

Before School Checks Consumer Research

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Prepared for the Health Promotion Agency by:
Premium Research Limited

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Any queries regarding this report should be directed to HPA at the following address:

HEALTH PROMOTION AGENCY

PO Box 2142

Wellington 6140

New Zealand

www.hpa.org.nz

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COMMISSIONING CONTACT'S COMMENTS

The Health Promotion Agency (HPA) commission was managed by Rebecca Whiting, Senior Health Promotion Project Manager.

This research was undertaken to inform the development of a national campaign to increase the awareness and understanding of Before School Checks (B4SC or Check).

District Health Boards (DHBs) are required to offer the B4SC to a minimum of 90% of their eligible and high deprivation populations of four year olds. The target was previously set at 80% and most DHBs met this target for their eligible total and high-deprivation populations, but few did so for Māori and Pacific. To assist DHBs in achieving their increased targets, the Ministry of Health asked HPA to develop a promotional programme to increase awareness and understanding of the B4SC, in order to increase support and uptake.

HPA commissioned Premium Research Limited to carry out a project to learn more about parent and caregiver key motivators and emotional triggers, preferred communication channels, preferred messengers and communication styles, along with assessing understanding, relevance, credibility and persuasiveness of draft key messages and calls to action.

The project involved conducting 11 focus groups with low-income Māori and Pacific parents or caregivers with children at, or near, the ages of eligibility for the Check and who had little or no knowledge of the B4SC. The research participants were recruited both directly by their local community (seven groups) and by a professional research recruitment company (four groups). It is important to note that because a community-based recruitment process was used there were some things that were often beyond the researchers' control. For example, despite seeking to only include participants who had little or no knowledge of the B4SC in the research, there was at least one participant who had used the Check in each of the groups (some unknowingly). However, the researchers were able to manage this within the groups. It is also important to note that the participants in the groups recruited through the community-based recruitment process tended to have stronger links with their community and community organisations than the participants recruited by the professional recruitment company.

REVIEWED INTERNALLY BY

Kerri Kruse, Researcher; Darren Walton, Manager Research and Evaluation; Rebecca Whiting, Senior Health Promotion Project Manager.

NOT EXTERNALLY REVIEWED

ACKNOWLEDGEMENTS

HPA would like to thank those respondents who took the time to participate in this research. Their experiences, opinions, and insights will be used to help inform the development of the B4SC promotional programme and delivery of B4SC services.

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Prepared for:



By:



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1.0 Executive summary

The Before School Check (B4SC or Check) aims to identify and address any health, behavioural, social or developmental concerns which could affect a child's ability to get the most benefit from school.

In 2014, the Ministry of Health asked the Health Promotion Agency to develop a national campaign to increase awareness and understanding of the Check, in order to increase support and uptake.

To inform development of this campaign, the Health Promotion Agency commissioned research to provide insight into the development of the campaign. This document reports on this research.

The research focuses on how best to encourage low-income Māori and Pacific families to use B4SC, i.e. what should be said, where should it be said, who should it be said to (the messenger), how should it be said, what channels should be used, etc. A secondary focus was to consider how to improve current communication about the B4SC.

Focus groups were held with 67 Māori and Pacific parents or caregivers (62 female, 5 male) who had little or no awareness of the Before School Check. There were 11 focus groups in total – seven of the groups were recruited through community networks and four were recruited through recruitment company or researcher networks.

The key motivator or benefit of the Before School Check was: “have the Check to help your child get the best start at school”. But this needs to be supported by messages that make the Check relevant and credible and the benefits exciting and accessible, such as:

- Preparing to start school is an exciting time and the time to start preparing is now (at four years).
- The Check covers both health and development (it's unique).
- The Checks are FREE (don't miss out).
- Getting a Check is easy.
- The breadth and uniqueness of this Check (i.e. it is a health and development check) was highly valued by parents and caregivers.

Respondents told us ten ways to help encourage the use of the Checks:

1. Tell us about the Checks.
2. Promote the benefit of the Checks (i.e. have the Check to help your child get the best start at school).
3. Do the basics:
 - Send us a letter (but needs to come from a trusted or known messenger).
 - Give us a call (but needs to come from a trusted or known messenger).
 - Approach us when our child turns four.
4. Use our existing networks to promote the Checks (pragmatic and trusted), e.g. early childhood education (ECE), general practitioner (GP), church, community workers, marae, word of mouth, Facebook, Pacific radio.
5. Promote the Checks where we are, e.g. supermarkets, mall bathrooms, GPs (particularly at four-year-old immunisation), ECE, church, marae, sports clubs, etc.
6. Make the Checks very easy to access – preferably bring the Checks to us and undertake the Checks in places where we feel comfortable, supported and empowered, e.g. home, ECE, GP, or have mobile clinics that go to neighbourhoods, events and ECE, etc.
7. Be culturally conscious in delivery of promotion and services and use a family-centric rather than service-centric model, e.g. by Maori/Pacific for Maori/Pacific, and multi-lingual promotion and services.

8. Be persistent in getting us to use the Checks. Don't give up on us – even when we don't respond or turn-up, try again.
9. Make it welcoming and family-friendly (limit the barriers) by ensuring the 'checkers' are warm and non-judgemental and ideally have people we trust undertake the Checks or at least have those we trust recommend the Checks.
10. Incentivise use of the Checks, such as with giveaways or prize draws, or have a free lunch or event or fun day for children.

The research identified some clear principles for communication:

- Highly visual with limited text
- Quick out-take
- Get across the clear, unique and relevant benefit
- Be targeted
- Go via trusted messengers
- Use a number of different ways to communicate

Other considerations raised around B4SC service delivery included:

- Deliver in partnership with trusted and established relationships
- Mobile
- Multi-lingual
- Flexible
- Persistent

2.0 Background

The B4SC aims to identify and address any health, behavioural, social or developmental concerns which could affect a child's ability to get the most benefit from school¹.

What is the B4SC? The Before School Check is a nationwide programme offering a free health and development check for four year olds. It aims to identify and address previously undetected health, behavioural, social or developmental concerns for children that could affect a child's ability to get the most benefit from school, such as a hearing problem or communication difficulty and, if necessary, refer children and families to get the help they need. The B4SC is the twelfth core contact of the Well Child Tamariki Ora (WCTO) schedule of services. It has a particular focus on reaching high deprivation children and is expected to contribute to reducing inequalities for these children.

What does the B4SC include? The B4SC includes health education (oral health, healthy eating and healthy action, general child health and development), screening (vision, hearing, oral health, family violence, parent smoking), surveillance (height and weight), assessment (developmental issues, behavioural issues) and referral for immunisation and any other health, education and/or social services required.

How is the B4SC delivered? The B4SC is delivered by registered nurses, who administer all but the vision and hearing screening components, and DHB-employed Vision and Hearing Technicians, who administer vision and hearing tests. District Health Boards (DHBs) contract a range of organisations to provide B4SC services, including Plunket, primary health organisations and Māori and Pacific health providers. DHBs may also use DHB-employed public health nurses to deliver the B4SC service.

How is the B4SC promoted? Aside from a small-scale promotional partnership in 2011/2012, involving provision of colouring books to children completing the Check, the B4SC has never been promoted at a national level. The Ministry produced a range of printed information resources early on in the B4SC programme's life and information on the B4SC is available on the Ministry's website. Some regions have supplemented the Ministry's information resources with their own materials and promotional strategies.

What are DHBs required to deliver? In a 12-month period, DHBs are required to offer the B4SC to a minimum of 90% of their eligible and high deprivation populations of four year olds. The target was previously set at 80% and most DHBs met this target for their eligible and high deprivation populations; few met the target for their Māori and Pacific eligible populations.

A target of 90% of eligible four year olds represents approximately 59,000 children nationwide. An increase in reach from 80 to 90% means reaching approximately 6,500 more children nationwide than are currently being reached (including approximately 1,500 more children from high deprivation populations).

Analysis of B4SC data from a cohort of eligible children who turned four between July 2010 and February 2012 found that:

- The B4SC service engaged with 86% of eligible four year olds; 14% of eligible four year olds had no contact with the B4SC service.
- Around seven out of ten eligible children (68%) received all components of the B4SC; 32% received some or none of the B4SC (including 3% who refused consent).

¹ <http://www.health.govt.nz/our-work/life-stages/child-health/b4-school-check>

- Pacific, Māori and Asian children were significantly less likely than European/Other children to be engaged with the B4SC service and receive all components of the Check (although some regions performed better than others in this respect). Māori, Pacific and Asian children are over-represented in those who do not receive the full B4SC (39% of Māori children, 50% of Pacific children and 42% of Asian children do not receive the full B4SC, compared with 25% of New Zealand European/Other children).

In 2014, the Ministry of Health asked the Health Promotion Agency to develop a national awareness campaign to increase awareness and understanding of the Check, in order to increase support and uptake

To inform development of the national awareness campaign, the Health Promotion Agency commissioned research to provide insight into the development of the campaign. This document reports on this research.

3.0 Research focus

Existing research helped both to set a foundation for this research and to direct the focus of this research:

- *Before School Check Focus Group Summary*, Integrity Professionals, 2013
- *Influences on Before School Check Update, a review of research findings*, Health Promotion Agency, 2013
- *Evaluation of the Before School Check and Pukeko Pictures Promotional Partnership*, Litmus, 2012
- *Well Child Tamariki Ora Programme Quality Review of the Before School Check*, Litmus, 2012.

The existing research provided insight into motivators and barriers to undertaking the Checks and limited insight into how to promote the Checks. The Health Promotion Agency required an in-depth understanding of how to promote the Checks.

In order to increase access to the benefits of the Check the Health Promotion Agency focused this research on understanding how to promote the Checks to those who are currently not taking up the Checks. The research focused on low-income Māori and Pacific people.

The objectives of the research were to determine how best to encourage people in the target population (low income Māori and Pacific) to use B4SC. This included considering:

- a. Key motivators and emotional triggers (to getting the Checks)
- b. Message content
- c. Channels (with note that nationwide TV is off the table)
- d. Messengers
- e. Getting a feel for the language people use – e.g. kindy versus early childhood, children versus tamariki versus kids, etc.

A secondary focus was considering how to improve current communication about the B4SC to ensure it works as well as possible as a source of information about B4SC for this target population.

4.0 Research approach

The research was undertaken using a qualitative approach. Research participants were interviewed alone or in groups by experienced qualitative research facilitators. The facilitators used an open style to encourage open and free discussion. The facilitators used a discussion guide to help direct the sessions and to ensure the research objectives were addressed.

The researchers were conscious of acknowledging the contribution of the research participants and encouraging them to speak freely:

- The research participants were offered kai and an \$80 koha to acknowledge their contribution
- All of the fieldwork was undertaken at community venues (largely places the participants were already very familiar with)
- A local cultural adviser was invited to support the researcher and participants at most of the groups
- Participants were welcome to (and often did) bring children in their care with them to the research.

The researchers sought to recruit participants for the research who were:

- Māori or Pacific
- Low income
- Unaware of and/or unlikely to use the B4SC.

The research participants were recruited into the research both directly by their local community (7 groups) and by a professional research recruitment company (4 groups). Both the local community groups and professional research recruitment company were paid for their services.

A total of 11 focus groups were undertaken:

- 3 groups in Rotorua
- 3 groups in Auckland
- 1 group in Ngaruawahia
- 4 groups in Porirua.

All of the participants were parents or caregivers of children at, or near, the ages of eligibility for the Checks.

A total of 67 people participated in the research:

- 62 female and 5 male
- 33 Māori, 30 Pacific and 4 other ethnicities.

Sample summary

Location	Total Ps	Female	Male	Māori	Pacific	Other ethnicity
Rotorua	1	1	0	1	0	0
Rotorua	1	1	0	1	0	0
Rotorua	9	9	0	0	8	1
West Auckland	8	8	0	1	7	0
West Auckland	11	9	2	10	1	0
Ngaruawahia	10	8	2	10	0	0
West Auckland	8	8	0	0	8	0
Porirua	4	4	0	2	1	1
Porirua	6	5	1	3	1	2
Porirua	4	4	0	2	2	0
Porirua	5	5	0	3	2	0
TOTAL	67	62	5	33	30	4

It is important to note the following contextual points:

- Some of the Pacific respondents spoke limited English and were assisted with translations from other participants.
- The participants in the groups recruited by their local community tended to have stronger links with community organisations than the participants recruited by the professional recruitment company.
- Many of the participants were using/had used non-Plunket Well Child providers and/or Māori /Pacific ECE and other community organisations.
- Despite seeking to only include participants who had little or no knowledge of the B4SC in the research, there was at least one participant who had used the Checks in each of the groups (some unknowingly).

5.0 Knowledge of the B4SC

As the researchers intentionally sought to find people with little or no knowledge of the B4SC to participate in the research, knowledge of the Checks was largely low.

There were three knowledge segments within the sample:

1. **High awareness** of the Checks (mostly participants who had used the Checks). Able to give a definition of the Checks which reflected an understanding of the breadth of Checks.
2. **Limited awareness** of the Checks. Either knew about or was able to make assumptions about some aspects of the Checks (primarily associated the Checks with sight and hearing tests). Some misunderstood what the Checks covered (the most common misperception was that the Checks were about immunisations).
3. **No awareness** of the Checks (said they did not know what the Checks covered).

The first segment (high awareness) contained only a handful of participants. The majority of the participants had limited or no awareness of the Checks.

For those who had some pre-existing awareness of the Checks there were three primary sources of information about the Checks:

1. Well Child provider (Plunket and other providers)
2. GP
3. ECE.

A few of the participants had received a letter directly from either a Well Child Provider or a GP about the Checks. There was some concern from some of the participants about having received a letter about the Checks from someone not known to them (a stranger).

“Got a letter, but was surprised, ‘is this for me?’... felt weird that they knew all my information..... uncomfortable.” (Mixed Ethnicity Group, Porirua)

The research explored understanding of key aspects of the Checks:

1. **What the Check covered**, as outlined above. This ranged from a thorough understanding (minority of participants) to little/no understanding (majority of respondents).
2. **Age the Check should be undertaken at**, most participants made a best guess at this. There was not a common understanding on this within the groups. Some participants thought the Checks should be undertaken close to the fourth birthday and some thought just before the fifth birthday.
3. **Who would undertake the Checks**, again most participants were not confident they knew who would undertake the Checks but were confident to guess that the Checkers were likely to be Well Child providers, nurse, doctor, teacher and/or parent.
4. **What would be done with the information from the Checks**, there was more uncertainty about what would be done with the information from the Checks than any of the other aspects of the Checks the research explored. There was concern from some that the

information was only kept for statistics/records and had no real purpose. Some hoped that the information would be passed onto schools and parents so they could plan for how best to educate/support the individual child.

“Wouldn’t it be sensible if they did send it to school, so the school would be a step ahead on what they need?” (Māori Group, Ngaruawahia)

“They combine it together, put it under what nationality they are, come up with paperwork and blurt it out to the public.” (Māori Group, Auckland)

6.0 Benefits of the B4SC

Levels of pre-existing knowledge about the Checks were directly linked to the perceived benefits of the Checks. Early in the group discussion, while awareness and understanding of the Checks was still low for many, the perceived benefits of the Check were equally low.

1. Those with high awareness of the Checks perceived the Check to have a clear benefit of *'helping us make sure our child gets the best start at school'*.
2. Those with limited awareness of the Checks (primarily sight and hearing tests) perceived these tests to be useful but not unique to the B4SC or to think the Checks had no benefit. (Many participants were getting sight and hearing tests at ECEs or via health providers).

"I did all the tests with my GP so what's the point?" (Mixed Ethnicity Group, Porirua)

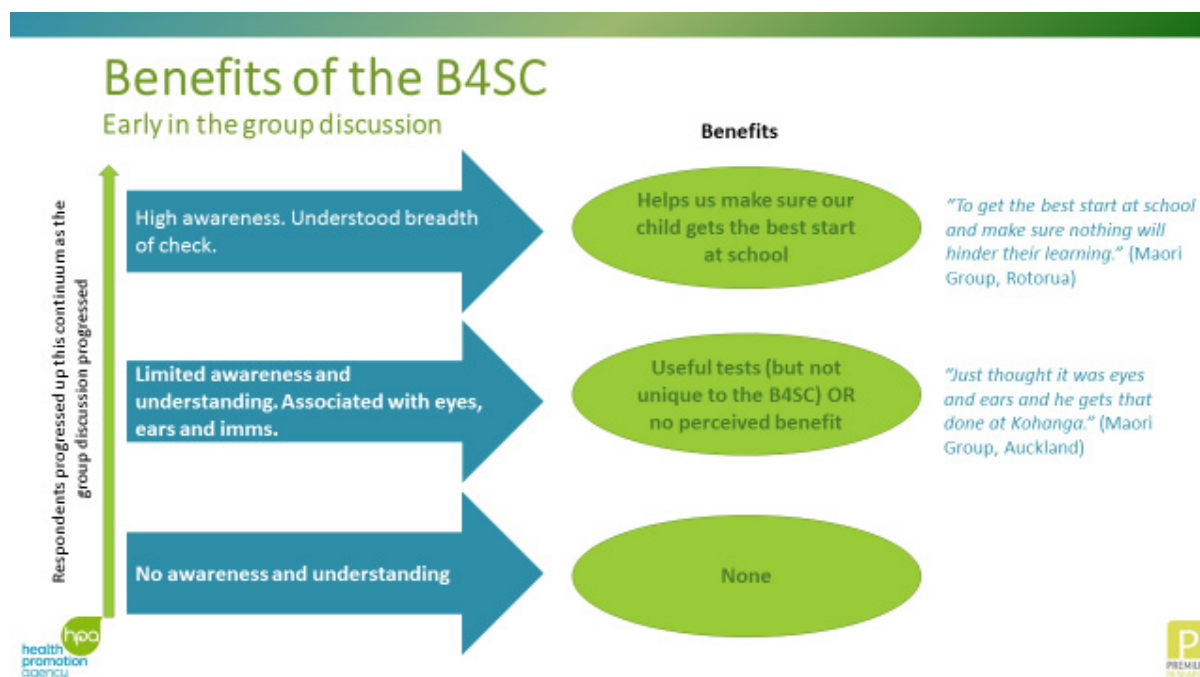
3. Those with no awareness of the Checks did not perceive the Checks to have a purpose/benefit.

"Not obvious what they do...have no idea...so I'm not interested." (Mixed Ethnicity Group, Porirua)

"Maybe something to do with immunisation?" (Pacific Group, Rotorua)

Researcher: *"Do they sound useful?"* Respondent *"Yes, but I don't know why."* Everybody else in group related with laughter (Pacific Group, Rotorua)

The diagram below summarises the awareness segments and associated perceptions of benefit.



Perceptions of the purpose and benefits of the Checks naturally evolved during each of the focus groups as participants learned from each other and from the researcher about the breadth of the Checks. The researcher read the following statement to participants to explain the Checks (so they could give an informed view of the Checks):

All kiwi kids can get a free Check when they turn four years old to make sure they are on track for being ready to start school when they turn five. Being on track for starting school means looking at lots of things – like hearing, behaviour, social skills and eye-sight. The Checks are all undertaken by a team of health experts. The Checks are the last step in completing the Well Child Checks started when the child is born.

Once participants understood the breadth of the Checks most (though not all) agreed that the Checks were worthwhile because they would ‘*help make children get the best start at school*’.

Understanding the breadth of the Checks (particularly understanding that the Checks had a wider brief than hearing and eye-sight) was pivotal in increasing the perceived relevance and importance of the Checks. Many of the participants talked about the focus on child development (learning, social and behavioural) being the factors that made the Check unique and valuable. Some were concerned that children (in some cases including their own) are missing out on the Checks.

“Gives an all-round picture of child’s health, so when they get to school they are sweet as, they can go and have some fun and learn.” (Māori Group, Rotorua)

“Useful because if there is something my son needs I want to get it identified and get the help he needs. Rather than half way through school when he is having learning difficulties - the earlier you get the things the better it is for the child.” (Māori Group, Auckland)

“My own son is struggling so I’m interested in getting any help or support or guidance I can go and to find out to what extent he is struggling... so it’s a good outlet – especially since it’s free.” (Mixed Ethnicity Group, Porirua)

“Pretty good, so you can work on areas they need help in before they get to school.” (Pacific Group, Rotorua)

“Would be good that it is getting them ready to go to school, getting them excited about going to school. Would not be a drag for me to take the kids to things like that.” (Māori Group, Rotorua).

“If there are a lot of kids not getting these Checks, it’s not right.” (Māori Group, Ngaruawahia)

7.0 Barriers

Even with a good understanding of the breadth of the Checks, many of the participants had strong underlying concerns about using the Checks. The primary concerns were about the actual experience of getting the Check:

- Will the people running the Checks be strangers?
- Will the people running the Checks judge me or my child?
- Will the people running the Checks understand me (particularly culturally)?
- Will the people running the Checks speak my language?
- How will I manage my other children at the Checks?
- Will it be as awful as the immunisations?
- Will the parents feel whakamā?
- Will the parents feel hōhā?

“It’s about a stranger analysing your child and giving them a label and then that label following them through school.” (Mixed Ethnicity Group, Porirua)

“People can feel anxious about going to health checks because they think they will be blamed for any problems.” (Māori Group, Rotorua)

“Don’t like the idea of judging my kid.” (Mixed Ethnicity Group, Porirua)

“Imagine they would do little activities – imagined it would be something for school BUT don’t see the point of going out of my way for some stranger to interact with my kid...” (Mixed Ethnicity Group, Porirua)

“Shyness – there’s a lot of good things your child can do but you know they won’t do it in front of people they don’t know or don’t know well.” (Mixed Ethnicity Group, Porirua)

“Had to take one to Waitakere Hospital [for the B4SC].... was very difficult to manage older children when I was there.” (Pacific Group, Auckland)

Other key concerns about the Checks were about:

1. Relevance of the Check
 - Not relevant until my child is just about to start school
 - Surely I know my child well enough to have picked up on any issues myself.
2. How the information collated will be used.
3. Promotion of the Checks
 - Why is nobody telling us about the Checks?
 - Why don’t I know about the Checks when I work/volunteer for an ECE?
 - Why does the promotion/letter come from a stranger?

“Got letter ...but was surprised ‘is this for me’... felt weird that they knew all my information... uncomfortable... but my partner told me I should go... weird being told to go to a church... I was looking at my clothes thinking they weren’t good to enter...” (Mixed Ethnicity Group, Porirua)

Some participants perceived that a barrier for other parents to get the Checks would be laziness.

“Tell them not to be lazy, get off their behinds and do it [have the Check].” (Māori Group, Rotorua)

“Those who haven’t taken Checks, it’s because they don’t care.” (Mixed Ethnicity Group, Porirua)

“Parents need to take more responsibility, to return calls and so on.” (Māori Group, Rotorua)

8.0 Encouraging use of the Checks

The participants were asked to give their views on how to encourage people not using the Checks to use them. There were ten key themes in the views the participants had on how to encourage use of the Checks.

1. Promote the Checks

Given the almost universal perception that having the Checks benefit children (including their own) there was concern that some parents were not being told about the Checks. Step one for many of the participants was raising the profile of the Checks so they are widely known.

*“We need to educate people about the Checks, people simply don’t know about them.”
(Pacific Group, Auckland).*

2. Promote the benefit(s) of the Check

Critical to raising interest in using the Checks is promoting the benefits of the Check. This includes both explaining the breadth of the Checks (so the unique aspects of the Check are known) and making clear the association with the Checks and getting the best start at school.

3. Personal communication about the Check

Some of the participants raised concerns about why they had not received personal notification about the Checks for their four/five year olds. They questioned why they had not been approached when their child turned four either by letter or telephone. There was a preference for this personal contact to come from a known/trusted messenger (primarily ECE, GP or Well Child provider).

4. Use our existing networks to promote the Checks

Participants strongly advocated for using their existing networks to promote the Checks, both to be efficient (particularly cost) and because hearing about the Checks from a source they trusted would make them more likely to trust the Checks (both that they were beneficial and that they would be delivered in a way that worked for them). The two primary existing networks suggested by participants were ECEs and GPs. A key point of contact suggested by participants for communication about the Check was at the four year old immunisations.

Other suggestions included:

- Well Child providers (only if the participant still had a relationship with their provider)
- Community workers
- Church and Marae
- Local and or Pacific radio stations
- Us – via word of mouth and Facebook.

“Stop all this money going out on advertising, just get the doctors to tell us, we are with them all the time.” (Māori Group, Auckland)

“I will be putting this on Facebook after the meeting, whānau get your Checks done.” (Māori Group, Ngaruawahia)

“Work alongside people who are already in the community to get them to encourage use of the Checks or take people to the Checks.” (Māori Group, Rotorua)

5. Promote the Checks where we are

Participants were equally pragmatic about promotion of the Checks, suggesting promotion of the Checks be targeted to reach them (and others not receiving the Checks). Participants suggested promotion at:

- Supermarkets (particularly Pak and Save)
- Mall bathrooms (on the back of stall doors)
- GPs (particularly at the 4 year old immunisations)
- ECE
- Church
- Marae
- Public transport
- Sports clubs and events (particularly relevant for those not connected to other services, such as ECE)
- WINZ.

“Advertise in the night markets – they go off.” (Pacific Group, Auckland)

6. Make the Checks very easy to access

It is important to note that many of the participants had experienced tailored and intensive service via Well Child providers and ECEs. Many of the participants were used to health services coming to them (Well Child home visits) and being provided specifically for their culture (e.g. Kōhanga Reo and Pacific ECE). The relationships the participants had with their ECE and health providers were often long term, intense (strong relationships). Participants also often spoke about other health services enabling easy access by ‘coming to them’ (e.g. blood pressure checks at events and mobile dental services).

Given that the participants were familiar with tailored, intensive, relationship-based services it is not surprising that their expectations of the ideal B4SC delivery were that the service would be equally tailored, intensive and delivered via established relationships. This is an important context for this point and points 7 and 9 that follow.

To facilitate easy access to the Checks, participants suggested a flexible approach to the service delivery including:

- Undertaking the Checks at homes, ECEs and GPs
- Providing the Checks via mobile clinics in neighbourhoods, at events and at ECEs
- Undertaking Checks in batches at ECEs or community venues (e.g. visit the ECE once a term and Check all children who have turned four that term on the spot).

“Would be good to have a mobile service for those who are really hōhā and don’t want to make an appointment.” (Māori Group, Rotorua)

“Much better doing eyes and ears here [ECE] – they [the children] are comfortable here and they know they will get stickers. They get excited when they come here.” (Pacific Group, Auckland)

“Have the mobile B4SC bus arrive on my doorstep.” (Pacific Group, Auckland)

“A health day, they have a bus, have every health thing there, free sausage, lots of people go there, every health programme there, should have the kids checks right there.” (Pacific Group, Auckland)

7. Be culturally conscious in delivery of promotion and services

Many of the participants were familiar with health and ECE service delivery that was consciously culturally appropriate. The participants said the delivery of the B4SCs needed to be equally culturally appropriate. They suggested, for instance:

- Delivery of the service by Māori/Pacific people
- Use of te reo and Pacific languages in the delivery of the services
- Working with parents in groups (rather than as isolated individuals)
- Undertaking the Checks in places where the parent and child feel comfortable, supported and empowered (lowering the risk of feeling judged)
- Promoting the service in multiple languages and via targeted services/events (e.g. Marae and Pacific ECE)
- High use of visual and low use of text in promotion material (particularly for Pacific).

“Would feel more comfortable if it was a group thing – otherwise feel shy... and don’t want to be judged - freaks me out.” (Mixed Ethnicity Group, Porirua)

“Should adjust advertising for each area – have it in the language the people at the church (for instance) are using, makes people feel more like they are going to be supported if they don’t speak English.” (Pacific Group, Auckland)

8. Making the Checks welcoming

Participants emphasised the importance of the approach to the Check being non-judgemental and warm. There was anxiety from participants about the power imbalance between themselves and the Checker – particularly when the Checker was a stranger. Participants would prefer the Checks were undertaken by a professional they and their child already trust.

An important part of making the participants feel welcome was making them feel comfortable and supported bringing other children to the Checks.

“Hopefully would be a one stop shop, someone would take you around or all the health workers would come to you. Would talk with kids as well and make them feel included.” (Māori Group, Rotorua)

“Make it clear you can bring your kids and someone will take care of them”. (Pacific Group, Rotorua)

9. Be persistent in getting us to use the Checks

Knowing that the Checks existed and believing they were beneficial made some participants question why they had not been chased to use the Checks. Some participants asked that a persistent and multi-method approach be taken to promoting the Checks to parents, essentially not giving up on them.

“Tipu Ora needs to insist on seeing people.” (Māori Group, Rotorua)

10. Incentivise the Checks

There was considerable discussion across the focus groups about using incentives to encourage use of the Checks. Many of the participants were aware that some incentives were already used (e.g. lunchboxes and prize draws). The use of incentives was considered worthwhile by participants and some also suggested using other relevant incentives (e.g. school bags).

Some respondents suggested using a social event to both promote and incentivise use of the Checks (as well as facilitating easy access to the Checks). Several parents suggested running fun events which included activities for children and food for all with on the spot B4SC Checks.

Some participants suggested that cash incentives would be the most powerful draw card for encouraging use of the Checks.

Others suggested introducing consequences for people not using the Checks.

“Tell them there will be a WINZ penalty if they don’t get the Checks done.” (Pacific Group, Auckland)

9.0 Primary messaging

Considering the combination of the motivators to use the Checks, the perceived benefits, the barriers and the preferred means to encourage use of the Checks the primary messaging was clear.

The headline message needs to express the primary benefit of the Check:

“Have the Check to help your child get the best start at school”

This message is not sufficient in isolation though, it needs to be supported by the following messages:

- Preparing to start school is an exciting time and the time to start preparing is now (4 years)
- The Check covers both health and development (the Check is unique)
- The Checks are FREE (don't miss out)
- The Checks will be delivered in a way that will work for you (flexible, non threatening, family friendly, easy to use and culturally responsive)
- Getting a Check is easy.

Specific wording for promoting the Checks were tested in the focus groups. The most preferred of the tested messages were:

- The B4 School Check is the free Check for your four year old
- B4 School Checks are for every child in New Zealand
- The B4 School Check is a chance to check everything is on track with your child's health and development before they go to school.

In several of the groups at least some of the participants suggested combining the above three messages into one, along the lines of:

“The B4 School Check is a free check for every child in New Zealand; it is a chance to check everything is on track with your child's health and development before they go to school.”

Two other tested messages were also considered to have high relevance:

- Give your child the best start at school – make an appointment for a B4 School Check when your child turns four
- If anything is picked up in the B4 School Check, you will be given information and support to help. This could include help from a specialist (with your agreement).

One of the tested messages included the word 'expert' – this word was considered off-putting by some participants and they suggested not using this word. The word 'fit' (included in some messages tested in later groups) was also considered off-putting.

The messages tested follow overleaf:

Messages tested:

1. *The B4 School Check is the free check for your four year old.*
2. *B4 School Checks are for every child in New Zealand.*
3. *The B4 School Check is a chance to check everything is on track with your child's health and development before they go to school.*
4. *A B4 School Check makes sure your child can get the best start at school.*
5. *The B4 School Check is the last Well Child Tamariki Ora check.*
6. *Give your child the best start at school – make an appointment for a B4 School Check when your child turns four.*
7. *The B4 School Check is a chance for you to talk with experts about your child.*
8. *The B4 School Check is a chance to pick up anything that may need extra support so your child is ready for school.*
9. *A team of people have input into the B4 School Check – you, your child's early childhood teacher, vision and hearing experts, and the B4 School Check nurse.*
10. *If anything is picked up in the B4 School Check, you will be given information and support to help. This could include help from a specialist (with your agreement).*
11. *When your child turns four, phone Plunketline on 0800 933 922 to find out how to make an appointment. Or go to www.beforeschoolcheck.co.nz*

Tested in later groups only:

1. *The B4 School Check is the start of an exciting year for your child. Don't miss out – Make sure they get the best start at school.*
2. *When your child turns four, it's time to take them for a B4School Check – Make sure they're fit for school.*
3. *When your child turns four they get a free B4 School Check – It's the last free health check that makes sure your child gets the best start at school.*

10.0 Testimonials

Another means of supporting the primary messaging discussed in the focus groups was the use of testimonials about use of the Checks. There was strong support for the use of testimonials to demonstrate the benefits of the Checks and to show that the Checks work well for ‘people like them’.

Response to the testimonials tested was positive, but none of the testimonials tested stood out as being considerably stronger than the others. There was some negative response to the use of the word ‘normal’.

Participants said that it was important that any testimonials used:

- Sound like the way they actually speak
- Refer to their world (e.g. Kōhanga)
- Avoid complex and formal words.

Testimonials tested:

1. **Parent:** *I want my baby to do well at school, so I made sure they had their B4 School Check.*
2. **Parent:** *I quite liked it. Checking up on my child’s progress. How they are. Things you don’t want to think about as a parent. Getting it checked before they start school.*
3. **Parent:** *It was great because I had wondered why he sounded a little different to the other kids at kindy. The nurse picked up some hearing problems and helped us make an appointment with a doctor to get it sorted.*
4. **Grandparent:** *I know school is important so it was good to have this check to get peace of mind.*
5. **Parent:** *It was good be reassured before she started school.*
6. **Parent:** *It’s a chance to get your kid checked. Check everything is on track.*
7. **Parent:** *I found the experience good – reassured me of ‘normal’ four year old behaviours. My son had fun!*
8. **Grandparent:** *I knew there was something wrong with her hearing. I was so pleased when she went for her B4 School Check and they found something. Now she’s got grommets and her speech has improved so much.*
9. **Parent:** *Reassured me he was healthy. So he can get the best start at school.*
10. **Early childhood teacher:** *Awesome, lets us know if our children are healthy or need help.*
11. **Early childhood teacher:** *Makes us think about things – sometimes you don’t notice specific things about a child until you write it down.*
12. **Early childhood teacher:** *It’s a good safety net that catches health concerns that may affect learning, such as hearing, before they start school.*
13. **B4 School Check nurse:** *It’s a good opportunity for nurses, teachers and parents to join forces for the wellbeing of our kids.*

11.0 Delivery and messengers

A key consideration for the choice of messengers and delivery mechanisms was the participant's strong preference for hearing about the Checks via trusted existing relationships. There was limited interest in the use of formal spokespeople for the Checks (including celebrities) and a strong preference for using existing networks. The messengers preferred by participants were:

- ECE providers
- GPs/health providers
- Community workers/organisations
- Church Ministers and other community leaders
- Word of mouth.

It is important to note that there were several ECE workers in the focus groups and most of them were not confident they would know how to speak about the Checks if a parent at the ECE asked for their advice about using the Checks. (Up-skilling these potential ambassadors is important).

Participants did take a broader view on the means of actually delivering the messages to them. Four primary delivery approaches were suggested by the respondents:

1. Promotion via the community
 - Health practices (particularly GPs)
 - ECEs
 - Events (targeted to find the people who do not use the Checks)
 - Community networks (including community organisations, churches and marae).
2. Targeted traditional communication
 - Pacific radio stations
 - Posters (particularly at GPs and ECEs)
 - Billboards.
3. Social Media
 - Particularly Facebook (had appeal for some, but not all participants).
4. Via new technologies
 - For instance a Well Child App (reminder service and easy referral).

“App where parents can go to look at what they need to do – read it at their leisure – rather than poster (far too much writing on it).” (Pacific Group, Auckland)

“Give more information out to the support groups, to the community, need to be out there, push it out via support groups and school.” (Pacific Group, Auckland)

There was strong support across the groups for the use of multiple languages in the material about the Checks. This was considered critical by many participants to send the message the Checks were inclusive and would be delivered in a welcoming and accessible way.

“Grandparents might see it [advertising about the Checks] if it is in their language and they might encourage their daughter to take their child to go and get it [the Check].” (Pacific Group Auckland)

12.0 Calls to action

The research tested the potential efficacy of a series of calls to action. The calls to action were all intended to promote parents to proactively make contact to arrange a B4SC. The majority of the parents said they were unlikely to proactively seek to have the Checks; instead they would need to be approached about the Checks. There was, however, some openness to using the following means for seeking a Check (from small numbers of participants):

- Speaking to their GP/ECE teacher
- 0800 (must be free from a mobile)
- Text
- Go to websites to get more information
- Approach their Well Child Provider – but these relationships are not always current.

“The website and the 0800 number really won’t do anything.” (Pacific Group, Auckland)

“I get texts from my doctor – if I did not get that text I would forget (even though I have the letter too).” (Pacific Group, Auckland)

13.0 Resources

There are multiple roles for resources intended to promote the B4SC to this population. The three primary purposes identified for resources were:

1. Providers to promote the Checks to community networks
2. Providers to promote the Checks to parents/caregivers
3. Community (including ECE) to promote the Checks to parent/caregivers.

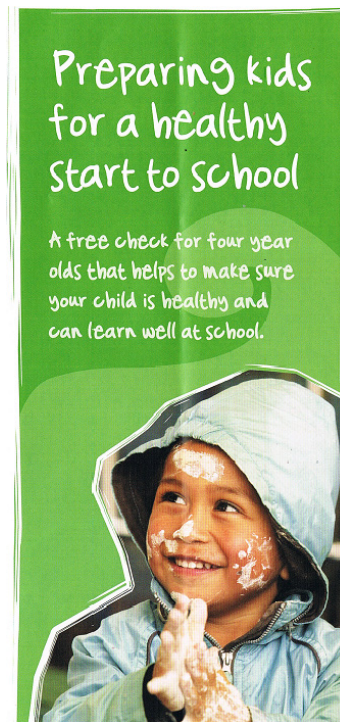
The primary communication resources needed to support the communication needs identified via the research were:

- Flyer (take-away for parents)
- Poster/billboard (for community and providers to use to promote the Checks to parents/caregivers)
- Radio and community newspaper ads/promotion
- Stands, appropriate for promotion of Checks at events
- Material suitable for a community leader to refer to when promoting the Checks at community events (e.g. for Church and Marae leaders)
- Facebook material suitable for word of mouth promotion (Facebook presence would need to be kept up to date).

Some learnings were gained from testing some existing resources in the focus groups. The participants were asked for feedback on a pamphlet and poster:



Responses to the pamphlet were primarily negative though some respondents liked the look of the pamphlets (especially the photos), the use of multiple languages and the wording on this page:



The primary concern about the pamphlet was that there was too much text. Many participants said they would not read the pamphlet because it told 'a long story'. Some suggested the pamphlet should be cut back to a flyer including just the page above and information about how to get a Check.

"I'd prefer to go to a meeting to find out about it... not everybody likes to read." (Mixed Ethnicity Group, Porirua)

"If I was bored I would read it....maybe if I was at the doctors but otherwise not likely that I'd read." (Mixed Ethnicity Group, Porirua)

"It is good, but I think there is too much information for some people to read. The main stuff is just on the first bit, so just use that." (Pacific Group, Rotorua)

The other main concern about the pamphlet was that it introduced barriers/negative points that until reading the pamphlet many participants had not considered:

- *It is not designed to pick up every health problem your child might have (limitation)*
- *Fill out two questionnaires (burden)*
- *Behavioural (rang an alarm bell for some parents – were they going to be judged on their child's behaviour?)*
- *45-60 minutes (burden – particularly with young children in tow)*
- *This test may happen separately (burden).*

"Says we have to go to different places to get the parts of the Checks, I would get hōhā if I had to do that." (Māori Group, Ngaruawahia)

“Saying that it will not find all problems puts me off – if not checking properly it would put me off coming. Starts negative.” (Pacific Group, Auckland)

“The next paragraph is negative too – 2 questionnaires. I am immediately thinking too much work. Questionnaires need to be available online or as an app. So have done all the pre-work beforehand and you are ready to go when you arrive at the appointment. So the worker can have already prepared themselves for the individual child.” (Pacific Group, Auckland)

Other concerns included:

- Dull and uninspiring, unlikely to be read
- Too similar to other pamphlets
- Pictures are lovely but don't give the intended message/benefit
- No information on what to do with the completed consent form.

“This image suggests I'm going to be watching my kids drink out of a cup or blow bubbles... I'm not going all that way for them to do babyish things like that” (Mixed Ethnicity Group, Porirua)

“The look is okay, cute child, colourful, but the same as every other pamphlet.” (Pacific Group, Auckland)

On the basis of the discussions, the following modifications are suggested to the pamphlet:

- Conversion to a flyer style (two sided, pamphlet size)
- Strong imagery that shows what the Checks are
- Bold and colourful
- Key messages:
 - Benefit of the Check
 - What the Check is (focus on breath of Check and association with development)
 - The Check is free
 - The Check will be welcoming (includes personalising the providers, accommodating language, managing other children at Checks, support people, location)
 - How to get the Check
- Short bullet point text
- Multi-lingual.

Response to the poster was considerably more positive. Participants particularly liked the simple large text headlining the poster (particularly the word 'free'). There was concern from some that the headline text did not give any insight into either the breadth of the text and/or the benefit of the text (critical in gaining interest in the Check). There was also some concern about the use of the word 'health' in the headline message, for many this suggested a narrow focus on physical health and did not encompass the 'education ready' aspects of the Check that were so appealing to many.

There was a positive response from some to the image used – however, others were concerned the image did not promote the B4SC and therefore they would not grasp the meaning of the poster by looking at the picture.

“If it's not perceived to be necessary then what's the point... therefore I probably wouldn't continue reading.” (Mixed Ethnicity Group, Porirua)

There was concern that the call to action was cluttered and unlikely to be read, particularly at poster reading distance (e.g. from a chair in a doctor's surgery). Participants suggested localising the call to action information.

“Allow a space on the pamphlet for name of local person to Check in with – put the before school check providers in your area – make it clear who to contact.” (Māori Group, Rotorua)

“Under the talk to the family doctor – add in your ECE, I would be more comfortable talking to the ECE (but need to make sure all the ECEs have the information).” (Pacific Group, Auckland)

The suggested modifications to the poster were as per the pamphlet, but with a greater emphasis on brevity.

“Change the poster, make it fun and interesting to make it stand out from other posters.” (Pacific Group, Auckland).

14.0 Language

The researchers were conscious of noticing use of terminology in the groups, we noted the following:

	Terminology typically used by participants
Children	Kids
ECE	Kōhanga or Short form name of the individual ECE, e.g. 'playgroup' (not ECE)
B4SC	Test Check
Social, behavioural and learning aspects of the checks	Development

15.0 Moving forward

Clear principles for communicating with this audience about the B4SC were evident from the research:

- Quick outtake (high use of visuals, low use of text)
- Clear, unique and relevant benefit
- Targeted
- Via trusted messengers
- Multi-method.

Other considerations that emerged from the research were primarily about service delivery targeted to engage this audience. The research findings suggested that optimal service delivery for this audience would be:

- Delivered in partnership with trusted and established relationships
- Mobile
- Multi-lingual
- Flexible
- Persistent.

16.0 Final words of advice from our respondents

At the end of the discussions the participants were asked to speak to the researcher as if they [the researcher] was in charge of B4SC and asked to give them one piece of advice (what they considered to be the most important advice). Our final section concludes with the advice from some of our participants, grouped into themes.

- **Promote the Checks and their benefit**
 - *“Advertise more, do whatever it takes...”* (Māori Group, Auckland)
 - *“All you need to sell is ‘why should I take my child for a before school check’... everything else you can find out once you’re in there.”* (Mixed Ethnicity Group, Porirua)
- **Do the basics**
 - *“Start off with a phone call to them, personally as a start, got to give anything a go if you want them to get there.”* (Māori Group, Rotorua)
 - *“Phone people and tell them about the Checks.”* (Pacific Group, Rotorua)
- **Use our existing networks to promote the Checks**
 - *“Go out in the community and touch base with the community workers and get them to help get the messages out there.”* (Māori Group, Rotorua)
 - *“Give more information out to the support groups, to the community, need to be out there, push it out via support groups and school.”* (Pacific Group, Auckland)
 - *“Advertise through Kōhanga Reo, ECE.”* (Māori Group, Auckland)
 - *“Tell us at the immunisation.”* (Māori Group Auckland)
 - *“Get in with the community based organisations to get it out there – e.g. Waiparera.”* (Māori Group, Auckland)
 - *“Advertise it in ECE.”* (Māori Group, Ngaruawahia)
- **Promote the Checks where we are**
 - *“Come to gatherings the community have anyway – like skate park evening with the BBQ going that happens every week – get the community workers to come to these events. Places where families go to, ‘go to the people’. Even the hardest to reach are playing sport – especially via school.”* (Māori Group, Rotorua)
 - *“Have a community meeting – make sure someone is going to the meetings of Pacific mothers.”* (Pacific Group, Rotorua)
 - *“Target the hard to find where they are – we know from the stats what the areas are with the kids not getting the B4SC – rather than blanketing the whole country target those with low counts – focus on areas that need it.”* (Pacific Group, Auckland)
 - *“Focus on where the pockets of people who are not doing it – by contacting whānau and people in the community – go via whānau...”* (Māori Group, Ngaruawahia)
- **Make the Checks very easy to access – bring the Checks to us**
 - *“Adapt to what is going to work for the people who need it.”* (Māori Group, Rotorua)
 - *“Do what the dental people are doing – mobile clinic to the kids.”* (Māori Group, Auckland)
 - *“Get a mobile unit and park it at the school/ECE.”* (Māori Group, Auckland)
- **Be culturally conscious in delivery of promotion and services**
 - *“Set up a day when they can all go in a group, because I think they would feel more comfortable going as a group – and then be taken into individual testing, while all the children play together.”* (Pacific Group, Rotorua)

- *“Get a Māori or Pacific Islander to work alongside you.”* (Māori Group, Auckland)
- *“Meeting like this – once a month, getting people together.”* (Pacific Group, Auckland)
- *“Advertise, meeting, good to meet, come here and talk and share.”* (Pacific Group, Auckland)
- **Persistent and multi-method communication**
 - *“The more motivated ones (parents) might make the phone call.”* (Māori Respondent, Rotorua)
 - *“Social media – that is how you get me and other young people.”* (Pacific Group, Auckland)
 - *“For Pacific and Māori target they will slip through the net if you use social media and I don’t know how to pull them in.”* (Pacific Group, Auckland)
 - *“Change the 0800 to text.”* (Māori Group, Auckland)
 - *“Face to face.”* (Pacific Group, Auckland)
- **Make it welcoming/trusted**
 - *“Got to be real with people – just got to tell them what is going to happen... to deal with their uncertainties.”* (Māori Group, Rotorua)
 - *“Make it clear you won’t get in trouble for not having taken your younger children or for having a Dad who is in a gang.”* (Māori Respondent, Rotorua)
 - *“... so parents know it’s not judging them or dumbing the kids down... it will benefit the kid... if somebody vouched for them...”* (Mixed Ethnicity Group, Porirua)
- **Incentivise use of the Checks**
 - *“Free lunch.”* (Pacific Group, Rotorua)
 - *“Food will get everyone.”* (Pacific Group, Rotorua)
- **Make it compulsory?**
 - *“Make it compulsory.”* (Māori Group, Auckland)

17.0 Appendix: Discussion guide for Before School Checks research

October 2014

Research focus

1. The research will focus on *how* best to encourage people in the target population (low income Māori and Pacific) to use B4SC. We will take an open and creative approach to identifying the best solutions. This will include considering:
 - a. Key motivator and emotional trigger (to getting the checks)
 - b. Message content, including ranking of importance (including USP, key message(s), supporting messages, call to action, supporting information)
 - c. Channels (With note that nationwide TV is off the table)
 - d. Messengers
 - e. Getting a feel for the language people use – e.g., kindy vs early childhood, children vs tamariki vs kids, etc.
2. A secondary focus will be considering how to improve current communication about the B4SC to ensure it works as well as possible as a source of information about B4SC for this target population.

Questions in this guide are indicative of the topics areas that will be covered. They are not word-for-word scripts for the interviewer, who will allow the discussion to flow in the most suitable way for the group.

WELCOME (5min)

- *Work with cultural adviser to welcome and thank respondents for agreeing to take part in the research*
- *Explain audio recording*
- *Housekeeping – wharepaku and fire exits*
- *Introduce self and work with cultural adviser invite all respondents to introduce themselves*
- *No right or wrong answers, importance of opinions and reassurance about confidentiality*
- *Explain research purpose and order of topics.*

WARM UP (10 min)

Before we get going, I'd like everyone to tell us a bit about themselves. Could we go around and have everybody tell us all a bit about themselves. Could you please include how many children you have and how old they are?

BEFORE SCHOOL CHECKS SPONTANEOUS UNDERSTANDING (10 min)

You may well know that this discussion is going to be about Before School Checks. I am interested to hear what you already know about these Checks...

Probe on:

- How old are the children when they are undertaken?
- How do you get an appointment for a Before School Check?
- What is the purpose of the Checks?
- What kind of people undertake the Checks?
- What do they check for?

- What happens with the information collected at the Checks?
- How do you know about the Checks? *Check on sources of information.*

BEFORE SCHOOL CHECKS SPONTANEOUS OPINION (10 min)

Given what you already know about the Before School Checks? What do you think about the Checks? Why are they useful? Why do you say that?

*Be mindful of parking the barriers to getting the Checks here, and making the most of the opportunities to talk about the **benefits** of the Checks.*

INTRODUCE THE BEFORE SCHOOL CHECKS FULLY HERE

All kiwi kids can get a free check when they turn four years old to make sure they are on track for being ready to start school when they turn five. Being on track for starting school means looking at lots of things – like hearing, behaviour, social skills and eye-sight. The Checks are all undertaken by a team of health experts. The Checks are the last step in completing the well child checks started when the child is born.

BEFORE SCHOOL CHECKS INFORMED OPINION (10 min)

Now that I have told you a bit about the Checks what do you think of the Checks? Why are they useful? Why do you say that?

*Be mindful of parking the barriers to getting the Checks here, and making the most of the opportunities to talk about the **benefits** of the Checks.*

PROMOTING BEFORE SCHOOL CHECKS SPONTANEOUS (10 min)

We know that not all four year olds are getting the Before School Checks and we are thinking about how to encourage more parents to take their four year olds to get the Checks. This is where we need your help.

We would like your advice on how to encourage parents to take their children to get the Before School Checks.

- What do you think we need to tell them to encourage them?
- What is the most important of those things to tell them?
- How do you think we should tell them? (probe on sources, e.g. radio, pamphlets, Facebook)
- Who do you think is the best type of person to tell the parents about the Checks?
- If not mentioned, probe on how/if Plunket should be involved.

PROMOTING BEFORE SCHOOL CHECKS PROMPTED (15 min)

We have been thinking about ways of encouraging people to have the Checks and have some ideas we would like to get your opinions on.

I am going to show you some words that could be used to promote the Checks. I would like you to take a look at them and sort them in order of the ones you think would work best (at the top of the pile) and be least effective (at the bottom of the pile). I am going to ask you to do this silently so we don't affect each other's responses.

Now that you have them in order, it would be great if each person told me about the order they have and why they have that order.

Now, let's talk about each of the messages and what works/doesn't work and how they could be improved.

1. *The B4 School Check is the free check for your four year old.*
2. *B4 School Checks are for every child in New Zealand.*
3. *The B4 School Check is a chance to check everything is on track with your child's health and development before they go to school.*
4. *A B4 School Check makes sure your child can get the best start at school.*
5. *The B4 School Check is the last Well Child Tamariki Ora check.*
6. *Give your child the best start at school – make an appointment for a B4 School Check when your child turns four.*
7. *The B4 School Check is a chance for you to talk with experts about your child.*
8. *The B4 School Check is a chance to pick up anything that may need extra support so your child is ready for school.*
9. *A team of people have input into the B4 School Check – you, your child's early childhood teacher, vision and hearing experts, and the B4 School Check nurse.*
10. *If anything is picked up in the B4 School Check, you will be given information and support to help. This could include help from a specialist (with your agreement).*
11. *When your child turns four, phone Plunketline on 0800 933 922 to find out how to make an appointment. Or go to www.beforeschoolcheck.co.nz*

EXTRA MESSAGES TO TEST (FINAL 4 GROUPS ONLY)

1. *The B4 School Check is the start of an exciting year for your child. Don't miss out – Make sure they get the best start at school.* (note to researcher: this message explores the theme of urgency)
2. *When your child turns four, it's time to take them for a B4School Check – Make sure they're fit for school.* (note to researcher: this message explores the theme of turning 4)
3. *When your child turns four they get a free B4 School Check – It's the last free health check that makes sure your child gets the best start at school.* (note to researcher: this message explores the theme of it being a free check)

PROMOTING BEFORE SCHOOL CHECKS TESTIMONIALS (10 min)

We have also been thinking about using stories from parents as a way of encouraging people to have the Checks and have some words from parents we would like to get your opinions on. Let's talk about each of the quotes and what works/doesn't work and how they could be improved. *Work as a group to identify which of the quotes are most useful.*

Stories / quotes

1. **Parent:** I want my baby to do well at school, so I made sure they had their B4 School Check.
2. **Parent:** I quite liked it. Checking up on my child's progress. How they are. Things you don't want to think about as a parent. Getting it checked before they start school.
3. **Parent:** It was great because I had wondered why he sounded a little different to the other kids at kindy. The nurse picked up some hearing problems and helped us make and appointment with a doctor to get it sorted.
4. **Grandparent:** I know school is important so it was good to have this check to get piece of mind.
5. **Parent:** It was good be reassured before she started school.
6. **Parent:** It's a chance to get your kid checked. Check everything is on track.
7. **Parent:** I found the experience good – reassured me of 'normal' four year old behaviours. My son had fun!

8. **Grandparent:** I knew there was something wrong with her hearing. I was so pleased when she went for her B4 School Check and they found something. Now she's got grommets and her speech has improved so much.
9. **Parent:** Reassured me he was healthy. So he can get the best start at school.
10. **Early childhood teacher:** Awesome, lets us know if our children are healthy or need help.
11. **Early childhood teacher:** Makes us think about things – sometimes you don't notice specific things about a child until you write it down.
12. **Early childhood teacher:** It's a good safety net that catches health concerns that may affect learning, such as hearing, before they start school.
13. **B4 School Check nurse:** It's a good opportunity for nurses, teachers and parents to join forces for the wellbeing of our kids.

PROMOTING BEFORE SCHOOL CHECKS CHANNELS AND MESSENGERS (10 min)

Now let's talk about how best to get these messages to people. We can be creative about this. Almost anything goes! But let me just say TV is off the table – because it is far too expensive! Brainstorm on channels and messengers.

Then use kit bag to added prompted discussion: birthday cards, stickers, via churches, Facebook, via ECE, etc...

PROMOTING BEFORE SCHOOL CHECKS CALLS TO ACTION (5 min)

As well as encouraging people to get the Checks done we think we need to tell parents what to do to get the Checks. We are thinking about suggesting:

- Calling an 0800 number
- Going to a website
- Etc

Which of these do you think would work best? Why do you say that?

Is there anything else we should ad?

We are also thinking about whether we need to go to parents to get them to come to the Checks or whether we can ask parents to come to us. What do you think about this?

PROMOTING BEFORE SCHOOL CHECKS LANGUAGE (5 min)

Is it important that these messages are delivered in multiple languages? Why do you say that?

INFORMATION ABOUT BEFORE SCHOOL CHECKS (15 min)

As well as encouraging parents to undertake to get the Checks done we think we probably will need to tell people some more about the Checks. What do you think we need to make sure people know about the Checks?

EXISTING INFOMRATION (15 min)

We already have a pamphlet that has been developed to tell people all about the Checks. We would like to get your opinion on this pamphlet. Can you please take a look through it and then I will ask you some questions about it.

- Do you think this pamphlet works well for people like you? Why do you say that?
- What works well?
- What would you improve/add?

Seek opinion on:

- Look
 - Clarity
 - Use of language – tone
 - Use of language – wording (style and role of multiple languages)
 - Credibility
 - Relevance
 - Reassurance.
-
- Do you think you would read this pamphlet if you were given it? Why? How to improve
 - What would be the best way for you to receive this information?
 - Test poster
 - Test flyer

Close and thanks

Payment