Primary or Year 1.)

7.1.2 Number and percent of children assessed who received a referral to another service (internal or external) for further assessment. Details of services to which children were referred.

7.1.3 Outcome of referrals, which may include; results of further assessment, further referrals, interventions that are planned or commenced.

7.2 Assessments in response to identified concerns

7.2.1 Number and percent of each year group with whom targeted assessments are conducted.

7.2.2 Number and percent of those assessed who received referral to another service (internal or external). Details of services to which children were referred.

7.2.3 Outcome of referrals, which may include; results of further assessment, further referrals, interventions that are planned or commenced.

8. Review

This Policy shall be reviewed by the School-Aged Health Reference Group in November 2012
9. References


**Author:**

Child and Adolescent Community Health Policy Unit (Statewide), in collaboration with the School-Aged Health Reference Group.

**Authorised by:**

Date 3rd March 2010

Mark Morrissey
Executive Director
Child and Adolescent Community Health
Child and Adolescent Health Service

Date 3rd March 2010

Kate Gatti
Area Director Population Health
WA Country Health Services