



PROCEDURE

Universal Plus - child health

Scope (Staff):	Child health
Scope (Area):	CACH, WACHS

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 outline the support, follow up and review of identified concerns at a Universal Plus contact.

Risk

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

Background

As outlined in the *Child Health Services* policy, the Universal Plus level of service offers additional contacts in response to an expressed need by the client or may be offered by the nurse to address an identified concern after assessment. Additional contacts provide opportunities for building protective factors and resilience in families, for ongoing surveillance and aim to minimise the impact of risk factors for children. Universal Plus contacts are goal-focused and will include brief interventions. When the identified issue has been managed or resolved the client returns to the Universal level of service. For clients who require additional input to manage or resolve increasingly complex concerns, referral to the Partnership level of service (CAHS and WACHS) or the Enhanced Child Health Schedule (WACHS) should be considered.

Where a particular concern or issue has taken priority over completing a Universal contact, an additional contact should be arranged to finalise all components.

Clients may be offered Universal Plus or Partnership level of service and then return into Universal level of services according to client need.

Definitions

Universal: Universal contacts focus on eliciting and responding to parental concerns, the early identification of health and developmental concerns, supporting parenting and the promotion of child parent relationships.

Universal Plus: The Universal Plus level of service offers additional contacts to help clients manage or resolve a particular concern or issue. This level of service may be provided in response to an expressed need by the client or may be offered by the nurse to address an identified concern.

Partnership (CAHS): The Partnership level of service is for clients who require help to manage or resolve increasingly complex physical, developmental, psychosocial, behaviours and health concerns, which may be complicated by socioeconomic, social and environmental factors.² In addition, there is a level of risk for children, if these concerns are not addressed.^{2,3}

Enhanced Child Health Schedule (ECHS) (WACHS): Developed to assist families who require Universal Plus and/or Partnership level of service. The ECHS offers scheduled contacts with children and families, including the six Universal child health contacts and an additional ten contacts to provide extra support and monitoring. It supports families to raise healthy children with optimal development and wellbeing who are ready to commence school.

Caregiver: an adult who is in a caregiving position for the client, including legal guardians, foster carers, informal carers.

Guardian: an adult with requisite parental responsibility for the client, including carers recognised by orders made by the Family Court, as per Consent to Treatment; does not include foster carers and informal carers

Key points

- The child is the focus of care and their best interests are the primary consideration in all decisions.
- Family-centred and strength-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.
- Nurses establish and sustain relationships by communicating effectively in the context of mutual trust and respect.
- Universal Plus (UP) service is designed for short, targeted interventions for issues that are expected to be resolved with timebound support.
- UP contacts are goal focused with a documented care plan in CDIS/CHIS.
- Nurses should develop person-centred and goal-directed comprehensive care plans that meet identified client needs.⁴

- UP appointments should not be placed on the CDIS Stand-by list due to clinical risk.
- Services are delivered in a flexible manner to maximise engagement and meet client needs.
- Drop-in sessions are not to be used to monitor UP clients, but may provide an opportunity to engage with a client and make a follow-up Universal Plus appointment
- Service planning and delivery is accessible, high-quality, culturally safe and responsive, ensuring the cultural diversity, rights, views, values, and expectations of Aboriginal* people, and those of other cultures, are recognised and respected .
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

Process

Refer to [Appendix A: Universal Plus - Child Health flowchart](#): process flowchart

Steps	Additional Information
<p>Initiation of UP contact</p> <ul style="list-style-type: none"> • UP contacts may be initiated by; <ul style="list-style-type: none"> ○ Parent/s <ul style="list-style-type: none"> - CAHS: via contact with Child Health Booking Service or the Community Health Nurse - WACHS: via contact with the Community Health Nurse ○ Community Health Nurse as a result of screening/holistic assessment or expressed concern at a universal contact scheduled appointment. • A UP contact is required for the following identified concerns: <ul style="list-style-type: none"> ○ Growth – static or downward trajectory ○ Breastfeeding and lactation 	<ul style="list-style-type: none"> • UP appointments may be required for the following reasons; <ul style="list-style-type: none"> ○ parent/caregiver requests UP contact for an expressed concern, including after viewing the CACH <i>Three Year Old Developmental Milestone Video</i> (see Look at me, I am three) ○ as a result of screening or expressed concern from any contact ○ to assess progress against an agreed care plan from universal contact ○ to follow up on referrals (as a telephone contact if appropriate) ○ To complete standard elements of a universal contact that were not able to

Steps	Additional Information
<p>A UP contact may be required for the following identified concerns:</p> <ul style="list-style-type: none"> ○ Sleep ○ Perinatal and Infant mental health ○ Hearing and ear health ○ Vision and eye health ○ Ages and Stages Questionnaire™ screening results <ul style="list-style-type: none"> ● Other identified clinical concerns may also require a UP contact appointment ● Recognised indicators for child abuse. <p>Consider the child’s age, level of mobility and development. If there are observations or concern relating to bruising without reasonable explanation (i.e. bruising in a non-mobile baby including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action:</p> <ul style="list-style-type: none"> ● Identify any immediate safety concerns ● Discuss concerns with parent/caregiver if safe to do so ● If a belief is formed that the child has been harmed or is likely to be harmed a formal report to the Department of Communities is required as soon as possible ● Document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant CNM/CNS and document further action and plan of follow up 	<p>be completed during the (initial) appointment. This may arise when needing to address a clinical priority such as (but not limited to) a high EPDS score.</p> <p>Nurses should assess for and recommend safe sleep practices at each occasion of service for infants up to 12 months old</p> <ul style="list-style-type: none"> ● Staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation. ● See Guidelines for Protecting Children 2020, CAHS Child Safeguarding and Protection and WACHS Child Safety and Wellbeing Policy

Steps	Additional Information
<p>UP appointments can be offered as centre contacts, home visits or via phone call or Telehealth/Video consultation as appropriate</p>	<p>When a Universal contact requires a phone follow up, this should be recorded in the relevant CDIS calendar or WACHS Appointment book as a UP contact - telephone contact.</p> <ul style="list-style-type: none"> • When a Universal contact requires a follow up phone call CACH Nurses are to: <ul style="list-style-type: none"> ○ add client to UP pathway ○ record as Client Not Present (CNP) ○ switch off SMS reminder (to reduce confusion for client, as reminder is clinic based) <p>When a Universal contact requires a follow up phone call, WACHS Nurses are to:</p> <ul style="list-style-type: none"> ○ Schedule the appointment in the CHIS clinic calendar stating UP follow up in booking comments ○ Follow local process regarding sending sms reminders or cancelling existing reminders
<p>Preparing for the contact</p> <ul style="list-style-type: none"> • Review the client's electronic health records, noting any previously identified concerns and care plans developed 	
<p>Client Identification</p> <p>At the start of the contact ensure clients are correctly identified.</p>	<ul style="list-style-type: none"> • Refer to the Patient/Client Identification protocol (CACH) <p>Refer to the Patient Identification policy (WACHS)</p>

Steps	Additional Information
<ul style="list-style-type: none"> 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>Refer to the Aboriginal Child and School Health Policy (CACH)</p> <p>Refer to Enhanced Child Health Schedule (WACHS)</p>
<p>Client/Maternal/Family health and wellbeing</p> <ul style="list-style-type: none"> Elicit and respond to parental concerns about their child’s health and wellbeing Offer anticipatory guidance as needed Follow up/discuss care planning already in place, if applicable 	<ul style="list-style-type: none"> When areas of concern are noted, refer to the relevant policy document for guidance on assessment Liaise with CNS/CNM as indicated within relevant policy documents Refer to relevant policy documents, forms, and resources for recommendations on follow up, interventions and referral to appropriate services and programs.
<p>Parent education and resources</p> <ul style="list-style-type: none"> Offer information relevant to client’s concern, regarding services, resources and where to get help 	<ul style="list-style-type: none"> Offer clients relevant resources from the Practice Guide for Community Health Nurses and parenting groups resources Nurses are encouraged to be aware of the availability of local resources, including those listed in the Personal Health Record and on HealthPoint
<p>Care planning</p> <ul style="list-style-type: none"> Develop a care plan, using My Care Plan (CHS825) in consultation with the parent/family 	<ul style="list-style-type: none"> Nurses should develop person-centred and goal-directed <u>comprehensive care plans</u> that meet identified client needs⁴ (see NSQHS Standards- Action 5.13: Developing the comprehensive plan) Care planning should include the following and be fully documented in the client record

Steps	Additional Information
	<ul style="list-style-type: none"> ○ review of client's previous concerns ○ parent/caregiver current concern ○ expectations of what the nurse and family/caregiver will follow up, including actioning referrals ○ plan for family/caregiver ○ review date and type of appointment (face to face, telephone) ○ resources (including services and groups) for parent/caregiver to access for additional support and/or further information ○ clear guidance for the parent as to when they need to seek further care or escalate concern
<p>Follow up</p> <ul style="list-style-type: none"> ● Nurses will use their clinical judgement to document on CDIS or CHIS if the client can: <ul style="list-style-type: none"> ○ be returned to the Universal Contact schedule ○ continue on the UP contact pathway, or ○ be referred to Partnership or ECHS appointment schedule ● Where there are concerns requiring ongoing UP contacts consultation with a line manager or CNS must be undertaken. <p>Where extended follow up is required following a UP contact for growth and perinatal infant mental health concerns,</p>	<ul style="list-style-type: none"> ● For clients whose concerns have been addressed and/or they have been referred to an appropriate service, return client to the Universal Contacts schedule ● Shared decision making (with line manager or CNS) will identify the appropriate level of service to respond to client concerns ● For CACH consultation with the line manager or CNS is required when considering partnership level of service ● For clients who are placed onto or remain on the UP pathway, the nurse will ensure that a follow-up Universal Plus appointment is

Steps	Additional Information
<p>consultation with a line manager or CNS must be undertaken.</p> <p>For other concerns liaise with CNS/CNM as indicated within relevant policy documents</p>	<p>booked via centre contact, home visit or phone call</p> <ul style="list-style-type: none"> • Timing of future UP contact appointments will depend on the concern identified • Consider if this client needs to be added to the CoC list • Clients with breastfeeding or sleep concerns, should be advised that they are able to contact the nurse if more information or support is needed <p>For CACH, Universal Plus lists in CDIS should be reviewed and updated regularly by the Nurse and reviewed regularly by the Clinical Nurse Manager</p> <ul style="list-style-type: none"> • Consider the need for follow up on referral outcomes as per relevant procedures. • If a parent/caregiver cancels a UP appointment the clinician should make reasonable attempts to follow up and document these attempts <p>For CACH; Where an appointment is cancelled by the parent/ caregiver or by CACH staff a review of the health record must be completed to assess risk and prioritise the clinical need for a new appointment.</p> <ul style="list-style-type: none"> • For WACHS: staff are to refer to the WACHS Engagement procedure

Documentation

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

References
<ol style="list-style-type: none"> 1. Sharma A, Cockerill H. Mary Sheridan's from birth fo five years: Children's developmental progress.; 2021 2. Australian Health Ministers' Advisory Council. National Framework for Child Health and Family Services - secondary and tertiary services. Australia; 2023 3. Australian Health Ministers' Advisory Council. Healthy, safe and thriving: National strategic framework for child and youth health. Australia; 2015 4. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Health Service Standards. 2nd ed. Sydney: ACSQHC; 2021
Related internal policies, procedures and guidelines
<p>The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link</p>
Ages and Stages Questionnaires™
Breastfeeding protection, promotion and support
Breastfeeding support service
Clients of concern management
Family and Domestic Violence- child and school health
Growth – downward trajectory
Hearing and Ear Health
Infant and Perinatal Mental Health
Partnership- child health service
Physical assessment 0-4 years
Universal contact initial interaction
Universal contact 0-14 days
Universal contact 8 weeks
Universal contact 4 months
Universal contact 12 months

Universal contact 2 years
Universal contact School Entry Health Assessment
Vision and eye health
Weight assessment 0-2 years
The following documents can be accessed in the CACH Operational Manual
Consent for services
Client information – requests and sharing
Home and community visits
Working alone
The following documents can be accessed in the CAHS Policy Manual
Child Safeguarding and Protection
Patient/client identification
The following documents can be accessed in WACHS Policy
Child Safety and Wellbeing
Consent for Sharing of Information: Child 0-17
Engagement
Enhanced Child Health Schedule
Identifying and Responding to Family and Domestic Violence
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 (MP0095/18)
Information Security Policy (MP0067/17)

WA Health Consent to Treatment Policy (0175/22)
Language Services Policy (MP0051/17)

Useful internal resources (including related forms)
Three Year Old Developmental Milestone Video (Look at me, I am three)
Guidelines for Protecting Children 2020
My Care Plan (CHS825)

Useful external resources (including related forms)
Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
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.
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age (**for staff use only- not for use in client facing areas)

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

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Universal plu



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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

Appendix A: Universal Plus- Child Health flowchart

