

PROTOCOL

Child Health Contacts in Early Learning Centres

Scope (Staff): Community health staff

Scope (Area): WACHS, CAHS-CH

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 children in the early years by offering flexible service delivery of universal child health services to families in early learning settings.

Risk

Non-adherence to this protocol will result in inconsistent practice which may negatively impact on outcomes of children and their families. Failure to conform to consent protocol poses an organisational risk.

Background

The Western Australian universal child health service model incorporates flexible service delivery modes to increase access to children and their families.¹ Flexible service delivery can include the use of home visits, Telehealth appointments and appointments at community venues, for example schools and Child and Parent Centres.

The Western Australian Commissioner or Children and Young People estimated that in 2017, 14.3% of children (9,400) attended formal care only and 24.6% of 2 to 3 year olds attended formal care only.²

Many parents of children aged between 12 and 36 months may not be able to access universal services during community health centre hours of operation.

Offering child health services in Early Learning Centres (ELC) will allow for building parental knowledge and skills about child health and development, enable early identification of health and development issues, and appropriate referral. As of April 2022, the services described here are offered in WACHS only.

Definitions

Early learning centre: A setting in which young children are provided with care, supervision, and educational activities by appropriately qualified staff.

ASQ: Ages and Stages Questionnaire [™] is a screening and monitoring system designed to accurately identify infants and young children in need of further assessment

PHR: Personal Health record, or Purple Book, is a free, parent-held child health record, provided by WA Health to every child at birth, usually at the maternity hospital.

Key points

- Engagement with parents and caregivers is an important component of the child health contact. This will be facilitated by promotional material displayed in the early learning centre, encouragement by early childhood educators and through phone contact between parent and nurse.
- In the first instance, parents are invited to attend a child health appointment at the ELC where their child attends, or at another suitable venue.
- If parents decline the invitation to attend the appointment, parents may opt for their child to have the child health contact in the company of an Early Childhood Educator (ECE). Parental consent must be obtained for this to occur.
- Engagement with ELC staff is essential to facilitate access to children and families, and appropriate private spaces in which to conduct child health service contacts.
- When an ECE accompanies a child to the appointment, personal and clinical information about the child and family is not to be shared.
- Children can decline to participate in any aspect of the assessment.
- There must be a clear mechanism for sharing findings of the assessment with the child's parent or caregiver in a timely manner. This can be done via the phone.
- All of the universal contact topics should be addressed and anticipatory guidance provided e.g. toilet training, toddler behaviour and parenting groups.

Process

Steps	Additional Information		
 Preparation for the appointment ELC staff are provided with promotional material and advised when the CHN will be in attendance. 	 Refer to Appendix 1 for workflow process 		
 Memorandum of understanding to be signed between ELC and CAHS or WACHS. 			

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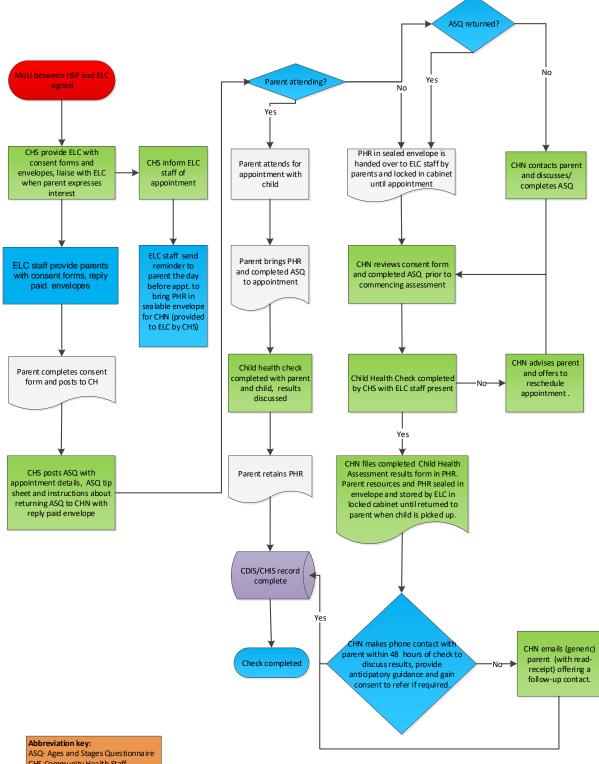
Steps		Additional Information		
•	Parent is provided with Purple Book appointment consent form for child health contact by ELC staff. The completed consent form is posted to the HSP in a pre-paid envelope.	 Parents may be offered other options including a home visit. clinic or ELC appointment on a day when the parent is not working 		
•	On receipt of the consent form, an appointment is booked.			
•	Community health nurse and parent determine time and place of contact with child and if parent will be present or if an ELC staff member is going to be present during the contact.			
•	Appointment details are provided to parent and ELC staff if contact is occurring on ELC site.			
•	Parents should be encouraged to attend the appointment if possible. This may require flexibility in scheduling appointments.			
•	Community health staff send ASQ and ASQ:SE, tip sheets and instructions about how to complete the questionnaires. Parents are provided with a pre-paid envelope and encouraged to post the completed ASQs to Community Health prior to appointment.	 ASQ may be completed by phone if parent has literacy issues, of if parent is unable to attend the appointment 		
•	Parents are provided with an envelope in which to seal the child's PHR prior to handing over to ELC staff.	 ELC staff are required to store PHR in locked cabinet when not in use by the nurse, similarly to 		
•	On the day before the appointment, ELC staff remind parent to bring PHR in the sealed envelope and bring it to the centre to be signed into the centre and placed in a locked cabinet.	other confidential records held in the centre.		
2.	Appointment with parent present	Refer to		
•	If the parent is going to be present at the appointment, the nurse, parent and child meet at the appointed time and the appointment proceeds as per the guidelines for the universal 12 month or 2- year contact.	 Universal contact 12 months guideline Universal contact 2 years guideline 		

Steps	Additional Information		
3. Where parent is not present at appointment.			
 If the parent is not going to be present, prior to the appointment.: 	 Ensure consent is completed. Universal contact 12 months guideline Universal contact 2 years guideline 		
 Nurse and parent review the ASQ and participate in a structured discussion, with a goal of o eliciting and responding to parent 			
concerns			
 gathering information about the child's current abilities and functions 			
 identifying risk and protective factors 			
 providing age-appropriate anticipatory guidance e.g. discuss toilet training and behaviour management 			
 promoting parenting groups 			
 agreeing to time and mode of post- examination appointment 			
 If the ASQ has not been returned and can't be completed by phone, the appointment is rescheduled. 			
• On the day of the appointment, the nurse reviews the provided information and engages with child and undertakes assessment with ELC staff member present.	 The ELC staff member is a 		
 The PHR is removed from the locked cabinet and used during the contact. 	familiar adult and is present to support the child during the examination.		
For the 12- month and 2 -year contact, the contact includes:			
 Physical assessment -observation of general appearance, gait and skin integrity 	 The nurse will not share any confidential information with the ELC staff member, and the staff member will not discuss any 		
• Growth assessment, including measuring weight, length and if indicated, head circumference. Children will be weighed wearing minimal clothing	confidential information obtained through the appointment.		
 Examination of eyes to elicit the red eye and corneal light reflexes 			

Steps		Additional Information	
•	Assessment of ear health using otoscopy and tympanometry if risk factors present.		
•	Oral health assessment using a torch.		
•	Nurse completes assessment results form and files in the PHR. Nurse seals PHR in an envelope with education resources related to contact outcomes.	•	Results are confidential to parent and not discussed with ELC staff.
•	The envelope is returned to the locked cabinet and signed out to the parent when the child is picked up.		
•	The nurse phones parent/carer within two working days of appointment to discuss outcomes.	•	If the nurse is unable to contact parent after the assessment, a letter is emailed requesting the
•	Electronic client records completed for the contact.		parent make contact to discuss outcomes. The email must include a read-receipt.

Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.





Abbreviation key: ASQ- Ages and Stages Questionnaire CHS Community Health Staff CHN- Child Health Nurse Parent- Parent or legal guardian PHR – Personal Health Record

References

- 1. CAHS Community Health Clinical Nursing Manual Child Health Services Policy 2023
- 2. WA Commissioner for Children and Young People. Participation in formal and informal childcare [Internet] WA Commissioner for Children and Young People. Perth. [Cited 2021 July 23] Available from: Participation in formal & informal child care | Ages 0-5 (ccyp.wa.gov.au)
- 3. Victorian State Government. Types of childcare [Internet] Education and Training Melbourne. [Updated 2018 Sep 21: cited 2021 July23] Available from: <u>Types of childcare (education.vic.gov.au)</u>

Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health Manual: <u>HealthPoint link</u> or <u>Internet link</u> or for WACHS staff in the <u>WACHS Policy link</u>

CAHS Universal 12 month contact

CAHS Universal 2 year contact

Related external legislation, policies, and guidelines

WACHS Consent for sharing information procedure: child 0-17 years-Population Health

WACHS Consent for sharing information: child 0-17 years form

Related internal resources (including related forms)

Purple Book Appointment Consent Form (to be finalised)

CAHS consent for the release of information

CAHS Consent for release of information form CHS725

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

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Standards Applicable: NSQHS Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10								
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