



PROCEDURE

Aboriginal Health Team – child health contacts

Scope (Staff):	Nurses and Aboriginal Health Workers
Scope (Area):	CACH-AHT

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To contribute to the health, development and wellbeing of Aboriginal children in the early years by delivering services that focus on prevention, early identification and interventions to help achieve optimal health and developmental outcomes.

Risk

The provision of services that are not culturally sensitive may impact negatively on the health outcomes of Aboriginal children and their families.

Background

In 2023, 75% of the Aboriginal Health Team (AHT) appointments were Universal Plus.¹ While Universal Plus child health contacts can be offered at any time based on clinical judgement, the enhanced schedule provides a structured program for Aboriginal children and their families. See [Appendix B](#), for more information.

As of the 1 August 2024, the birth notifications of children who are identified as Aboriginal by parent/guardian are now allocated to the AHT CDIS BN list, contacted by AHT and offered the AHT services.

From 1 September 2025, the Enhanced Child Health Schedule (ECHS) will be offered by the AHT for Aboriginal children who meet the program criteria, see [Enhanced Child Health Schedule](#). For more information, see the [AHT Model of Care](#) and [Aboriginal child health policy](#).

*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.

Key points

- This procedure is to be read in conjunction with the [Aboriginal child health policy](#) and the [Culture and health factor paper](#).
- CACH staff deliver services including prevention, early detection and intervention to improve services to Aboriginal children and their families in the first 1000 days.
- Services for Aboriginal children and their families are delivered by community health nurses across the metropolitan area as detailed in the [Aboriginal child health policy](#). It follows a model of progressive universalism - where everyone is offered the Universal contacts, and families with additional needs are offered Universal Plus contacts and ECHS based on clinical need, as per [CHS692 ECHS Activity Summary](#).
- The ECHS is a structured Universal Plus schedule developed for families who have additional health care needs and is delivered by the AHT Community Health Nurses and Aboriginal Health Workers.
- The ECHS focuses on health outcomes which commonly arise in circumstances of poor social determinants, including those related to ear, eye, oral, respiratory and skin health, and nutrition, especially iron deficiency.
- Community health staff recognise and understand parent-infant-child attachment within Aboriginal, cultural and historical contexts, connection to community, culture, country, spirituality, family and kinship.

AHT staff scope

The AHT is a multidisciplinary team that perform child health contacts as below:

The **Universal Schedule** is to be completed by Community Health Nurses (Clinical Nurse, Registered Nurse) with a post-graduate child and adolescent health qualification, hereafter termed AHT Nurse.

The **ECHS** can be completed by Aboriginal Health Workers (AHW), Enrolled Nurses, Registered Nurses, Clinical Nurses and Graduate Nurses (from here referred to as Nurses) and others deemed competent to provide aspects of the enhanced schedules as per their scope of practice and competencies.

- Community Health Nurse: [CHS692 ECHS Activity summary](#)
- Aboriginal Health Workers: [CHS690 Aboriginal Child Health Schedule for AHW](#)
- Nurse without a postgraduate qualification can provide ECHS contacts as per below:

Hearing and Ears	• Audiometry • Tympanometry	• Otoscopy
Physical Assessment	• Capillary Blood Sampling • Height/Length	• Head Circumference • Weight
Observation	• ASQ³ including ASQ-SE²	• Edinburgh Postnatal Depression Scale

Enhanced Child Health Schedule

The AHT delivers child health services based on a model of progressive universalism, with additional services provided to families who need them most. The ECHS contacts are optional and flexible, with the delivery dependent on family needs and clinical judgement.

- The ECHS is a structured Universal Plus schedule. The primary outcomes are to identify and support families to raise healthy children, to promote optimal development and wellbeing and to prepare children to be ready to commence school.
- AHT Staff to perform ECHS as per competencies with successful completion of approved CACH (or equivalent) training and competencies.
- The ECHS contacts can be performed by Aboriginal Health Workers (AHW) and Registered Nurses. However, if any child health checks are provided inclusive of universal contact clinical items, then a child health nurse with a post graduate qualification must attend.
- The ECHS recognises the importance of establishment of strong foundations and maintenance of relationship with families to promote optimal child development. Specifically, the importance of regular contact, particularly in the first 12 months.
- The AHT is to utilise the home visiting model, with the location to be reviewed at each contact to ensure it meets the needs of the child and family.
- AHT community health nurses can offer [AHT Partnership level of service](#), as required.
- Staff supporting families with additional health care needs should regularly consult with their line manager, attend clinical reflective practice sessions, practice self-care and seek support through the employee assistance program, if required.

ECHS Program Eligibility Criteria

Infant	• Preterm birth (<37 weeks) • Low birth weight (under 2500g) • Low Apgar score • Infant Comorbid medical conditions • Identified developmental delay as per ASQ
Parent	• Contact with Department of Communities – Child protection and family support • Maternal social and emotional wellbeing – mental health • Young mother under 20 years old with no family support • Known drug and/or alcohol exposure in utero • Family Domestic Violence
Family History	• Family history of developmental issues • Family history of medical conditions of concern

See [CHS693 ECHS eligibility criteria form](#). It is important to provide a holistic assessment where culture is recognised as a determinant of health. The protective factors are available in [Culture and Health factor paper](#), including a case study.

Not all families who meet eligibility criteria require ECHS, as the presence of protective factors may reduce adversity and increase resilience. Where risks for child and family

functioning are identified, but there are protective factors that mitigate the impact of the risk factors for the child, Universal Plus appointments for specific concerns are appropriate, rather than the family receiving ECHS. Clinical judgement must be used to assess which stream (ECHS or Universal Plus) is the best fit for the family. AHT staff must consult with a line manager if there are queries about the stream of service.

Related policies

- [Breastfeeding protection, promotion and support](#) & [breastfeeding assessment guide](#)
- [Breastfeeding support services](#)
- Children in care – [conducting assessment](#) & [managing referrals](#).
- [Depot medroxyprogesterone acetate administration](#)
- [Factors impacting on child health and development](#)
- [Growth birth to 18 years](#) and [Nutrition for children – birth to 18 years](#)
- [Growth – downward trajectory](#) & [Accelerated upward trajectory](#)
- [Head circumference](#), [Length assessment 0 to 2 years](#) & [Weight assessment 0-2 years](#)
- [Height 2 years and over](#) & [Weight 2 years and over](#) & [Body Mass Index assessment](#)
- [Hearing and ear health guideline](#) and procedures
- [Haemoglobin protocol](#) and [Capillary blood sampling](#)
- [Home and community visits](#)
- [Physical assessment 0 – 4 years](#) & [Hip assessment](#) & [Sleep 0-5 years](#)
- [Perinatal and infant mental health](#)
- [Immunisation - childhood](#)
- [Medication management in the AHT](#)
- [Recognising and responding to acute deterioration](#)
- [Vision and eye health](#) and procedures.

Procedure

Steps	Additional Information
1. Birth notification • Birth Notifications (BN) where the client is identified as Aboriginal by parent/guardian are allocated by CDIS to an AHT base by post code • Each AHT Base BN list to be checked daily by the AHT Nurse at each base • BN to be allocated to an identified CHN. • AHT CNM organise North and South intake meeting management on a fortnightly basis.	• Follow the Aboriginal children BN referral flowchart and CDIS Tip Sheet • If AHT is unable to allocate a nurse, consult with AHT CNM/CNS to consider options to forward BN. Consider liaison with local CH centre around local capacity before forwarding. Re-allocate BN to local child health centre BN list by day 5 after birth. Contact local CH nurse to confirm they've received BN • CNM/CNS to review BN list if CHN is absent from base.

Steps	Additional Information
2. Universal contact initial interaction • Contact parent/guardian as per Universal contact initial interaction guideline and AHT BN script • In most instances where clients agree to engage with child health services, this will be regarded as implied consent and no signed consent form is required. If service is declined, see consent note. Confirm eligibility criteria • Child is identified as Aboriginal • Family lives in Perth metropolitan area Confirm preference • If client preference for AHT, schedule 0–14-day home visit • If client preference for local Child Health Centre (CHC), follow Aboriginal children BN referral flowchart regarding re-allocation to their BN list. • Call or email local CHC to confirm that the BN was received. • If unable to contact, <u>keep client on BN list</u>. Record a note and attempt follow up within 24-48 hours. CDIS Note: Once the 0-14 days contact is scheduled, the client will be transferred from BN list to active Child Health list. You can rebook and/or create note for follow up if client does not attend.	For more information, see Universal contact initial interaction guideline • Review CDIS for discharge summaries including neonatal special child health referral form, Mother Baby Unit (MBU). See, Special Referral to Child Health Services. • AHT BN Script • AHT BN Referral Flowchart • Consent for services • Depending on complexity, if unable to contact consider a minimum of 3 attempts at phone call/text/email. Consult with line manager re next steps • If unable to contact, consider liaison with hospital. To confirm client's details, any additional health care needs (e.g. premature babies) for an estimated discharge date • Aboriginal families can be transient. Include a note on CDIS and if necessary, follow Clinical handover - nursing as per local processes. Consent note: the service is voluntary. However, if client declines and there are any identified risk factors to the child/mother (such as risk of harm/domestic violence) follow the Clients of Concern management protocol, and escalate to CNM/CNS (if required).
3. Universal contact 0-14 days • CHN to perform as per Universal contact 0-14 days • For clients new to the AHT, include the AHW or Aboriginal staff member (where possible) at home visit • Provide clients with an AHT brochure	For more information see, Universal contact 0-14 days. • Clinical Handover including WACHS • Breastfeeding support services (note: referral requires an assessment and care plan)

Steps	Additional Information
At each contact, the AHW can perform assessments as outlined in CHS690 Child Health schedule for AHW.	If unable to engage with clients and there are any identified risk factors, follow the Clients of concern management protocol. CDIS note: If client does not attend the scheduled contact, review the active Child Health list to follow up.
4. ECHS – 4 weeks - Assess clinical need for this contact - Complete CHS693 ECHS eligibility criteria - To be performed by AHW and/or RN as a phone call to check in with family. If there are any identified concerns, follow up with a home visit (invite CHN if assessments are outside of scope of AHW/RN) - If a home visit is performed offer any assessment(s) missed at universal appointment or where concerns are identified. ²	Review: Universal contact 0-14 days guideline - CHN availability for 8-week appointment - Mode of delivery (if client prefers home visit or to attend clinic). Prompt: - mother's and baby 6-week post-natal check and 8-week universal contact - Immunisation appointment as per Immunisation - childhood procedure.
5. Universal contact 8 weeks - CHN to perform as per 8 weeks universal contact FORM: Aboriginal Child Health Summary Sheet (CHS718).	See, Universal Contact 8 weeks. Policy documents as above, and: Corneal Light reflex and Red reflex test Otoscopy and Tympanometry. Prompt: - Immunisation appointment as per Immunisation - childhood procedure.
6. Universal contact 4 months - Community Health Nurse to perform as per 4-month universal contact FORM: Aboriginal Child Health Summary Sheet (CHS718).	See, Universal Contact 4 months. AHT policies and procedure, and: - Promote circle of security concept, using resources and referral to groups as appropriate. Prompt: - Immunisation appointment as per Immunisation - childhood procedure.

Steps	Additional Information
7. ECHS – 6 months • Assess clinical need for this contact • Complete or review ECHS eligibility criteria • To be completed by AHW and/or RN, CHN must attend if any assessments are outside of scope of AHW/RN. • Perform any assessments missed at universal contacts or where concerns are identified • Offer assessments as per clinical need or use CHS692 ECHS Activity summary • Emphasis on anticipatory guidance for immunisation, ear checks, introduction to solids including iron rich foods. • Catch up on immunisations if needed	Policy document as above, and: • Ages and Stages Questionnaire (ASQ) • Haemoglobin protocol as per Capillary blood sampling procedure • Nutrition for children – birth to 18 years • Oral health assessment • Red reflex test performed by CHN • Sleep guideline • Review mode of delivery (if client prefers home visit or to attend clinic). Prompt: • Immunisation appointment as per Immunisation - childhood procedure.
8. ECHS – 8 months • Assess clinical need for this contact • To be perform by AHW and/or RN, CHN must attend if any assessments are outside of scope of AHW/RN. • Perform any assessments missed at universal contacts or if any concerns • Offer assessments as per clinical need or use CHS692 ECHS Activity summary • Perform ASQ (if required), ear check, provide anticipatory guidance for next contact including immunisation. • Catch up on immunisations if needed	See, ECHS 0-5 years activity summary. • Hearing and ear health guideline • Haemoglobin protocol as per Capillary blood sampling procedure • Immunisation - Childhood • See Appendix A – ages ranges for undertaking contacts. • Complete or review ECHS eligibility criteria
9. Universal contact 12 months • CHN to perform as per 12-month Universal Contact.	For more information, see Universal Contact 12 months. Prompt: Immunisation appointment as per Immunisation - childhood procedure.

Steps	Additional Information
10. ECHS – 18 months - Assess clinical need for this contact - To be completed by AHW and/or RN, CHN must attend if any assessments are outside of scope of AHW/RN. - Perform any assessments missed at universal contacts or where concerns are identified - Offer assessments as per clinical need or use CHS692 ECHS Activity summary - Perform ear checks, immunisation and promote 2-year-old check. - Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	Policy documents as above: - See Appendix A – age ranges for undertaking contacts - Review mode of delivery (if client prefers home visit or to attend clinic) - Complete or review ECHS eligibility criteria
11. Universal contact 2 years - CHN to perform as per 2 years universal contact - Body Mass Index (BMI) - Observe gait (hip assessment). - Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	For more information, see Universal Contact 2 years. Body Mass Index assessment Height assessment 2 years and over Hip assessment Weight assessment 2 years and over.
12. ECHS – 2 ½ years - Assess clinical need for this contact - To be completed by AHW and/or RN, CHN must attend if any assessments are outside of scope of AHW/RN. - Perform any assessments missed at universal contacts or if concerns arise - Offer assessments as per clinical need or use CHS692 ECHS Activity summary - Offer BMI, hearing, and vision.	Policy documents as above, particular emphasis on the following: Hearing and ear health, and procedures Vision and eye health, and procedures - Review mode of delivery (if client prefers home visit or to attend clinic). - Complete or review ECHS eligibility criteria

Steps	Additional Information
Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	
13. ECHS – 3 years - This ECHS contact is optional, use clinical judgement to determine if required based on client needs - To be completed by RN and/or AHW, CHN must attend if any assessments are outside of scope of AHW/RN. - Perform any assessments missed or where concerns are identified - Offer assessments as per clinical need or use CHS692 ECHS Activity summary - Assess school readiness ASQ assessment (if required). - Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	- School readiness ASQ - Review mode of delivery (if client prefers home visit or to attend clinic). - Complete or review ECHS eligibility criteria
14. ECHS – 3 ½ years - This ECHS contact is optional, use clinical judgement if required - To be completed by AHW and/or RN, CHN must attend if any assessments are outside of scope of AHW/RN. - Perform any assessments missed or where concerns are identified - Offer assessments as per clinical need or use CHS692 ECHS activity summary - Assess ASQ, hearing, and vision. - Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	Policy documents as above, and: Audiometry procedure. Distance Vision LEA Symbols Chart (if concerns for vision) - Review mode of delivery (if client prefers home visit or to attend clinic). - Complete or review ECHS eligibility criteria
15. Universal Plus – 4 to 5 years old	Perform as per CHS692 ECHS activity summary

Steps	Additional Information
- If child is not enrolled in school, offer ASQ, ear health assessment (otoscopy, tympanometry, audiometry), vision (CLR and Distance vision), and growth assessments. - Catch up on immunisations if needed and provide anticipatory guidance for next scheduled immunisation.	- Children on the ECHS pathway may receive a Universal Plus assessment at any time between the ages of 4 to 5 years if they haven't started school. - Review mode of delivery (if client prefers home visit or to attend clinic).

Additional guidance and links to relevant policy and resources

Area	Additional info						
Aboriginal Child Health Policy - This policy provides context on Aboriginal children in Western Australia, including some historical, statewide and national policy context - Includes CACH scope servicing Aboriginal children and families.	See Aboriginal child health policy WA Aboriginal Health and Wellbeing Framework 2015 – 2030. Closing the Gap AHT brochure						
Aboriginal Health Worker - At each contact, the AHW can perform and/or attend assessments as outlined in CHS690 Child Health schedule for Aboriginal Health Workers - Complete referrals as appropriate.	To perform the following contacts as priority: <table border="0"> <tr> <td>• 0–14 days (with CHN)</td><td>• 18 months</td></tr> <tr> <td>• 4 weeks</td><td>• 3 years</td></tr> <tr> <td>• 6 months</td><td>• 3.5 years</td></tr> </table>	• 0–14 days (with CHN)	• 18 months	• 4 weeks	• 3 years	• 6 months	• 3.5 years
• 0–14 days (with CHN)	• 18 months						
• 4 weeks	• 3 years						
• 6 months	• 3.5 years						
Care planning - Discuss child health services & referral pathways (medical & CDS). Referral to services if required. Discuss additional services available to support in areas of identified need (e.g. CDS). Staff can use the following tools in accordance with the relevant policy to guide care planning decisions: - ASQ/ASQ: Social Emotional	Relevant policies and procedure: Breastfeeding protection, promotion and support Growth - downward trajectory Growth - accelerated upward trajectory Haemoglobin protocol Hearing and ear health including procedures						

Area	Additional info
• Edinburgh Postnatal Depression Scale • Family and Domestic Violence Screening • Genogram Parent education is to be tailored to address expressed concerns, identified needs and cultural practices. Involve other significant family members as appropriate.	• Hip assessments • Nutrition for children – birth to 18 years • Oral health assessments • Perinatal and infant mental health • Physical assessment 0 - 4 years • Sleep 0-5 years • Vision and eye health and procedures • Universal Plus child health
CDIS tip sheet	• AHT CDIS Guide Manual
Children in Care (CIC) • If children are in care of the Department of Communities, appropriate Children in Care (CIC) comprehensive health checks are required to be completed as per policy.	• CIC assessments can be completed concurrently with ECHS checks to eliminate duplication. • See <i>Children in care</i> – conducting assessment & managing referrals.
Client Identification	• Patient/Client Identification protocol
Cold Calls • Only offered by the AHT as a last resort when unable to contact family where there are concerns for the wellbeing of the mother/child • Consult with line manager. • Two staff members, at least one AHW or Aboriginal staff member must be present.	• For more information see, Home and community visits • See Appendix 2: Home and Community Visiting checklist to use as guide only.
Consent • Includes informed consent, implied consent, consent to share information.	See Consent for services. • CHS725 Consent for release of information • CHS725 Consent – client information sheet

Area	Additional info
Clients of Concern - If concerns are raised regarding child health, wellbeing and/or safety follow Clients of concern protocol. - See step 6: Escalation of concerns for a child. - See step 7: Communications with Department of Communities – Child Protection and Family Support.	See the relevant policies Clients of concern management Guidelines for protecting children 2020 Family and domestic violence procedure
Clinical Handover When identified for clinical handover, see clinical handover – nursing procedure.	See, Clinical handover - Nursing. - Referrals between CACH and WACHS Aboriginal children birth notification flowchart.
Culture and health A factor paper available in the Factors impacting child health and development guideline.	See, Culture and Health, which includes: - Cultural determinants of health - Case study of protective factors.
Operational Policies	See CACH Operational Policies
AHT Partnership The AHT deliver the partnership level of service if long-term intensive support for families is required. Escalate to Partnership where support in addition to ECHS is indicated.	- AHT CHN can refer to the Partnership - child health service for guidance following consultation with line manager. - Multidisciplinary approach includes Aboriginal Health Workers, Aboriginal Liaison Officers and Community Health Nurses.
Resources See Aboriginal child health matrix or resources in relevant policy/procedure.	Statewide Aboriginal child health matrix CAHS - Aboriginal child health resources CACH Clinical Nursing Policies.
Registered Nurse Perform child health contact as per the AHT staff scope with ECHS contacts the priority.	For more information see, AHT staff scope. Can do referrals e.g. ASQ to child development.

Area	Additional info
Special Child Health Referrals	• Special Referrals to Child Health Service Policy • Women and Newborn Health Service – Mother Baby Unit (MBU) • Fiona Stanley – MBU.
Universal Plus • Nurse to perform as per Universal Plus Child Health procedure • If extended follow up is required, see AHT partnership.	For more information, see Universal plus - Child health procedure. • See, factors impacting on child health and development appendices for relevant factors, including Culture and health. • See, Appendix B – AHT procedure flowchart.

References

1. Child and Adolescent Health Service. Aboriginal Health Team Model of Care. Child and Adolescent Health Service.: 2023.
2. National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners. National guide to preventive healthcare for Aboriginal and Torres Strait Islander people: Recommendations. RACGP Clinical Guidelines. 2024 23/06/2025(4th edition). East Melbourne, Vic.

Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: [HealthPoint link](#) or [Internet link](#)

[Aboriginal child health](#)

[Aboriginal children birth notification flowchart](#)

[Ages and Stages Questionnaire](#)

[Child health services](#)

[Clinical Reflective Practice](#)

[Hearing and Ear Health](#)

[Immunisation - childhood](#)

Practice guide for Community Health Nurses
Universal contact initial interaction
Universal contact 0-14 days, 8 weeks, 4 months, 12 months, 2 years

Useful internal resource (including related forms) Aboriginal Health Forms
Aboriginal Health Team CAHS Health Point webpage
Aboriginal children birth notification flowchart
Women and Newborn Health Service Community Health process when baby is admitted to and discharged from Mother Baby Unit
Fiona Stanley Hospital Community Health process when baby is admitted to and discharged from Mother Baby Unit
ECHS Eligibility Criteria
ECHS Activity Summary

Related external resources (including related forms)
Guideline for Protecting Children 2020
TKI Healthy Skin Guideline (2nd edition) includes flipchart, quiz and clinical fact sheets

This document can be made available in alternative formats on request.

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Printed or personally saved electronic copies of this document are considered uncontrolled			
 Healthy kids, healthy communities CompassionExcellenceCollaborationAccountabilityEquityRespect Neonatology Community Health Mental Health Perth Children's Hospital			

Appendix A: Ages ranges for undertaking universal and ECHS contacts.

Age ranges for undertaking Universal and ECHS contacts		
CONTACT	ECHS	UNIVERSAL CONTACTS*
0-14 days	Within 14 days	Within 14 days
4 weeks	3 - 5 weeks	
8 weeks	8 – 12	8-12 weeks
4 months	4 - 6 months	4-5 months
6 months	6 - 7 months	
8 months	8 – 10 months	
12 months	12 – 16 months	12-18 months
18 months	17 – 19 months	
2 years	24 – 28 months	24 – 36 months
2 ½ years	29 – 31 months	
3 years	34 – 39 months	
3 ½ Years	40 – 45 months	
School Entry Health Assessment *	3.5 – 5 years depending on when they start school.	Kindy or pre-primary (if not done at kindy)

- To be used with the [CHS692 ECHS Activity Summary](#).
- If conducting a contact outside of the universal contact age ranges, record as Universal Plus. For more information see, [Appendix B](#): Flowchart between Universal, Universal Plus and ECHS.
- Use corrected age until the client is 2 years of age.
- *If an AHT clients receives an assessment between 4 – 5 years of age and are not enrolled in school, record as Universal Plus.

Note: The AHT do not perform SEHA as it is only performed by school health staff.

Appendix B Aboriginal Health Team Scheduled Child Health Contacts overview

To be used with *Aboriginal Health Team procedure, Child Health Policy, Universal Plus procedure.*

