



PROCEDURE

Universal Plus- child health

Scope (Staff):	Child health
Scope (Area):	CAHS-CH, 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 follow up and review of identified concerns at a Universal Plus contact.

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

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 ongoing surveillance, minimising 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) 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 received back 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.

Key points

- 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.
- 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.
- Drop-in sessions are not to be used to monitor UP clients

- Service delivery is culturally secure, ensuring the cultural diversity, rights, views, values and expectations of Aboriginal* people, and those of other cultures, are recognised and respected within Australian legislation.
- 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 • 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 • A UP contact may be required for the following identified concerns: <ul style="list-style-type: none"> • Sleep • Perinatal and Infant mental health • Hearing and ear health • Ages and Stages Questionnaire™ screening results • Other identified clinical concerns may also require a UP contact appointment 	<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 ○ 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)

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.

Steps	Additional Information
<ul style="list-style-type: none"> UP appointments can be offered as centre contacts, home visits or via phone call consultation as appropriate 	<ul style="list-style-type: none"> 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. CAHS 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>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> <ul style="list-style-type: none"> At the start of the contact ensure clients are correctly identified. 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 	<ul style="list-style-type: none"> Refer to the Patient/Client Identification protocol (CAHS-CH) Refer to the Patient Identification policy (WACHS)
<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 	<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

Steps	Additional Information
<ul style="list-style-type: none"> Follow up/discuss care planning already in place, if applicable 	<ul style="list-style-type: none"> 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 CHS825 My Care Plan 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 <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

Steps	Additional Information
	<p>additional support and/or further information</p> <ul style="list-style-type: none"> ○ 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 • Consultation with the line manager or CNS is required: <ul style="list-style-type: none"> ○ when considering partnership or ECHS ○ where extended follow up is required following a UP contact for growth and perinatal infant mental health concerns • For other concerns liaise with CNS/CNM as indicated within relevant policy documents 	<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, which include <ul style="list-style-type: none"> ○ for clients whose care plan indicates that further review of concerns is required, the nurse will ensure that a Universal Plus appointment is booked via centre contact, home visit or phone call ○ Timing of future UP contact appointments will depend on the concern identified ○ Referral to Partnership or ECHS services ○ 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 • For CAHS-CH; Universal Plus lists in CDIS should be reviewed and updated regularly by the Nurse • For CAHS-CH; Universal Plus lists in CDIS should be reviewed

Steps	Additional Information
	<p>regularly by the Clinical Nurse Manager</p> <ul style="list-style-type: none"> • If the Health Service cancels a UP appointment the clinician should attempt to reschedule the appointment. • If a parent/caregiver cancels a UP appointment the clinician should make reasonable attempts to follow up and document attempts <ul style="list-style-type: none"> ○ For CAHS-CH clients, if there are no identified risk factors close the client for UP in CDIS and return client to Universal contact schedule. ○ For WACHS clients, nurse will continue to attempt to contact client in preparation for next universal or ECHS scheduled contact and does not close the client.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH 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.; 2014 2. Australian Health Ministers' Advisory Council. National Framework for Child Health and Family Services - secondary and tertiary services. Australia; 2015 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; 2017

Related internal policies, procedures and guidelines
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
Ages and Stages Questionnaires™
Breastfeeding and lactation concerns - assessment
Breastfeeding protection, promotion and support
Breastfeeding support service
Clients of concern management
Growth – static or downward trajectory
Hearing and Ear Health and related procedures
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 related procedures
Weight assessment 0-2 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
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)
Patient Confidentiality Policy (MP0010/16)
WA Health Consent to Treatment Policy (0657/16)
WA Health System Language Services Policy (MP0051/17)

Useful internal resources (including related forms)
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.

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

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

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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

Appendices A: Universal Plus- Child Health flowchart

Universal Plus (UP) – Child Health

