

# Who To Refer To?



## Welcome

### What is this book for?

Our aim is to create a referral pathways resource for the B4 School Check as it is delivered in the Waikato DHB area. It provides some of the key milestones and information connected with four-year-old development.

### Key milestones:

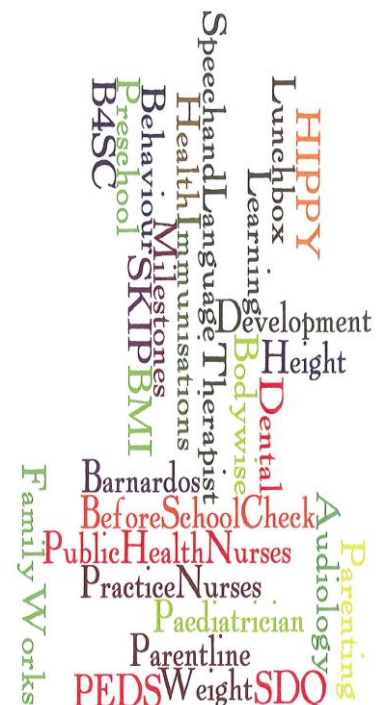
It might be that a parent simply wants to know - "is this normal"? These milestones aren't comprehensive, but they will give you a starting point.

### Key tasks and when to refer:

The thing that everyone talks about... referrals - how do you know, when should you and who to? Hopefully this resource outlines some of the key tasks that will support your decision making and referral processes.

### Lifelong learning:

We know you are busy, and we value the B4 School work you do. If you are interested in further learning there are some amazing resources to support your knowledge development. We'd love to show you, talk to you, teach you and point you in the right direction. If you need ideas or any help getting started, contact the B4SC Coordinator.



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## Dental - Why is it so important to grade their teeth?

Early childhood dental caries has been identified as one of the leading health problems in NZ under 5s...

Many children miss out on accessing services until they start school. Working together we can ensure all children are receiving the free care they need.

The B4 School Check (B4SC) aims to act as a "drafting gate" for Under 5s in having a nurse determine, as part of the Check, whether the child needs to see a Dental Therapist immediately.

The programme also aims to have nurses act as that "drafting gate" as well as promote good oral health as part of the check.

Just because a child is enrolled with the dental service doesn't mean they have accessed the care they require.

By checking Waikato children's teeth at four we can refer for dental treatment where it is needed up to a year earlier than it is currently being accessed by our region's children and their parents.

Although almost totally preventable, dental disease is a significant health problem in the Waikato. Children in our community are suffering needlessly. Many may experience delayed speech development, can't sleep, have difficulty paying attention in school and are at risk of further health problems. Some even end up in the operating theatre because the disease has reached such an advanced stage.

Given the scarcity of health care dollars, dental disease prevention is a wise investment for our community. We all benefit when children are healthy.

We have a responsibility to provide dental care before a child's overall health is impaired. Protecting the oral health of our youngest residents will yield both health and financial dividends.

The foundation text for oral health assessment at the B4 School check is the **Healthy Smile = Healthy Child Oral health guide for: Well Child Providers (2020) published by the New Zealand Dental Association**

### Early Childhood Dental Services in the Waikato:

Waikato Community Oral Health offers a range of dental services:

- Enrolment from birth
- The Pre-School Oral Health Coordinator
- Oral Health services in community dental clinics and mobile dental clinics
- Oral Health Kaiawhina
- Oral Health in the holidays

The Dental Service works on a scheduled roster and Dental Therapists and Assistants work on rotation at selected schools in the Waikato DHB area. Dental therapists work out of

mobile vans as well as school dental clinics.

You can make a phone or electronic referral to the dental service at any time. See contact details

### Key Tasks:

- Use the Very Important Toothbrush to demonstrate good brushing technique. Ensure child is enrolled with the dental service.

Grade the teeth 1-6 according to the Lift the Lip Guidelines (don't forget the rear molars).

- Refer electronically if Lift the Lip is 2 or greater



### Important note:

Err on the side of caution.

It is important to refer anything you have concerns about to a Dental Therapist for further assessment.

Teeth that have been knocked or bumped in accidents.

Dark spots/ areas.

\*Your notes are important when you refer. They will help the dental service prioritise the child.

For information about oral health services and enrolment in the Waikato contact:

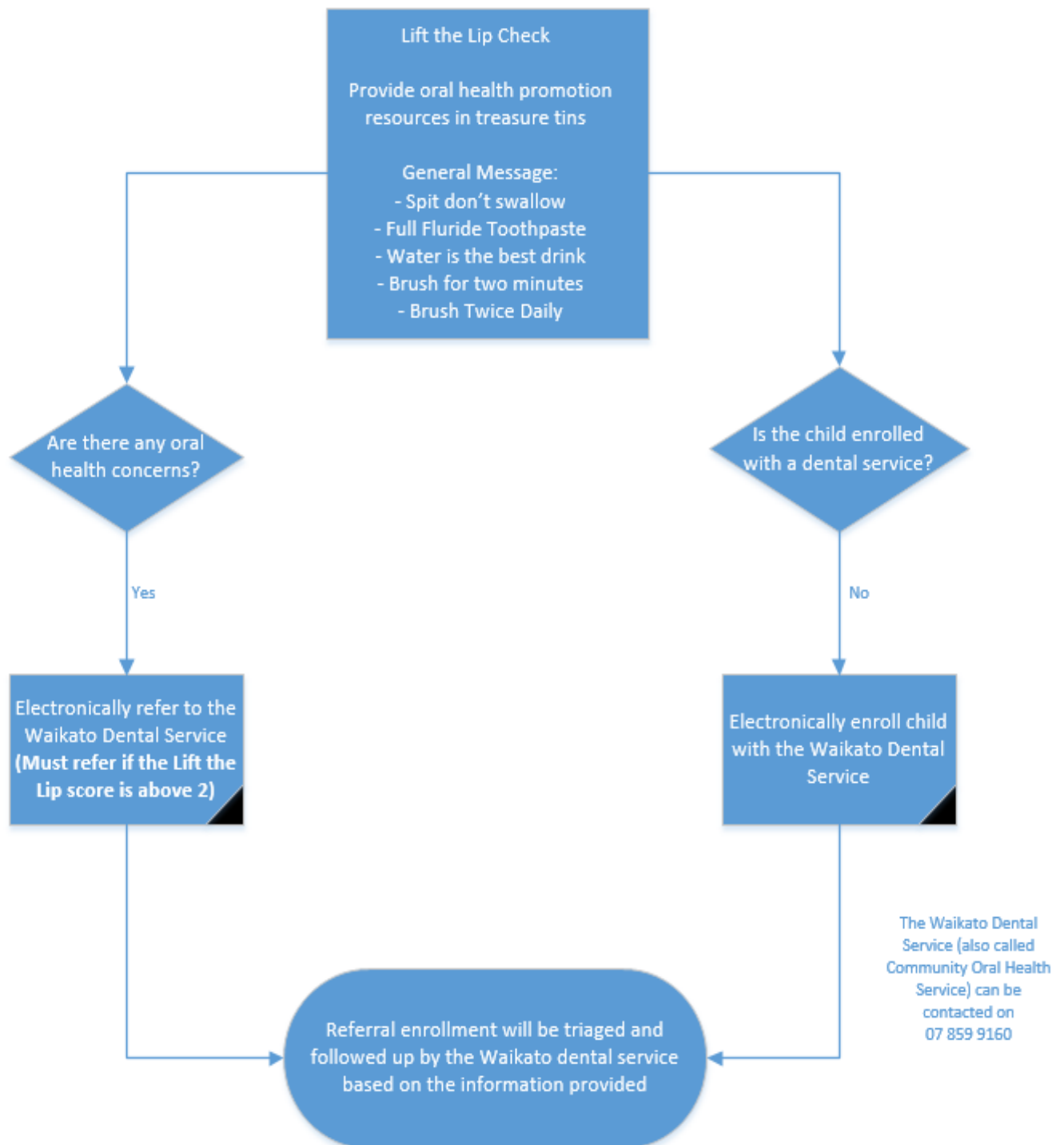
0800 TALK TEETH or 07 8599160

[admin.dental@Waikatodhb.health.nz](mailto:admin.dental@Waikatodhb.health.nz)

[www.waikatodhb.health.nz](http://www.waikatodhb.health.nz)

Community Oral Health Service,  
PO Box 1372  
Hamilton 3240

# Oral Health Referral Pathway



Visit Community Oral Health at <http://www.waikatodhb.health.nz/directory-of-our-services/rural-and-community/community-oral-health/> to:

- Enrol a child
- Find out eligibility for publicly funded health services
- Contact Information
- Services for adolescents
- Useful links and resources

To enrol online visit Community Oral Health at –

<http://www.waikatodhb.health.nz/directory-of-our-services/rural-and-community/community-oral-health/community-oral-health-registration/>

## Immunisations



It is really important to review immunization records for each child, to ensure that all their childhood immunisations are up to date. You can check your PMS and/or National Immunisation Register (NIR). Plan immunisation catch ups as required.

All parents will be asked for an Immunisation Certificate when their child starts at early childhood, kohanga reo or primary school. The certificate is signed after the four-year-old immunisations have been given.

Parents are still asked to present the Immunisation Certificates even if they have decided not to have their child immunised. Children can still

attend an early childhood service if they are not immunised. The information on the certificate is recorded on the early childhood service and school register.

The register is held by education so that in the event of an outbreak of disease in an area or community the Medical Officer of Health can check the register and offer children who have not been immunised an immunisation. Those who have not been immunised may be asked to stay at home until the disease has gone, to help it stop spreading.

### Mobile Immunisation Service:

Mobile Immunisation Services can be accessed by a referral via BPAC to NIR.

Children must be over 4yrs 6mths, and all other options have been tried before they can be referred onto the mobile immunization service.

### Key tasks

- Check immunization status
- Complete 4yr immunisations
- Plan immunisation catch up programme if needed

For immunisation support and education, contact:

**IMAC: 0800466863 (Immunisation Advisory Centre)**

**NIR: 0800 100 273**

## Vision & Hearing Screening

The prevalence of visual deficits in the preschool population is estimated to be 10–15 percent. Treatment for amblyopia, the primary focus of preschool screening, is most beneficial if started before the child starts school. Around 1—3 percent of preschool children have amblyopia which can lead to permanent vision loss in one eye if not treated early.

Undiagnosed **vision problems** negatively impact on a child's ability to learn and engage with their peers.

Since 70% of classroom learning depends on the visual system, students with uncorrected vision problems are at a tremendous disadvantage before they even enter the classroom. It seems obvious that if a student cannot see clearly, he or she is going to have a very difficult time reading, writing, and even participating in sports.

Comprehensive vision screening is the first opportunity to identify and correct issues - before a child starts school.

B4 School hearing screening is designed to identify hearing loss that is likely to interfere with normal speech, language development and learning, and to find children with persistent middle-ear disorder as this also causes a significant hearing loss. This screen is also designed to target, detect and refer children where there are hearing-related developmental or learning difficulties (referred to as risk factors), so that appropriate intervention can be provided prior to or early in a child's primary education.

It is well recognized that **hearing** is critical to speech and language

development, communication, and learning. The earlier hearing loss occurs in a child's life, the more serious the effects on the child's development. Similarly, the earlier the problem is identified, and intervention begun, the less serious the ultimate impact.

Hearing loss affects children in multiple ways. It causes delay in the development of receptive and expressive communication skills (speech and language). The language deficit causes learning problems that result in reduced academic achievement. Communication difficulties often lead to social isolation and poor self-esteem and it may have an impact on vocational choices

Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts. Children with mild to moderate hearing losses, on average, achieve one to four levels lower than their peers with normal hearing, unless appropriate management occurs. The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school.

Children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited. These

social problems appear to be more frequent in children with a mild or moderate hearing loss than in those with a severe to profound loss.

### Key tasks

- Check which pre-school/kohanga reo the child is enrolled with
- Explain to the parent that vision and hearing screens will be completed at pre-school
- There is an automated process to allocate the child for vision hearing screening
- For children who are not attending a pre-school, they will be assigned to the Vision Hearing Technicians (VHT) to attend a VHT clinic.

For further information on the Vision and Hearing team, clinic locations and times, and contact details:  
<https://www.waikatodhb.health.nz/about-us/a-z-of-services/community-and-southern-rural-health/child-hearing-vision>

**Contact: Vision and Hearing Technicians**  
**ph. 07 838 3565**  
**51 Gallagher Drive, Hamilton**



# Developmental Assessment

## Normal child development:

There is overwhelming research-based evidence about the importance of the early years on a child's developmental pathway and life course. Early identification and appropriate responses to risk factors and emerging problems is essential if we are to achieve better outcomes for children.

Child development is nonlinear. It occurs in spurts and lulls, with peaks and plateaus. These fluctuations will be influenced by child-related factors such as illness and environmental factors such as family dysfunction and the quality of caregiving. Development in different areas will proceed at different rates. Normal development will vary significantly from one individual to the next (NHMRC 2002) but always within the normal range. If any skills plateau for more than a few months, or fall outside the normal range, the cause must be analysed, and appropriate referral made.

It is important to have a good understanding of normal childhood developmental milestones, as your basis for assessment. See the links below for further information on childhood development

<https://raisingchildren.net.au/preschoolers>

<https://studyonline.ecu.edu.au/blog/early-childhood-development-what-happens-first-eight-years>

<https://www.health.govt.nz/our-work/life-stages/child-health/b4-school-check/b4-school-check-information-health-sector>

As a part of the B4 Schools check the PEDS is completed, this informs the developmental assessment.

## PEDS Assessment:

Parents' Evaluation of Developmental Status (PEDS) is an evidence-based method for detecting and addressing developmental and behavioural

problems in children aged from birth to seven years and 11 months.

PEDS is a simple, 10-item questionnaire that is completed by the parent.

After the parent completes the questionnaire the practitioner, in **partnership** with the parent, scores and interprets parent concerns. Skilful application of PEDS supports the early detection of developmental and behavioural concerns in babies and children.

**Early detection of developmental concerns is essential to make a difference to the health and wellbeing outcomes for children. The earlier the intervention to treat developmental concerns the more likely the intervention will be effective**

Research confirms that, if parents concerns about their child are systematically elicited, with appropriate language and in a manner that values and supports their knowledge of their child, parents can be an important and accurate source of information for the professional.

The 10 items on the questionnaire were chosen based on research data, and the language used in the questions was selected carefully.

PEDS is not diagnostic but identifies problems which may need further assessment and investigation. The PEDS describes different paths for professional responses to concerns raised by parents. These paths, based on research, identify children's likelihood of having developmental problems and describe a hierarchy of responses. Responses range from sharing of information and resources with parents to referral for further assessment (i.e. audiology, speech-language, intellectual, mental health or educational assessment)

## Key tasks

- Complete the Very Important Things About Me child health assessment questionnaire
- Complete PEDS and score in partnership with the parent
- Utilising the PEDS interpretation form follow pathways as outlined
- Discuss any referrals with the

## MILESTONE QUICK- GUIDE

### Fine Motor Skills

Can feed self without a big mess.  
Can dress self (minus buttons and shoelaces).  
Can use scissors to cut a line.  
Looks at puzzle before placing pieces.

### Gross motor skills

Can walk heel to toe.  
Can walk downstairs one foot at a time without help.  
Can hop.  
Can stand on one foot.  
Can swing, climb, skip and jump.

### Cognitive

Can learn, think, reason and solve simple problems.  
Can focus on a task and finish it.  
Understands opposites.  
Understands concepts like under, in front of and behind.  
Can follow two-step directions such as "close the book and give it to me".  
Can answer reasoning questions such as, "What do we do when we're cold?"  
Can tell a short story such as, "two kids played ball."

## Important notes to include in your referrals:

- Significant caregiver/parent/teacher concern about child's development.
- Your observations of the child's inability to perform basic milestones.
- Significant mismatch between yours and parental observations.

## Waikato DHB Child Development Centre (CDC)

CDC is a children's outpatient service based at Waikato Hospital. Children are seen with their families at the centre and sometimes in the child's early childhood centre, or at home. The CDC team provides assessment and management advice for children with a range of developmental disabilities.



### CDC provides:

- Comprehensive assessments by a multi-disciplinary team for children with multiple developmental and associated **disabilities** e.g. Global Developmental Delay and/or Autism Spectrum Disorder
- Individual programmes for children with identified developmental needs OR onwards referrals as needed e.g. MOE, McKenzie Centre or Conductive Education
- Medical assessment & follow-up of children with suspected or known developmental disabilities

### The CDC team includes:

-Social Workers, Kaitiaki, Psychologists, Physiotherapists, Occupational Therapists, Speech Language Therapists, Developmental Paediatricians, and Visiting Neurodevelopmental Therapists.

Refer when there are significant parental/caregiver and preschool concerns about the child's development, including examples - combined with the evidence from the B4SC.

### The importance of play in four-year-old development:

The best thing a parent can do to help their child learn is to spend time with them and encourage them to play in lots of different ways. Play is most valuable when the child gets to 'make it up'. Encourage parents to help let

their child's imagination go! There are lots of different types of play:

Active play  
Thinking play  
Messy play  
Making play  
Words and music play  
Pretend play

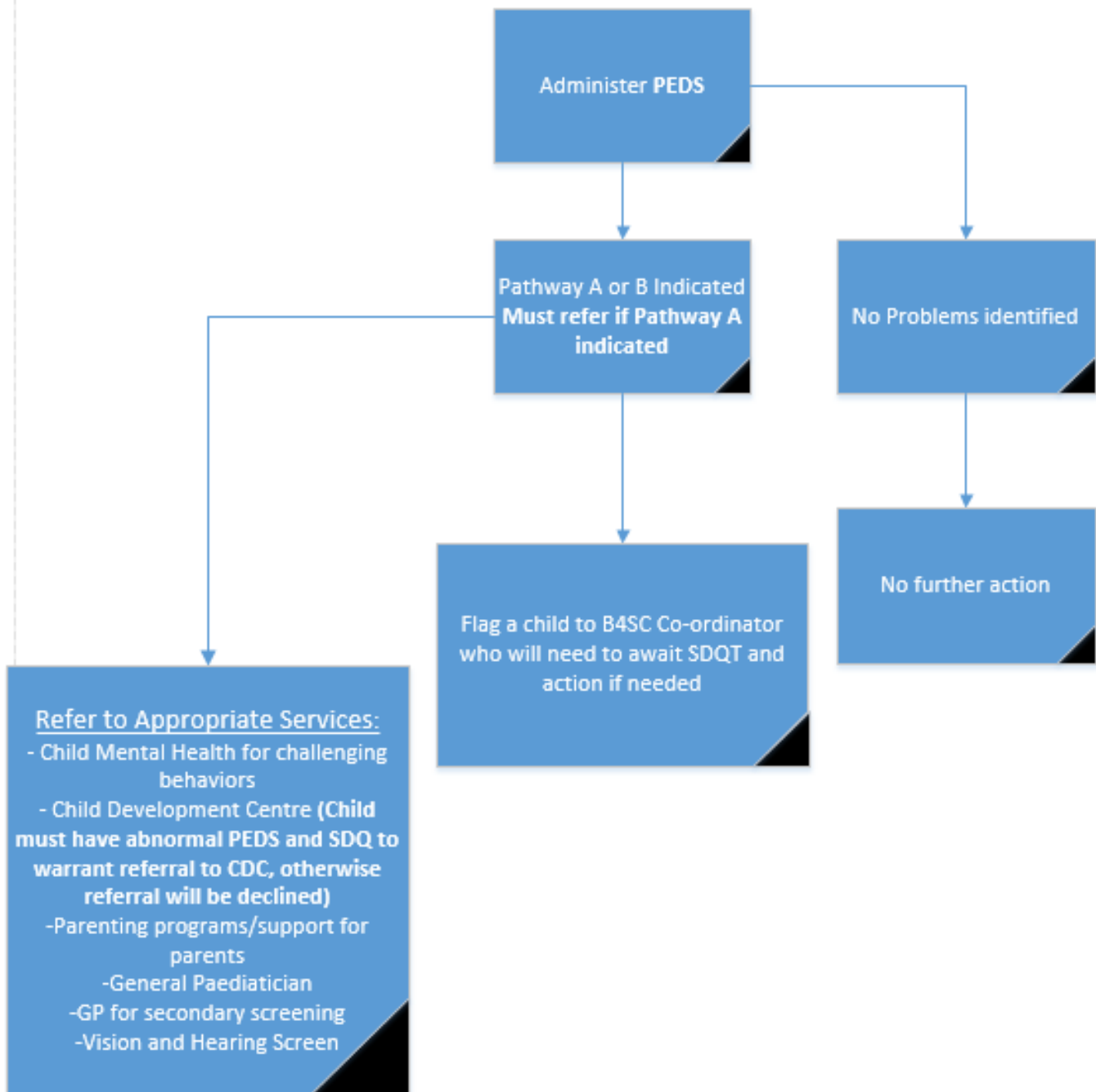
Play means children and their parents learn without even realising. Problem Solving, language, learning about texture, shape, colour, size, humour, social connectedness, fun, relaxation and confidence all develop as the result of PLAY!

**CDC contact number: (07) 839 8709**

**Referrals:** <https://www.waikatodhb.health.nz/about-us/a-z-of-services/child-development-centre/>



## Parental Evaluation of Development Status (PEDS) Pathway



## Communication development

["Much More Than Words" is the foundation text for primary care screening.](#)

Much More than Words is a resource developed within Special Education for Early Childhood Educators but with practical applications for Primary Care Nurses working with the B4 School Check. As a document it has been designed to raise awareness of normal communication development and the knowledge of when to reassure parents when there is not a problem. The document includes a series of strategies designed to be photocopied and given to parents to help them work at home with their child to address specific issues.

Communication is more than words. Speech, language, social interaction and early literacy skills are all parts of a child's communication. The Much More than Words resource provides information about age-appropriate communication development and offers tips for parent to promote communication development

Most four-year olds will be talking in simple sentences and will be keen to communicate with you. The average four-year-old knows more than 1800 words. They will be asking lots of questions and will expect an answer to all of them. They love to share books and will start looking at the words on the page.

**Communication skills are strongly linked to the development of reading and writing. Children learn best when literacy is integrated into everyday activities, rather than isolated learning times.**

Four-year-olds are often great conversationalists and love to talk about the details of all sorts of subjects. Four-year-olds will want to find out about all aspects of life and talking about things is a very important way of understanding how the world works.

Stuttering or 'dysfluency' can affect people of all ages and cultures. Many children stutter at some point as they learn to talk. Stuttering is more common in boys than girls and can run in families.

### **MILESTONE QUICK- GUIDE**

#### **Speech sound development:**

Early (18mths – 3yrs)  
m n y b w d p h  
Middle (2 – 6yrs)  
t ng (talking) k g f v ch j  
Later (3 – 8yrs)  
Sh zh (measures) l r s z th (think) th (that)

### **MILESTONE QUICK- GUIDE**

#### **Communication development:**

At 4 most children ...  
Understand more complex language structures, e.g., 'why' and 'because'  
Ask lots of 'what', 'where' and 'why' questions  
Take part in make believe play with peers  
Enjoy simple jokes  
Recognize their own written name  
Know some letter names  
Attempting to write their name  
Talk about what they have done and what they might do  
Can be understood by unfamiliar adults most of the time



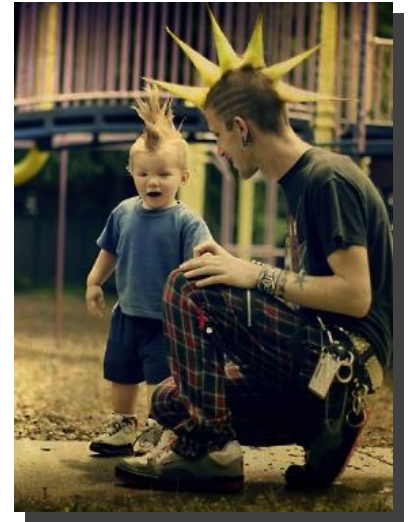
Communication Development: -  
continued

Key tasks

- Work with the parent using the Much More Than Words resource to identify any concerns with communication.
- If concerns are identified encourage the parents to use the tips outlined in the resource to address any issues. Monitor progress for 3 months if there is no or insignificant improvement then refer to Ministry of Education
- If the child has a stutter and there is a family history of stuttering or the child shows signs of anxiety/frustration about speech, refer.
- See contact details

**Important note:**

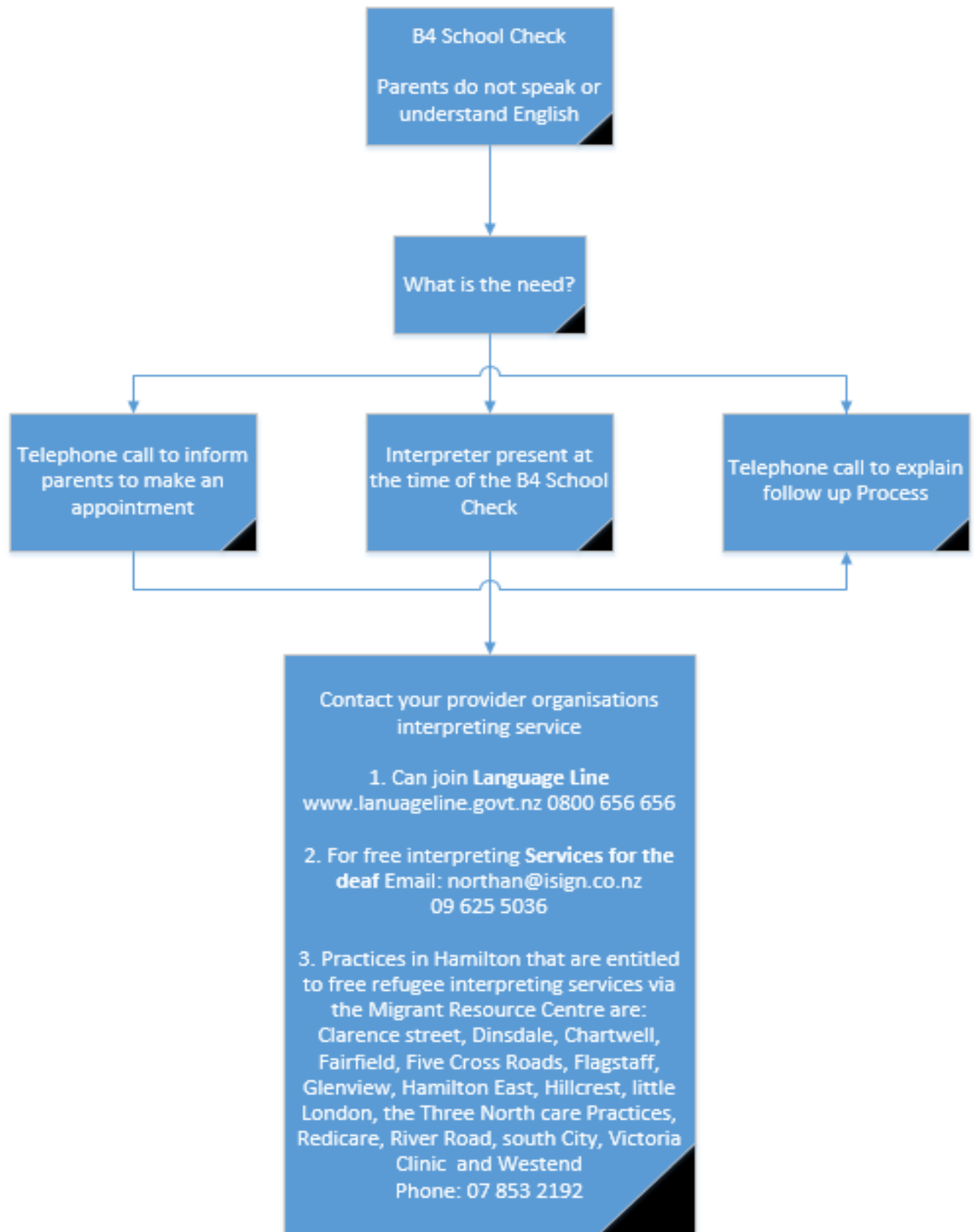
- If considering a referral to Early Intervention Speech Language Therapy, it is important to check with the child's pre-school if they have any concerns, or if they already have a plan in place.
- It will strengthen your referral to Early Intervention Speech Language Therapy if you go through the child's pre-school rather than a direct referral.



**Contact details**

**Ministry of Education – Early Intervention  
Waikato (07) 8508880  
Or 0800 622 222**

# Interpreter Services



## Healthy eating and a healthy lifestyle



Everyone needs to be active and eat well to be healthy. Being healthy increases children's quality of life and their sense of wellbeing. If children and young people are well-nourished and active, their concentration and behaviour are likely to be better, and they have a better chance of learning. Activity:

In today's world, children may not be as physically active as they were in the past. Young children today are carried and travel by car more than any generation before.

Opportunities for children to exercise have also been reduced by new technology such as computers, DVDs, and television, different ideas about family time and different leisure activities. TV and computers are very popular with many children. They can be exciting and interesting but can encourage children to remain seated and quiet and not motivated to be active and learn.

Encourage parents to try to turn the TV off as much as possible and enjoy active play.

Young children need lots of regular physical activity to support their learning and development. Parents can make being active fun for their child and make regular exercise a habit they will keep with them for life. Physical activity is essential for a child's health and learning. Movement and activity are important to develop:

- Strong bones and muscles
- Memory
- Eyesight
- Speech and language
- Self-confidence

### Bodywise:

A free initiative between Waikato DHB and Sport Waikato for children aged 5-12 years.

How to refer:

BPAC referral to Bodywise (include parents/caregivers names)

### Key tasks

- Weigh, measure and calculate BMI
- Refer as per flow chart
- The VERY IMPORTANT TREASURE BOXES' includes a copy of Eating

for Healthy Children pamphlet (Ministry of Health) which

- can be utilized to promote healthy eating messages
- Use the 'be smarter goal sheet' included in the B4 Schools training pack to support conversations with parents
- Children 4 – 5yrs refer to Community Dietician
- Children 5 -12yrs Bodywise

### QUICK REFERENCE GUIDE

- Breakfast everyday
- Eat 5+ a day
- Sleep 10 – 12hrs
- Match serving size to hand size
- Activity for 60 minutes daily
- Reduce sugary drink
- Takeaways less than once a week
- Eat together as a family
- Reduce screen time

Bodywise website form

<https://www.waikatodhb.health.nz/your-health/wellbeing-in-the-waikato/bodywise/>

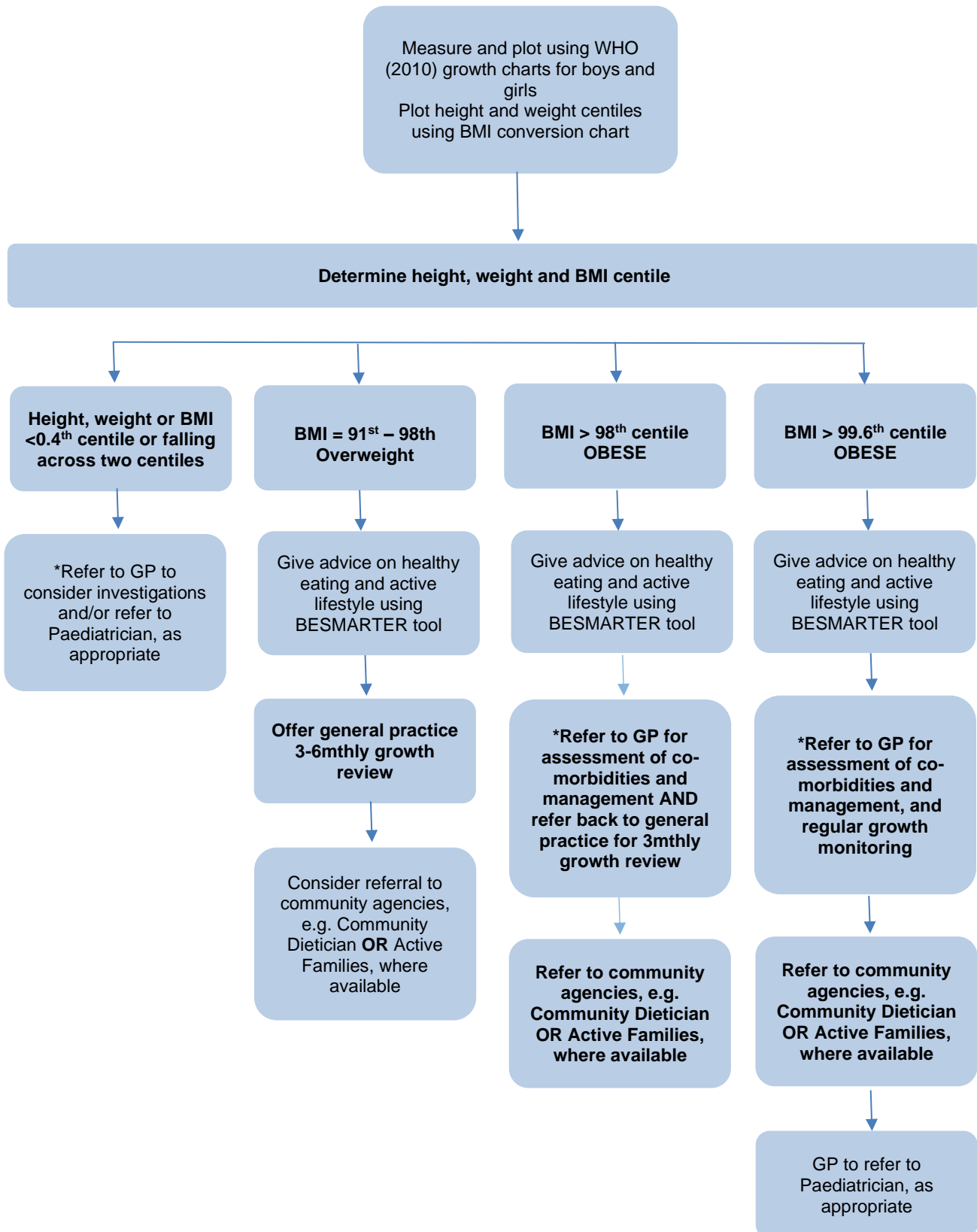
Email: [bodywise@waikatodhb.health.nz](mailto:bodywise@waikatodhb.health.nz)

Phone: (07) 839 8899 Ext 96957

[www.facebook.com/BodywiseWaikato](https://www.facebook.com/BodywiseWaikato)



## Growth Referral Pathway for Waikato Region



\*- see Management notes next page – a **referral decision** is required in discussion with caregiver.

Weight Management in 2-5-year-olds dated 30 June 2016 from

<http://www.health.govt.nz/system/files/documents/publications/weight-management-2-5-year-olds2.pdf>

NZ-WHO Growth Charts. Refer to the Ministry of Health website ([www.health.govt.nz](http://www.health.govt.nz))

## Management

If height and weight below 0.4th centile or falling across 2 centiles, a referral decision is required by the database.

- Consider height of parents
- Offer dietary advice
- **Offer referral** to General Practitioner for 3 to 6 monthly review to monitor growth
- General Practitioner to consider other health factors, e.g. chronic illness

If height and weight are between 0.4th and 91st centile (and there is no significant shift)

- Give healthy eating and activity resources

If BMI under 0.4th centile -a referral decision is required by the database.

- **Offer referral** to GP to consider investigations and refer to Paediatrician, as appropriate.

If BMI above 91st Centile

Take a full history for BMI over 91<sup>st</sup> centile and consider:

- Co-morbidities
- Family history of obesity, early cardiovascular disease or dyslipidaemia
- Usual diet and levels of physical activity and sleep patterns
- Current physical and social consequences of overweight
- Signs of endocrine, genetic or psychological causes
- Medications that may contribute to weight gain
- Discuss nutrition and physical activity with the parent or caregiver using BESMARTER tool
- Provide dietary advice, nutrition resources and discuss activity options
- **Offer referral** for family to a community agency, as appropriate – see referrals below
- **Offer general practice follow-up** as appropriate, e.g. recall in 3-6 months for growth review with Practice Nurse or GP

If BMI above 98th Centile

As per the Raising Healthy Kids Target, a referral decision is required for children with a BMI >98%

- Take a full history for BMI over 98<sup>th</sup> centile as above
- Discuss and **offer referral** to community agency, as appropriate – see referrals below
- **Offer referral** to GP for assessment of co-morbidities and management (includes 3mthly growth review by PN)
- **GP to consider further investigations for:**
  - Lipid profile
  - HbA1c

If BMI above 99.6th Centile or under 0.4th centile

- Take a full history for BMI over 99.6<sup>th</sup> centile as above
- **Offer referral to GP to consider further investigations for:**
  - Lipid profile
  - HbA1c
- Ask about family history (e.g. Premature cardiovascular disease, Dyslipidaemia, Type 2 diabetes, hypertension and discuss nutrition and physical activity with the parent or caregiver using BESMARTER tool
- **Offer referral** to General Practitioner for management and assessment of co-morbidities such as impaired glucose, lipid metabolism and obstructive sleep apnoea and referral to Paediatrician, as appropriate

MoH recommend plotting the child's height and weight during the B4SC, using the 2010 WHO growth charts for boys and girls, and calculating the BMI using the BMI conversion chart. The Ministry of Health BMI calculator is also available online: <https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/healthy-weight/healthy-weight-calculator>

This not only provides a great visual tool for parents and whānau but it also -

- Raises the issue of obesity with parents
- Shows where their child is plotting on the BMI chart
- Gauges a parent and child's motivation to change

### Waikato referrals

GP – particularly when BMI > 98%. GP can offer a clinical assessment to identify co-morbidities or risk factors

- Refer to GP by making an appointment on PMS with parent, and making a note on the child's file regarding the referral and follow up activities
- May order blood testing
- May refer to Paediatrician, Community Dietician and/or Whaanau Kori
- May recall and manage with regular growth monitoring

Practice Nurse – use of BE SMARTER tool and handbook, goal setting, and offering regular growth monitoring and review of goals

- Set reminders in PMS to recall for 3/6/12 monthly visits
- May refer direct and immediately to Whaanau Kori, and also to GP or Paediatrician

Bodywise – this programme is available for children aged 5 – 12 years. Although 4-year olds are not eligible, older siblings with make whanau eligible

- Weblink for further information - <https://www.waikatodhb.health.nz/your-health/wellbeing-in-the-waikato/bodywise/>
- Refer to Bodywise

### Closure of growth referrals on the B4 School database

Any referrals made for underweight or obese outcomes are to be added to the B4 School database, growth component as outcome "referred", with a note regarding the type of referral made

- In the referral link, the referrer is to update the referral status when the child has an outcome to that referral. The outcomes include; completed, service provider declines and parent declines.
- Dates which the referral was sent, acknowledgement received, intervention started, intervention completed, and referral completed are to be entered to enable the referral to be closed.
- If the child is receiving on going care under the referred service, the referral can still be closed as under care.

## Parenting and child behaviour - advice from the SKIP Programme



### **Consistency is the key - kids want to please and they want to get it right**

Children explore and experiment to find out about the world and their place in it. They climb, taste, poke, jump, touch and ask a million questions. This helps them make sense of the world around them and to learn where their boundaries are. You can help guide all this exploration by making sure your child keeps safe and by giving them new things to learn about. By doing this you are helping your child to develop the skills and wisdom they will need as they grow into adults.

#### What does work?

Give lots of love and warmth and praise. Communicate clearly. Tell your child when they are doing well; they'll develop the self-confidence to try new things.

Praise your child and they'll repeat the behaviour you like. Be clear about what you would like your child to do, and what you don't want them to do.

Set clear limits and boundaries. If something does go wrong, talk to them about what happened. They might need help to work things out. If they are very young and you can't have a chat, think about what happened – they may be tired, hungry, or frustrated and not be able to tell you.

**"Praise them when they're doing well, keep the momentum going."**

If your child is refusing to do something, try to understand why. They could be wanting more attention, be frustrated or feel unsure of themselves. They might just need a hug or some encouraging words.

Talk to your child about consequences. For instance, you could tell them that if they hit the cat it might scratch them, or if they throw a toy it might break.

Keep things brief and in words they will understand. If you ask them not to do something and they do it, follow through. This might mean saying sorry if they hit someone, not being able to play with a toy or helping you to clean up if they make a mess.

Say sorry yourself. This will help your child learn to say it too. Act as you want your child to act. Be patient. It takes time for a child to develop their own self-discipline.

**"Be firm, fair and friendly."**

### **Plan. Put precious things out of reach.**

Don't take your child to the supermarket if they're tired. Teach your child to cross at the lights.

Try not to say "no" and "don't" all the time. Instead of saying "don't run in the house" say "walk in the house, you might hurt yourself if you run" or instead of "no we can't go to the park" say "maybe tomorrow".

Have realistic expectations – a small child won't be able to sit still for a long time or will end up with food all over the place when they first start eating on their own. You can change rules and expectations as they grow and develop more skills.

Try to have routines for eating and sleeping. This helps children become organised and feel secure.

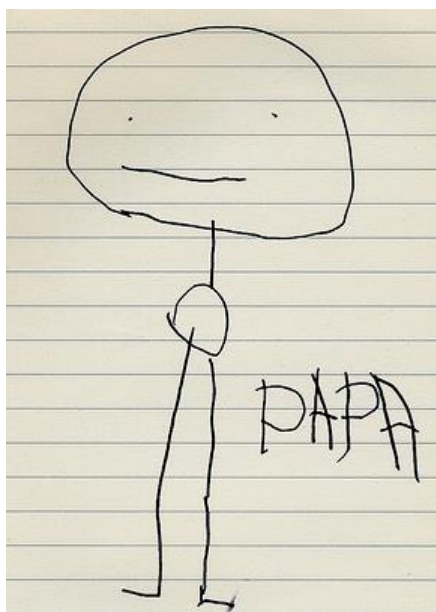
Keep your sense of humour. Sometimes you only have a split second to decide whether you're going to get angry, or whether you'll see the funny side. If a child has smeared lipstick all over their face, and you laugh, you can still ask them not to do it again and explain why.

### What doesn't work?

Don't withhold love when your child does something wrong. This gives a message that you don't like them when what you don't like is their behaviour. Smacking or hitting doesn't teach your child what they did wrong. It teaches them that hitting other people is okay. Yelling and screaming can make things build up into major battles. Take a deep breath, walk away for a minute, and be calm.

### Key task

- If the parent, pre-school teacher or you have significant concerns regarding child behaviour refer for further support or assessment based on severity
- If PEDS and/or SDQ (P) and (T) indicate concerns refer as per flow chart
- Refer if the parent/caregiver describes they are not coping with day to day management of the child and they are willing to access support.
- Refer if a family needs help in a more holistic, wrap around type way.



### **Programs to support families.**

#### **HIPPY:**

Great Potentials Home Interaction Programme for Parents and Youngsters: a home-based programme that helps parents to support their child's learning. It is a programme for four and five year olds in Huntly. Other Waikato areas TBC.

[www.greatpotentials.org.nz](http://www.greatpotentials.org.nz)

#### **Parents Inc.**

Practical solutions for parents. This organisation runs a full suite of parenting programmes from "No Sweat Parenting" to Hot Tips for Parents. (Note - not free; there is a cost) 0800 535 659

#### **Family Works:**

Provide a family assessment which will identify what services the family requires and plan an approach with families from there. Often home based. Provides Free Incredible Years Programme (07) 858 4413

#### **Parentline:**

Solution focused parenting groups with a therapeutic element. Available to families who have experienced abuse. Provides Free Incredible Years (07) 839 4536

[www.parentline.org.nz](http://www.parentline.org.nz)

#### **Barnardos:**

Barnardos is a free, confidential, home based support service for families facing issues impacting on children. Families are appointed a social worker who works one on one to help the family achieve their goals. (07) 847 1088



## Worries and Fears: Child Mental Health

Normal worries don't last long in childhood. They disappear quickly. In some children worries occur in situations like the playground or before going to sleep. Other children get anxious or worried that something bad might happen in any situation from starting day-care or school to being afraid of the dark. Some children react a lot more dramatically to new situations. Even when they know a change in routine is due, when it happens it is met with tears or panic. These children aren't difficult on purpose it is their inability to cope that brings on such strong reactions.

### Helping children after a traumatic event:

Anything that can decrease the intensity and duration of the acute fear response (alarm or dissociative) will decrease the probability of persisting neuropsychiatric symptoms.

In general, structure, predictability and nurturing are key elements to a successful early intervention with a traumatized child.

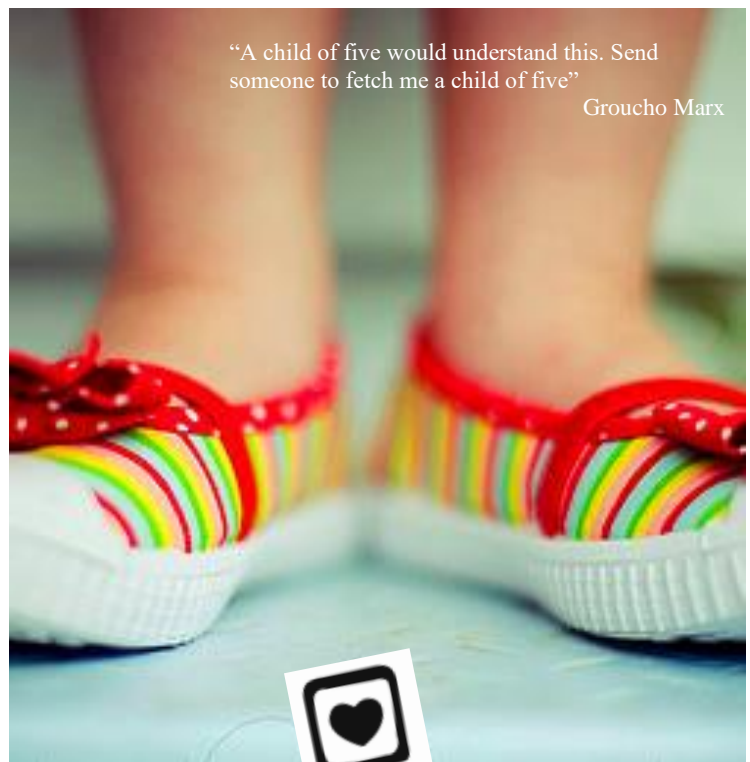
The primary source of these key elements is the primary caregiver. Therefore, it is critical to help the caregivers understand as much about post-traumatic responses as possible.

If the primary caregivers are impacted by the same trauma, it is imperative that they get treatment that complements the work with the child. Indeed, the best intervention for young children is treating the primary caregiving adults. As they become less anxious, fearful and impaired, the more available they are to the child themselves.

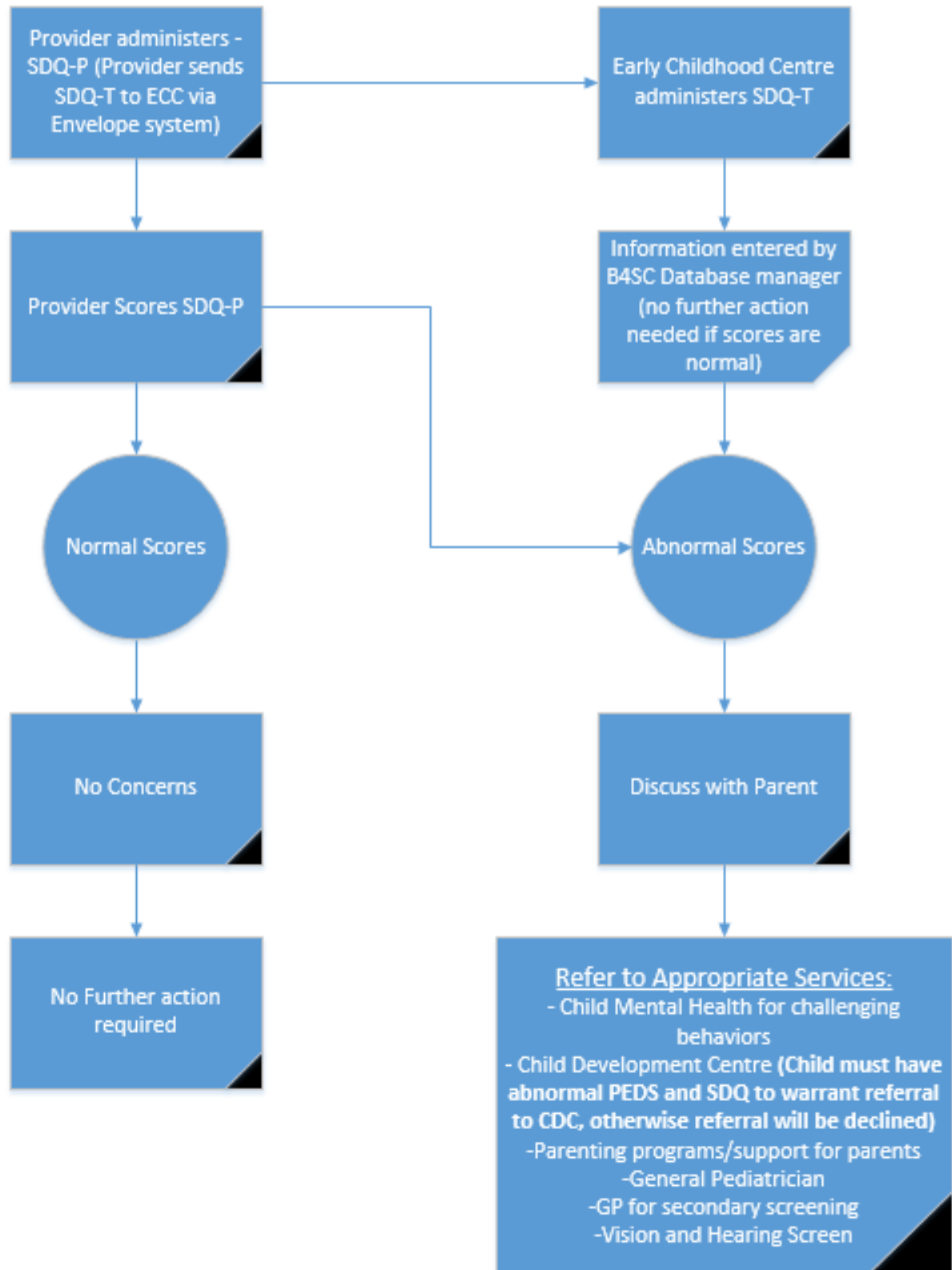
Early assessment and intervention is imperative. If a child has had a traumatic event, or if the primary caregiver of young children has been traumatised, early aggressive intervention can be crucial. Take advantage of resources in your community. Each community has agencies, organisations and individuals coping with the same issues. They often have the support you may need.

### Key task

- If you have concerns about a child's mental wellbeing contact Ngaa Ringa Awhina to discuss referral criteria
- Alternatively contact - 0800 99 99 03



## SDQ Pathway



# Infant mental health services at ICAMHS

We are a speciality infant mental health team and we work from an **attachment** framework. Infant mental health is about healthy social and emotional development. It focuses on optimising the social and emotional development of infants and toddlers, within the context of secure, stable relationships with their caregivers (Zeanah & Zeanah, 2001). It relates to the child developing the capacity to experience, manage, and express their emotions; form close and secure interpersonal relationships; and explore and learn in the context of whānau, community, and cultural expectations for young children.

We see infants and their families when referral concerns are at very high risk of impacting the infant's social and emotional development (i.e. top 3 %). Our role is to work with parents/caregivers when they have difficulty understanding their child's needs and behaviour and support them to understand how best to meet these needs and manage their child's behaviour.

A child's behavioural problems certainly impacts attachment relationships with caregivers and vice versa. However, these need to be addressed in the first instance (via parent education around child development and general behaviour management) and may resolve the relationship issues. Once these concerns have been addressed and parents are both ready and have the capacity to make changes in their parenting relationship, we are available to consider a referral.



**When it is unclear whether a referral meets inclusion or exclusion criteria, you can send a tentative draft referral to the infant team. We will review this in our weekly MDT and respond.**

## Further information to assist with triaging referrals:

**Parenting capacity:** Infant work is never about working with the child alone. It always involves working with the parent/caregiver either individually or along with their child. Hence parents need to both understand this, have a willingness to respond to their child's needs and be ready to make changes to assist their child and their relationship with their child.

Many of the referrals we receive relate to concerns that reflect low parenting skills. We **strongly recommend** that **all** parents first complete the **Incredible Years Parenting Programme**, as the initial strategy for learning about their child's needs and how to manage their child's challenging behaviour. Then with this knowledge, consistently implement what they have learned. Should concerns persist once parents have done this, we are then able to consider a referral.

**Behavioural concerns at home:** We recommend that parents discuss these with pre-school staff in the first instance and follow their recommendations. Staff both know the child well and also manage the child in the pre-school setting.

The Incredible Years (IY) Parenting Programme is an evidence-based programme and is offered FREE of charge.

- The programme is delivered to parents, whānau and caregivers of children aged 3-8 years that exhibit behavioural challenges
- The programme is 15 sessions long. Session one is a Whanaungatanga (meet and greet) and the following 14 sessions are 3 hours long and are programme delivery sessions (this includes a half hour refreshment break)
- There is an expectation that all sessions are attended but we do realise things happen so we can offer a couple of catch-up sessions in the event of illness etc
- The programme is free to attend and all resources are provided
- Sessions do not run through the school holidays

Families can self-refer, and registration to attend the Incredible Years (IY) Parenting Programme can be made by contacting the Incredible Years Coordinator at the Ministry of Education, Hamilton (**07-850 8880**) or completing and returning the 'expression of interest' form that can be found here: <https://forms.education.govt.nz/forms/view/iya001> Families are then waitlisted to attend.

Alternatively, the **Triple P parenting programme** is available in an online format. However, please note that this does not allow for the individualisation of supports, and the benefits of interactions with other parents, that is available with the IY programme.

**Behavioural concerns at pre-school:** Should the child's pre-school have significant concerns regarding their behaviour, we recommend that they refer to the Ministry of Education Early Intervention team for support in the first instance.

**ADHD or developmental disabilities:** Should concerns relate to possible ADHD, or developmental disabilities such as Autism, referrals should be directed to Paediatrics and the Child Development Centre respectively. We do not undertake assessments for these concerns in pre-schoolers. ICAMHS assesses for ADHD in children over 6 yrs and ASD in young people over 15 yrs of age only.

**Guides to developmental milestones can be found at:**

[https://childmind.org/guide/parents-guide-to-developmental-milestones/#block\\_882b131b-4ed8-40cf-ac11-4831e17ef7a4](https://childmind.org/guide/parents-guide-to-developmental-milestones/#block_882b131b-4ed8-40cf-ac11-4831e17ef7a4)

<https://agesandstages.com/developmental-milestones-articles/developmental-milestones-for-infants/>

<https://agesandstages.com/developmental-milestones-articles/developmental-milestones-for-toddlers/>

<https://agesandstages.com/developmental-milestones-articles/developmental-milestones-for-preschoolers/>

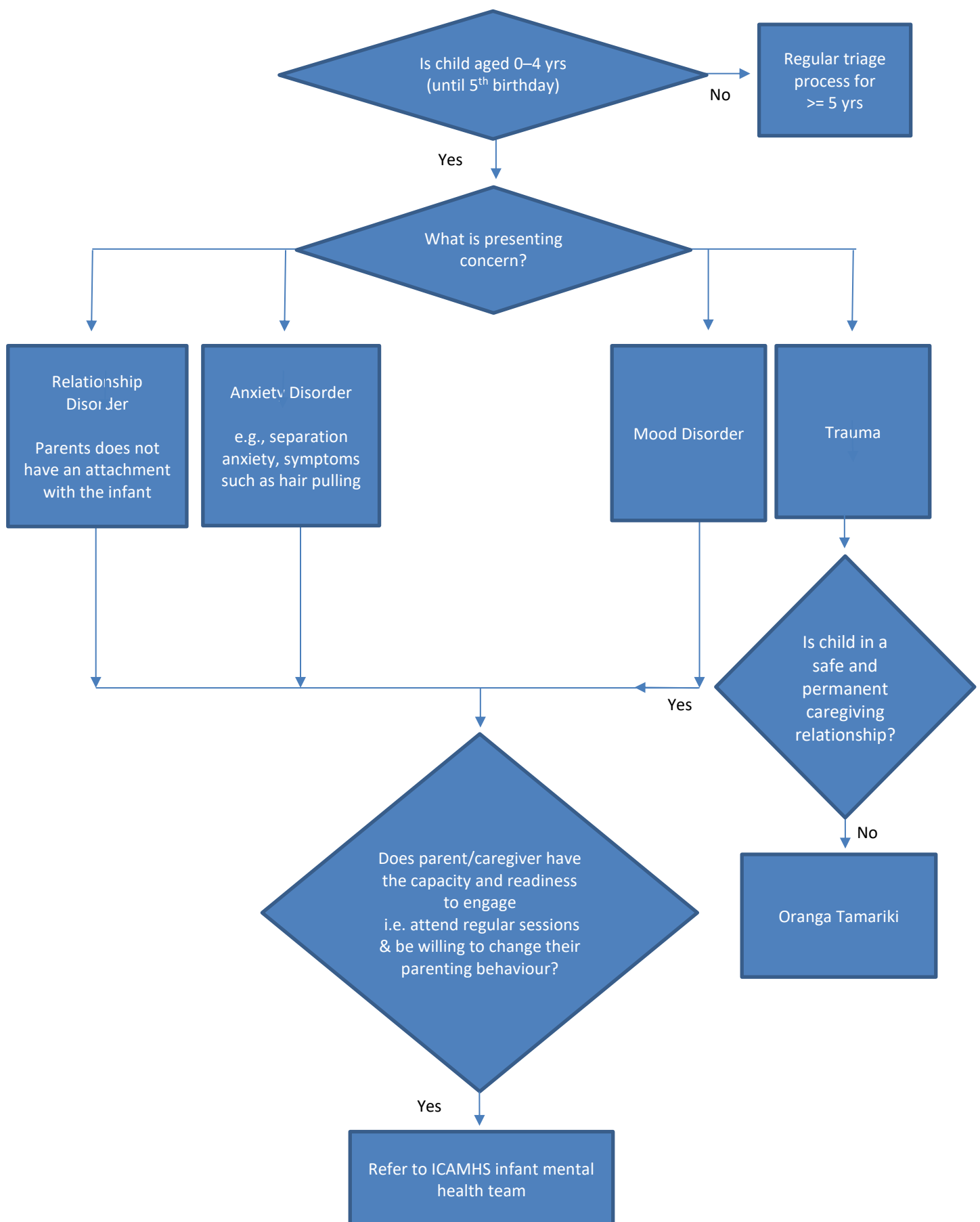
**Pre-school behaviour, what to expect:**

- Pre-schoolers are curious, easily distracted, often want to 'do it themselves' and are still developing self-regulation.
- Pre-schoolers need their caregivers to model how to get along with others, follow rules, behave pro-socially, and guide their behaviour in positive ways.
- Common pre-schooler behaviour concerns include tantrums, habits (e.g., nail biting & hair twirling), lying and anxiety.
- Anxiety is a normal part of children's development. Pre-schoolers often fear things like being on their own or being in the dark. Caregivers can support their child by acknowledging their fear, gently encouraging them to do things they are anxious about and praising them when they do.
- Tantrums are both common and a normal part of pre-schoolers development. They occur because young children are still learning appropriate ways to express their feelings.
- Lying is a normal part of development, and often starts around three years of age.
- Shy behaviour is normal in pre-schoolers. Some children are slow to warm up, and require more support from their caregivers than others to be brave in social situations.

This site has some helpful recommendations for parents and video on '**Encouraging good behaviour: tips in action**'

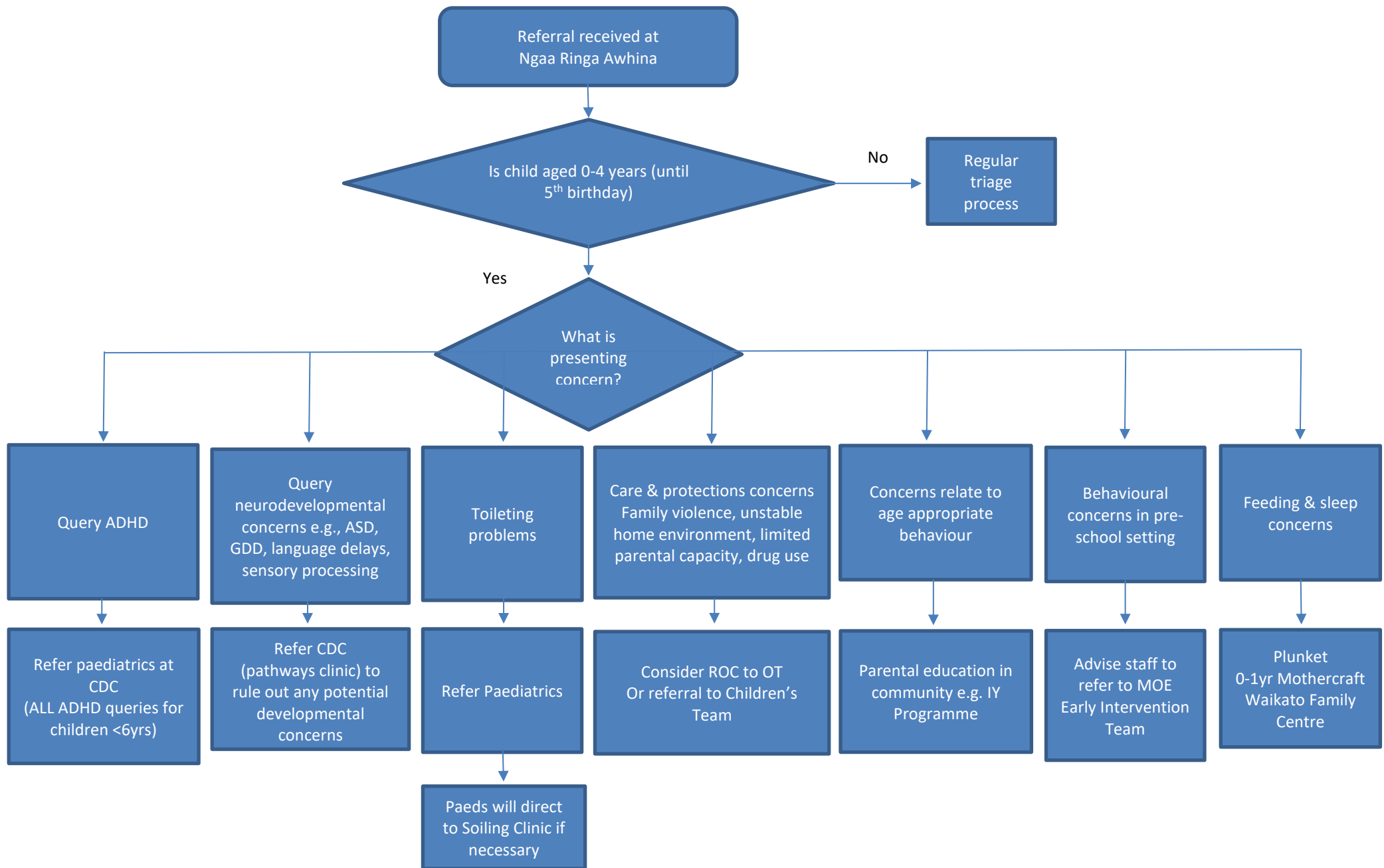
<https://raisingchildren.net.au/preschoolers/behaviour/understanding-behaviour/preschooler-behaviour>

## Infant mental health triage process inclusion criteria





## Infant mental health triage process exclusion criteria



## Early Childhood Education

The Waikato has many types of early childhood services to choose from.

Each type has its own way of working with children and their parents. The first decision for a parent is which type of early childhood service suits a family best.

There are two kinds to choose from:

Teacher-Led - where teachers provide education and care (i.e. Kindergarten, Child Care centers).

Parent-Led - where parents, whanau or caregivers provide the education and care for their children (Kohanga Reo, Playcentres and Playgroups).

To find a good early childhood education service it pays to do a bit of research.

The Early Childhood Education (ECE) listing is an easy way to find out what services are available in your area.

You can find the ECE listing on the Ministry of Education website

[www.moe.govt.nz](http://www.moe.govt.nz) It lists all licensed early childhood education services, plus their contact details in New Zealand, which you can sort by location and service type.

Spotting a Good Programme:

A good learning programme will:

Have a clear written statement of how the service will educate and care for children (this needs to be based on the curriculum).

Keep a record of each child's learning and development.

Set new programmes to extend the child based on these records.

Set realistic short-term goals that parents and teachers would like the child to achieve based on their needs or interests.

Involve teacher discussion.

Involve teacher and parent discussion.

Be changed as needed.



Slipping through the gaps:

Remember that children who are not enrolled with an ECE will have had less of a chance to interact with some of the more formal health milestones such as vision and hearing testing and the oral health programme. Unlike schooling, enrolment with an ECE is not a legal requirement for a parent. Children who are not enrolled do have a right to basic health screening and this needs to be actively managed by all involved to have every child start school healthy and ready to learn.



### **20 Hours Early Childhood Education (ECE):**

Every 3 and 4-year-old in NZ is entitled to 20 free hours of ECE. This supports children to start or spend regular time in ECE by reducing the cost to parents and whanau. Spending regular time in childhood education helps children develop foundations that will carry them forward in their lives. All teacher led services and some Kohanga Reo are eligible to offer free ECE, as the policy is not compulsory. Under Free ECE, services cannot charge parents compulsory fees for up to 6 hours a day, up to 20 hours per week. Services can ask parents to pay fees for those hours of enrolment outside of Free ECE. For more information, parents can phone the **ECE Freephone on: 0800 20 44 33.**

The freephone staff can answer any questions, send you copies of the 20 Hours ECE information and a list of ECE services in your area.

#### **Key task**

- Encourage all caregivers of children not engaged with ECE to enrol
- Refer as per flow chart (ECE Pathway)

### **Special Education Services**

**The McKenzie Centre:** in Hamilton. Is a licensed early childhood centre and early intervention service provider for children with special needs. [www.mckenziecentre.nzl.org](http://www.mckenziecentre.nzl.org) or phone 07) 8395357.

Work within 50km of Hamilton City (Raglan, Te Awamutu, Ngaruawahia, Huntly). Will give general advice on what path to take for those who live out of these areas.



#### **Quick glance learning milestones**

Can copy shapes  
Can draw squares and circles  
Can print some letters of the alphabet  
Can follow three step directions  
Can probably count to ten  
Can tell you how old they are  
Like to play make believe games  
Know their colours

**ECE Freephone - 0800 20 44 33.**

## Early Childhood Education Pathway

There are two types of Early Childhood Centers (ECC'S)

1. **Teacher-Led:** Education and care centers, kindergartens
2. **Parent-Led:** Play Centre, Kohanga reo, Playgroups

There is also homebased care where a caregiver/educator provides education and care for small groups in a home setting supported by a coordinator who is a registered teacher

- [www.moe.govt.nz](http://www.moe.govt.nz) lists the ECC's available
- 0800 204 433 : Early Childhood education free phone
- Encourage enrolment: 3 and 4 year old children are entitled to 20 hours free early childhood education (only for teacher-led services and some Kohanga Reo, as the policy is not compulsory)

Child does not  
attend an ECC

Discuss with Caregiver  
With permission, refer top Ministry of Education 07  
850 8880

## Family Violence - It's not OK

Any behaviour that makes someone else feel controlled and fearful is not OK

Everyone in a family should feel safe and nurtured. It's hard for many of us to make sense of what is OK and what isn't.

A healthy relationship is supportive, trusting and warm. But in some relationships one person uses power and fear to control the other. These relationships are emotionally abusive and can become extremely unsafe. People in violent relationships feel frightened.

They feel as though they cannot be themselves because their actions, thoughts and choices are determined by the person who is controlling them. No one should be frightened or scared by someone in their family

Domestic violence can be more than physical abuse; it can include sexual or psychological abuse. Psychological or emotional abuse includes threats, intimidation, harassment or damage to property.

In addition, psychological abuse is committed against a child if that child witnesses the abuse of a person with whom the child has a domestic relationship.

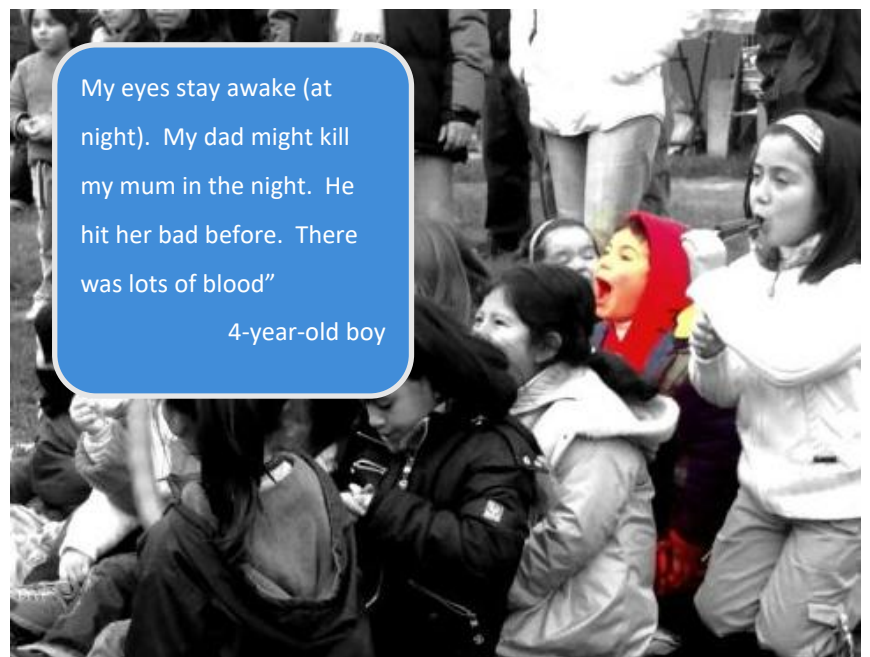
A single act of violence or several acts that form part of a pattern can be regarded as domestic violence.

Work & Income provides financial support for clients who are affected by family violence.

Non-residents may also be eligible for financial support in this situation.



"Miracles is when nobody ever thought it was going to happen, but someone kept trying and eventually broke through". (Jack aged 5)



My eyes stay awake (at night). My dad might kill my mum in the night. He hit her bad before. There was lots of blood"

4-year-old boy



## Child Protection

### Where there is neglect or abuse:

A 2002 research study found that while only one third of mothers thought their children were aware of the violence, ALL children knew what had been happening. Those who work with, or care for children have a responsibility to report suspected child abuse.

It is the responsibility of the authorities to assess the indicators to determine whether the child has been or is being abused.

### Children may need help where:

There is violence and controlling behaviour from one adult to another.  
There is known drug taking, drug manufacture or drug dealing.  
There is an excessive use of alcohol.  
Animals are neglected or hurt.  
Children are left alone, appear neglected or uncared for.  
There is a high focus on keeping the family private or isolated and detached from the community.

### Children's behaviour that could indicate physical abuse:

Is wary of adults or a particular individual.  
May cringe or flinch if touched unexpectedly.  
May display a vacant stare or frozen watchfulness.  
May be extremely aggressive or extremely withdrawn.  
Goes readily to strangers for nurturing.  
Frequently behaves in a way that provokes punishment.  
Is dressed inappropriately to hide bruises.  
May regress e.g. bed wetting.  
May indicate a general sadness.  
Could have a vision or hearing delay.  
Is violent to animals and other children.

### Adult's behaviour that could indicate physical abuse:

May appear unconcerned about the child's wellbeing.  
May provide an explanation that is not believable given the child's age.  
May have little or no knowledge of child development or may have unrealistic expectations for the child.  
May delay in seeking medical attention for the child.  
Is aggressive towards the child in front of others.  
May blame an accident on a sibling, friend or relative.

### Important note

You may be the key person who could make a difference.

Take action - report your concerns

Do not look away.

Do not assume that someone else has acted.

**childprotection@waikatodhb.health.nz**

### **Children rely on adults to take action**

#### **1. Oranga Tamariki:**

When you suspect a child is at serious risk or a crime against a child has been committed, this must be reported. Ring, state that you are a registered nurse and make a notification. You can do this anonymously.

**Ph: 0508 326 459**

#### **2. Family Safety Teams (Police):**

Family Safety Teams exist in all areas of the Waikato. They are multi-agency and an excellent point of contact for health professionals.

<https://www.police.govt.nz/news/release/25404>

#### **3. Family Works:**

Assists families to make lasting positive differences in their lives. Key programmes include "Women against violence" and "Restore" for children who have lived with violence.

**Ph: (07) 8584413**

#### **4. Barnardos:**

A free, confidential home-based support service for families facing issues that are impacting on children.

**Ph: (07) 8471088**

#### **5. Women's Refuge:**

To talk to someone about child safety, or for a confidential location where a woman can be safe with her children. Many practices leave safety plans in the women's toilet.

**Ph: (07) 8551569 or 0800REFUGE**

#### **6. Parentline:**

Provides options, alternatives and solutions for children and their families. Programmes include KAVE for children who are victims of violence and Positive Changes for Caregivers (reducing family violence).

**Ph: (07) 8394536**

# Asthma Pathway

Are any of the following condition's an issue?  
Asthma  
Eczema/Allergies  
Family History of Asthma

Does the child cough OR wheeze at night?  
Wheeze when exercising?

Use Asthma Waikato Referral form which can be printed off the Seelt site ion "Product gateway"

Fax form to 07 8387 0852  
Or post to:  
Asthma Waikato  
PO Box 7013  
Hamilton East  
Phone: 07 838 0851

**Referral for Respiratory Education & Support**  
Fax to 07 838 0852

(Please don't send anything here)

DATE: \_\_\_\_\_

Referral for: Asthma / Eczema / Allergies / Respiratory / Other: \_\_\_\_\_

**Child/Patient details**

Forename	First Name
Surname	Surname
Address	Address
Postcode	Postcode
Phone - Home	Phone - Mobile
DOB	Sex
GP Name	GP Number
GP Address	GP Number

Management Plan Completed (please tick) ☐ Yes ☐ No

Current Medication (currently any respiratory/asthma meds)

Current Medication	Daily Dose

Other relevant information

Patient referred and accepted referral to Asthma & Respiratory Services (Waikato) Inc.  
Patient consent obtained (Please tick) ☐ Yes ☐ No

Referred by	Signature
Occupational Health	

Asthma Waikato, Waikato Regional Health, Waikato District Health Board, Waikato District Health Board, Waikato District Health Board



#### **Grandparents Raising Grandchildren:**

A national service.

A trust set up to support and educate grandparents who are raising their grandchildren. Provides a monthly newsletter and invaluable information.

[www.raisinggrandchildren.org.nz](http://www.raisinggrandchildren.org.nz)

or phone 0800472637.

#### **Manaakitia Mai:**

Only in Hamilton.

Recent changes in family and society have meant that many grandparents are playing a bigger and more responsible part in caring for mokopuna. This has created additional pressures on their time, their health and their finances.

Manaakitia mai is a service that supports Kaumatua. It helps reduce stress, promote and preserve the wellbeing of whānau and maximise stability in the lives of mokopuna in circumstances where the children are no longer in the care of their parents because of domestic violence.

Run through Parentline in Hamilton.

[www.parentline.org.nz](http://www.parentline.org.nz)

or phone 07)8394536

#### **Rostrevor House:**

Only in Hamilton.

For children with challenging behaviours.

[www.rostrevorhouse.wainet.org](http://www.rostrevorhouse.wainet.org)

or phone 07) 8532533

#### **Gifted Children:**

[www.giftedchildren.org.nz](http://www.giftedchildren.org.nz) or contact 07) 8569416 for the Waikato Association for Gifted children.

\$65 to join which covers membership and a subscription to "Tall Poppies", a magazine printed three times a year.

#### **Epilepsy:**

[www.ewct.org.nz](http://www.ewct.org.nz) or contact

021888293 for Epilepsy Waikato Charitable Trust. Provides support, advice and social events.

#### **Healthy Homes:**

[WhareOra@waikatodhb.health.nz](mailto:WhareOra@waikatodhb.health.nz) for support to create healthier homes. Ph 0800 WHARE ORA

**Shama:** (Only in Hamilton). Advocacy, support, home visits and referrals for women new to the country. Formed by ethnic women to support others cope with settling into NZ.

Phone: (07) 8433810.

**SANDS NZ:** Stillborn and New-born Death Support. Supporting families who have experienced the death of a baby.

[www.sands.org.nz](http://www.sands.org.nz)

#### **Wetting and Soiling:**

[www.bedwet.net.nz](http://www.bedwet.net.nz) and

[www.continence.org.nz](http://www.continence.org.nz)

Google "Beating Sneaky Poo" for a great resource on faecal soiling.

#### **COPMI (Children of Parents with a mental illness):**

[www.copmi.net.au](http://www.copmi.net.au) for useful information for children who have a family member with a mental health illness.

For free health resources:

[www.healthed.govt.nz](http://www.healthed.govt.nz) for lots of posters and information on health.

#### **Birthright:**

Only covers Hamilton and Ngaruawahia but if people are prepared to travel, they are welcome.

A service that supports the children of one parent families. They ensure those children have the same rights and privileges of all children.

Support with parenting, legal situations, advocacy, Strengthening Families, finances, any other issues impacting the family, social workers, counselling services, newsletters. Phone 0800457146

#### **Bryant Retreat:**

For the Waikato. Access is by way of a GP referral.

A free eleven nights in Raglan where there are no chores, no cooking, just time to relax. For women who "need a break and some me-time".

[www.bryanttrust.co.nz](http://www.bryanttrust.co.nz)

#### **Asthma:**

[www.sailorthepufferfish.co.nz](http://www.sailorthepufferfish.co.nz) or phone Asthma Waikato on 07) 8380851

#### **Skylight:**

Support people facing any kind of tough life situation or change, loss, trauma or grief, death or dying- whatever the cause and whatever the age.

[www.skylight.org.nz](http://www.skylight.org.nz) or phone 0800299100

Based in Wellington but have a huge lending library with books, DVDs, games, etc.

#### **IRD:**

[www.ird.govt.nz](http://www.ird.govt.nz) or 0800227773

#### **Work & Income:**

[www.workandincome.govt.nz](http://www.workandincome.govt.nz) or 0800559009



### Child Development Centre:

Services are for children and young people with any condition in which developmental problems, or risk of developmental problems, are central. CDC does not work with children with specific learning difficulties.

Ph: 8398709

cdcadmin@waikatodhb.health.nz

### Ministry of Education:

Provide services to children who have a physical impairment, a learning disability, hearing or vision difficulties, struggle with learning, communicating or getting along with others, and/or have an emotional or behavioural difficulty. Ph: 07)8508880

### Parentline:

Parentline is a Child Advocacy Agency. They serve families by providing wrap-around healing services and programmes. They are committed to the prevention of family violence, abuse and neglect. They provide a range of therapeutic programmes for children and families who have experienced abuse. Ph: 8394536

### Family Works:

This service works alongside children and their families, supporting them to make a lasting difference in their lives. Core services are counseling, social work and therapeutic programmes. Ph: 8584413

### Barnardos:

Barnardos offer a range of child and family services as well as early childhood education in communities throughout New Zealand. Ph: 8471088

### Families lost to contact:

phone 0800 634 470 (NEIS)

### Parenting through Separation:

A Ministry of Justice funded programme run in over 170 locations around the country once or twice a month. The programme helps parents help their children when they separate. Ph: 0800211211

### Child Mental Health:

Provide free services for children with serious mental health disorders, psychiatric disorders, psychological disorders including severe emotional and behavioural disturbance. See DHB website "referral information" for geographic split of referral locations.

- 1) Hamilton - Nga Ringa Awhina.
- 2) Hauraki District - Mental Health and Addictions Services Thames
- 3) Southern Cluster - Mental Health and Addictions Services Te Awamutu.

### True Colours:

Supporting children living with chronic, serious or life-threatening illness. [www.truecolours.org.nz](http://www.truecolours.org.nz) or phone 07) 8394801.

### Rainbow Place:

Provide specialist care and support for children affected by serious illness or bereavement.

[www.rainbowplace.co.nz/Home.html](http://www.rainbowplace.co.nz/Home.html) or phone 07) 8593848.

### Speech and Language Therapists:

for parents who are prepared to pay.

Google "NZ Speech and Language therapists" and click on your area.

### Rural & Community Services:

#### Ear Clinic:

The Ear Clinic is open and available for advice on grommets, wax/foreign body removal, treatment of discharging ears and glue ear assessment. Ph: 8383565

#### Vision & Hearing:

Vision & Hearing Technicians visit every Early Childhood Centre in the Waikato DHB region. They attempt to test every child in the Waikato region before the age of five. Ph: 8383565

#### Public Health Nurses:

Public Health Nurses form a key part of the delivery of the B4 School Check. Aside from delivery of the check to non-responders and at-risk children, they will support families throughout their health journey. Ph: 8383565

#### Waikato Community Oral Health Service:

This service provides free basic care for Waikato children, from 0-17 years of age. Ph: 8599160

### Home Fire Safety Visit (HFSV) - Smoke Alarm installation service

Criteria: one or more of the following:

- Community Services/Gold card
- Children <5
- Do not already have more than 1 smoke alarm on each level of their home.

**Please Email:-** [B4SC@pinnacle.health.nz](mailto:B4SC@pinnacle.health.nz) with the following information:

- Caregiver **name** and **contact phone number**
- Residential **address**

The B4SC team will forward the information to the Fire Service who will contact the family directly to arrange a visit.