



GUIDELINE	
Universal contact 2 years	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS
<p>Child Safe Organisation Statement of Commitment</p> <p>The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.</p>	

This document should be read in conjunction with this [DISCLAIMER](#) and with the Child health services policy

Aim

To conduct age appropriate activities that focus on identifying key risk and protective factors known to influence health and development, and implementing early interventions according to client need to maximise optimal health and developmental outcomes.

Risk

When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability.¹

Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning.² During this time the child's environment and early experiences have the potential to influence their physical health and wellbeing, mental health, social functioning and cognitive development.^{2, 3} A holistic view of the child, parents and family requires an understanding of what influences development. This includes genetics, the environment (parents, family, community and society), cultural variations, risk and protective factors, social determinants and social standing.^{1, 2, 4}

The Universal contact 2 years is an opportunity for the early identification of issues that may negatively impact health outcomes. This is most meaningful when nurses use evidence informed knowledge and skills, and clinical judgement to undertake a comprehensive and systematic enquiry through:

- Eliciting and responding to parental concerns
- Gathering information about the child's current abilities and functions
- Identifying risk and protective factors
- Using evidence informed assessment methods and tools that are age appropriate.¹

Key Points

- The *Universal contact 2 years* is offered to clients as a centre contact. In situations where an alternative venue is required, nurses will be aware of undertaking assessments accurately and safely.

- A comprehensive physical and developmental assessment of the child will be conducted.
- The child is the focus of care and their best interests are the primary consideration in all decisions.
- Family-centred and strengths-based approaches are used for a shared understanding of concerns, and care planning that is proportionate to client needs.
- Nurses think critically and use the best available evidence in making decisions and providing care that is safe, appropriate and responsive.
- Establishes and sustains relationships by communicating effectively in the context of mutual trust and respect.

Process

Steps	Additional information
<p>Client information</p> <p>Prior to the contact review the client's electronic health records, noting any previously identified concerns and follow up required.</p> <p>At the start of the contact ensure clients are correctly identified.</p> <p>For clients new to Child Health Services, enquire if the parents and/or caregivers will identify the infant as of Aboriginal* descent, updating child health records if required.</p>	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Client identification</i> procedure <p>In WACHS check for <i>Child at Risk Alert</i>.</p> <p>In WACHS, when a child has been identified as being at risk of poor health, development or wellbeing, the <i>Enhanced Child Health Schedule</i> will be activated.</p> <p><small>*OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.</small></p>
<p>Child health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns about their child's health and development. <p><u>Nutrition</u></p> <ul style="list-style-type: none"> • Protect, promote and support breastfeeding for 2 years and beyond. • Children require small, frequent and nutrient-dense meals of a variety of foods from the five food groups. • Document child feeding status. <p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Observe for general appearance and skin integrity. • Conduct an oral health assessment and discuss oral hygiene. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Ages and Stages Questionnaires</i>® guideline • <i>Breastfeeding and lactation concerns - assessment</i> • <i>Body Mass Index assessment- Child Health</i> procedure • <i>Growth birth – 18 years</i> guideline • <i>Hearing and Ear Health</i> guideline • <i>Height assessment</i> procedure • <i>Hip assessment</i> procedure • <i>How children develop</i> resource • <i>Nutrition for children – 1 to 11 years</i> guideline • <i>Oral health examination</i> procedure • <i>Otoscopy</i> procedure • <i>Physical Assessment 0-4 years</i> guideline • <i>Practice guide for Community Health</i>

Steps	Additional information
<ul style="list-style-type: none"> • Conduct otoscopy and tympanometry assessments for all Aboriginal* children at Universal and Universal Plus contacts. <p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Conduct a weight, height and a Body Mass Index (BMI). • Document growth measurements and interpret growth trajectories using: <ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization (WHO) 2-5 year growth charts ○ Body Mass Index-for-age Percentile charts (CHS430) • Document growth measurements in the <i>Personal Health Record</i> (PHR) to guide parental discussions. <p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • Conduct an observational assessment and complete the following: <ul style="list-style-type: none"> ○ ASQ-3™ or ASQ-TRAK where culturally appropriate ○ Hip assessments <p><u>Social and emotional assessment</u></p> <ul style="list-style-type: none"> • Conduct an observational assessment and complete the following: <ul style="list-style-type: none"> ○ ASQ:SE-2™ <p><u>Immunisation</u></p> <p>Enquire about immunisation status.</p>	<p><i>Nurses</i></p> <ul style="list-style-type: none"> • <i>Tympanometry</i> procedure • <i>Vision</i> guideline • <i>Weight assessment 2-5 years</i> procedure <p><u>Growth assessment</u></p> <p>Children must be 2 years of age prior to undertaking a BMI.</p> <p>Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal.</p> <p>Discuss with parents expected growth patterns, trajectories and percentiles, reinforcing that growth charts and BMI charts are used as part of a holistic assessment of child health and wellbeing.</p> <p><u>Developmental assessment</u></p> <p>Discuss how the early identification and intervention of ear infections can have a positive impact on children achieving appropriate hearing and speech milestones, and future learning outcomes.</p> <p>Developmental assessments include:</p> <ul style="list-style-type: none"> • Fine motor • Hearing behaviours • Posture and large movements • Social behaviour and play • Speech, language and communication • Vision behaviours <p><u>Immunisation</u></p> <p>Promote immunisation uptake if not fully vaccinated for age, reinforcing the WA Vaccination Schedule in the PHR and promoting local options to access immunisation.</p>
<p>Family health and wellbeing</p> <ul style="list-style-type: none"> • Update family history related to health, relationships, family support, risk and protective factors as required. • Promote healthy nutrition and physical 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Acuity tool</i> guideline • <i>Genogram</i> resource • <i>Indicators of Need</i> resource • <i>Perinatal and infant mental health</i> guideline

Steps	Additional information
activity. <ul style="list-style-type: none"> • In WACHS complete the WA Community Health Acuity Tool to classify the complexity of clients. 	Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks. <p>It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.</p>
Anticipatory guidance <ul style="list-style-type: none"> • Behaviour • Child development • Communication, speech and language • Immunisation <ul style="list-style-type: none"> ○ Ensure client awareness of the WA Vaccination Schedule information in the PHR • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development • Kindergarten and school readiness • Nutrition • Oral hygiene • Parents returning to work • Play and physical activity • Playgroups • Reading • Screen time <ul style="list-style-type: none"> ○ No more than 1 hour • Sleep and settling • Sun protection • Toilet training 	The list of anticipatory topics is of relevance for the 2 year contact. However, nurses will prioritise discussions according to client need. <p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>How children develop</i> resource • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline <p>Discuss supporting child development and children's needs, whilst developing an understanding of the support parents need, to raise thriving children.⁵</p> <p>Discuss the importance of role modelling for healthy nutrition, including how to create positive mealtime environments and discussing age appropriate nutritional requirements.</p> <p>Promote healthy growth and development by encouraging the recommended balance of physical activity, high-quality sedentary behaviour and sufficient sleep (Australian 24-Hours Movement Guidelines for the Early Years).</p>
Parent education and resources <ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. 	Offer clients resources listed in the <i>Practice guide for Community Health Nurses</i> . <p>Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.</p>
Care planning <ul style="list-style-type: none"> • Promote the <i>Universal contact School</i> 	Refer to the following for more information:

Steps	Additional information
<p><i>Entry Health Assessment</i>, advising clients this is a school based assessment.</p> <ul style="list-style-type: none"> Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<ul style="list-style-type: none"> <i>Groups for parents</i> guideline <p>Offer the following Community Health group programs as required:</p> <ul style="list-style-type: none"> <i>Circle of Security – Parenting</i>: a targeted service to help parents understand their child’s emotions (suitable from four months to six years).

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; in electronic and/or MR600 child health records.

References

- Sharma A, Cockerill H. From birth to five years: Practical developmental examination. Routledge. 2014.
- Department of Health. National Action Plan for the Health of Children and Young People 2020-2030. Department of Health. Australia. 2019.
- Western Australian Government. Our Priorities Sharing Prosperity. Department of the Premier and Cabinet. Western Australia. 2019.
- Moore T, Arefadib N, Deery A, West S. The First Thousand Days: An Evidence Paper. Victoria. Centre for Community Child Health, Murdoch Children's Research Institute. 2017.
- McCormack D, Taylor L. Putting children first: Changing how we communicate with parents to improve children's outcomes. Child Family Community Australia. 2019. <https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes>.

Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the [HealthPoint](#) link, [Internet](#) link or for WACHS staff in the [WACHS Policy](#) link

Acuity tool Guideline

Ages and Stages Questionnaires ®

Breastfeeding and lactation concerns - assessment

Breastfeeding protection, promotion and support

Body Mass Index assessment – child health

Child health services

Clients of concern management
Groups for parents
Growth birth – 18 years
Hearing and Ear Health
Height assessment 2-5 years
Hip assessment
Nutrition for children – 1 to 11 years
Oral health examination
Otoscopy
Physical assessment 0-4 years
Tympanometry
Vision
Vulnerable populations
Weight assessment 2-5 years
The following documents can be accessed in the CAHS-CH Operational Manual
Client identification
Consent for services
Consent for release of client information
Home and community visits
Working alone
The following documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
Ear Health Checks for Aboriginal Children
Patient identification
WebPAS Child at Risk Alert
Working in isolation – Minimum safety and security standards for all staff

The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Guidelines for Protecting Children 2015 (OD 0606/15)
Patient Confidentiality Policy (MP0010/16)
WA Health Consent to Treatment Policy (0657/16)
WA Health System Language Services Policy (MP0051/17)

Related CAHS-CH forms

The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Body Mass Index-for Age Percentile charts (CHS430)

Related CAHS-CH resources


The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Genogram
How children develop
Indicators of Need
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Related external resources

Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)
Australian Breastfeeding Association Email counselling, Local support groups, Resources and Information. In addition, the Helpline 1800 686 268 is available 24 hours a day and 7 days a week. For clients requiring an interpreter phone the Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.
Australian Dietary Guidelines
Book: Mary Sheridan's From Birth To Five Years Children's Developmental Progress.

2014. Ajay Sharma and Helen Cockerill.
Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.
Healthy WA
Infant Feeding Guidelines – Information for health workers (National Health and Medical Research Council)
Kidsafe
MyChild - Australia's online child care portal. On this website you will find information on different types of child care
Ngala
Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives . 2018
Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice . 2016.
Playgroup WA
Raising Children Network
SunSmart Cancer Council of Western Australia

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

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital