Government of **Western Australia**
Child and Adolescent Health Service

PROCEDURE

Universal Plus – school health

Scope (Staff):	School 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 in the school health service.

Risk

Delays in identifying health and developmental concerns may negatively impact on children reaching their full potential.[1]

Background

As outlined in the *School-aged health services* policy, the Universal Plus (UP) level of service includes follow-up of issues identified in the Universal School Entry Health Assessment (SEHA) or raised through direct referral by a parent/caregiver/teacher or a young person. UP contacts provide opportunities for minimising risk factors and building protective factors for children, adolescents and families. UP contacts are goal-focused and may include brief interventions for specific issues.

Any contact with a child or parent after the initial SEHA assessment is a UP contact. Where a particular concern or issue has taken priority over completing the SEHA contact in primary school, an additional UP contact should be arranged to finalise all components.

As an outcome of a UP contact, a client is returned to the Universal level of service if their identified issue has resolved or a referral has been made. Alternatively, they may require either further UP or Partnership levels of service.

Partnership level of service should be considered for clients who require additional input to manage or resolve increasingly complex concerns and/or chronic conditions.

Definitions

Universal: offers services to all school-aged children with a focus on early identification of health and developmental concerns.

Universal Plus: offers follow-up of issues identified in Universal services or through direct referral by a parent or a young person.

Partnership: offers ongoing support for children and young people with identified complex health needs (and their families where appropriate).

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.

- UP contacts are designed for short, targeted assessments and interventions for issues that are expected to be resolved with timebound support.

- UP contacts are goal focused, with documentation of care planning in the client's health record.

- 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.

MP 0097/18 - 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.

Process

Refer to **Appendix A: Process flowchart for Universal Plus - Schools**

Steps	Additional Information

Initiation of Universal Plus (UP) contact
 	
• UP contacts may be initiated by:
 	
    o Parent/caregiver/ teacher/client, via contact with school or the Community Health Nurse
 	
    o Community Health Nurse, as a result of a concern identified during SEHA screening or other contact
 	
• Reasons for a UP contact may include:
 	
    o Vision and hearing results requiring a recheck
 	
    o Growth concerns
 	
    o Developmental concerns, and review of Ages and Stages Questionnaire™ screening
 	
    o Emotional, physical or psychosocial concerns, including completion of HEADDS assessment
 	
    o Further health information required
 	
    o Other identified concerns requiring a UP contact appointment
 	
• UP appointments can be offered as a school contact, in a community setting, or via phone call consultation, as appropriate. A home visit may be offered after consultation with line manager.
	UP appointments may be required for the following reasons:
	
	Primary school:
	
	• Nurse identifies SEHA screening results and/or concern expressed at SEHA contact that require review.
	
	• Parent/caregiver/ requests UP contact to discuss physical, emotional or psychosocial health concerns.
	
	• Teacher expresses concern, and consent from parent/caregiver is obtained.
	
	Secondary School:
	
	All individual client contacts in a secondary school are considered Universal Plus or Partnership.
	
	• UP appointments may be required for the following reasons:
	
	    o Client/mature minor/parent/caregiver requests UP contact to discuss physical, emotional or psychosocial health concerns.
	
	    o Teacher expresses concern, and consent from parent/caregiver or mature minor is obtained.
	
	Primary and Secondary School:
	
	• Nurse assesses progress of an identified concern against an agreed nursing care plan made at a previous contact.
	
	• Nurse follows up on referrals (this could be done via UP telephone contact).

Steps	Additional Information
Preparing for the contact • Review the client's electronic health record and paper files (where relevant) and check for any records from other services involved in the child's care • Critical information such as previously identified concerns, care plans, alerts and information received from other services is to be reviewed at this stage.	**Primary school:** • Contact parent/caregiver to discuss previous concerns identified. • Consult with school staff regarding identified client concerns prior to contact. **Secondary School:** • Contact parent/caregiver or school staff as appropriate to discuss concerns identified, considering mature minor status of client and reason for the contact.
Client Identification and consent • At the start of the contact ensure client is correctly identified. • For clients new to School health services, ask parent/caregiver/mature minor if client is identified as Aboriginal. Update paper and electronic records as required. • Refer to *School-aged health services - secondary guideline* and *Consent for Services policy* documents for consent requirements.	• Refer to the *Patient/Client Identification protocol* [Child and Adolescent Health Service-Community Health (CAHS-CH)] • Refer to the *Patient Identification policy* [WA Country Health Service (WACHS)] • Ensure limits to confidentiality are discussed when working with adolescents.
Client/ Family health and wellbeing • Elicit and respond to client/parent/caregiver concerns about client's health and wellbeing. • Consider if the concern is urgent, and if an immediate referral is needed. • Consider if CH support is required for other concerns, or at the request of specialist services. • Follow up/discuss care planning already in place, if applicable.	• When areas of concern are noted, refer to the relevant policy document for guidance on assessment. • Liaise with CNM and CNS (where available) as indicated within relevant policy documents. • Consider if nursing action is required for the urgent concern until client is seen or contacted by specialist services. See Care planning steps below for further information.

Steps	Additional Information
• Offer anticipatory guidance as needed.	**Primary school:** • Refer to relevant policy documents, forms and resources as included at the end of this procedure for recommendations on follow up, interventions, and referral to appropriate services and programs. **Secondary School:** • Refer to relevant policy documents, forms and resources, including HEADSS, for recommendations on follow up, interventions, and referral to appropriate services and programs
Parent/client education and resources • Offer information that is relevant to client's concern regarding services, resources and emergency contact numbers.	• Offer resources to parent/caregiver/client, as listed on HealthPoint and in the *School-aged health services – primary guideline* and the *School-aged health services – secondary guideline.* • Nurses are encouraged to be aware of the availability of local services, including those listed on HealthPoint.
Care planning • Every contact with a client//parent/caregiver involves assessment, care planning, provision of comprehensive, safe and quality practice, evaluation, and documentation.[4] • Develop and modify a person-centred and goal-directed plan for care (and referral if required) in partnership with the client and parent/caregiver/family/school as needed. • Document client contact, including care planning, in electronic and/or paper (*CHS409 form*) records as required.	• Care planning should be fully documented in the client's record,[5] including the following: ➢ Agreed client/parent/caregiver and nurse goals of care and actions required ➢ Agreed actions to manage identified risks of harm, including, DOE health care planning processes followed. ➢ Review date for planned follow up ➢ Suggested resources, services or groups for client/parent/family to access for further information, or support. • Care planning and referral is offered as indicated in relevant procedures.

Steps	Additional Information
• Consult with Line manager if concern has not improved at review and goals and plan are not clear.	**<u>Secondary School:</u>** • When risks of harm are identified, DOE health care planning processes must be used. • Sharing of limited specific information with the school Student Services team and/or parents will be required when a child or adolescent is considered to be at significant risk. Refer to *School-aged health services policy* and current *Memorandum of Understanding (MOU)* between the Department of Education (DOE), CAHS-CH and WACHS documents for further information. Consult with line manager and CNS (where available) as required. • Although Student Health Care planning and management for clients with complex and intensive health care needs is the responsibility of the school, the nurse may contribute as a member of the student services team. • Where appropriate and as part of a collaborative plan, the nurse can provide ongoing information and individualised strategies in the school setting while the client is receiving specialist mental health care.
Follow up and documentation • Document outcome of follow up and when UP contacts are finalised, in electronic and/or paper files. • Phone call follow-up of an appointment is considered an UP - telephone contact. • If further review of concerns is required, the nurse will ensure that a UP appointment is scheduled. This may be a phone call or face to face appointment with a parent, a review	• Metro staff record phone call follow-up in CDIS as a Client not present (CNP). • If client/parent/caregiver cancels a UP appointment, the clinician should make reasonable attempts to follow up. o If not able to be contacted after reasonable attempts, CAHS-CH clients with no identified risk factors will be returned to Universal schedule in CDIS. If risk

Steps	Additional Information

appointment in primary school, or a follow up meeting with an adolescent in the secondary school setting.
 	
• Consider client's plan of care and use clinical judgement to decide if client can be placed back on the Universal Contact schedule or whether further UP appointments are required.
 	
   o Clients whose concerns have been addressed and/or who have been referred to an appropriate service, will be returned to Universal services.
 	
   o Clients whose care plan indicates that further review of concerns is required will be scheduled another Universal Plus appointment.
   o Clients requiring intensive support will be considered for Partnership level of service.
 	
• For ongoing concerns, liaise with CNM as indicated within relevant policy documents.
	factors are present, consult with line manager.
	
	   o WACHS clients are not closed for UP.
	
	• After returning to Universal services, client may re-engage with Universal Plus services as needed.
	
	Secondary School:
	
	• Any health information gathered from interactions with students must be recorded in CDIS/CHIS, even if there is a current paper file from a previous year.
	
	• The *Student information notetaking template* (CHS672) can be used for recording details of the student consultation. After entering details into CDIS/CHIS, the paper template must be shredded.

References
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.   Nursing and Midwifery Board of Australia. Registered nurse standards for practice; Nursing and Midwifery Board of Australia; [updated 2017 1 Feb]. Available

from: Nursing and Midwifery Board of Australia - Registered nurse standards for practice (nursingmidwiferyboard.gov.au)

5.   Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards - Comprehensive Care Standard – Action 5.13 Developing the comprehensive care plan. Sydney; 2021

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
Adolescent brief intervention
BMI Assessment - Primary School
Children in Care – conducting an assessment
Clients of concern management
Clinical Handover – Nursing
HEADSS Adolescent Psychosocial Assessment
Hearing and ear health and related procedures
Mental health in adolescence
Nutrition for children - 1 – 11 years
School-aged health services
School-aged health services - primary
School-aged health services - secondary
Sexual Health and Healthy Relationships in Adolescence
Student health care plans
Suicide Risk Response
Universal contact School Entry Health Assessment
Vision and eye health and related procedures

Factors impacting child health and development
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 years
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 2020](#)
WA Health Consent to Treatment Policy ([MP0175/22](#))
WA Health System Language Services Policy ([MP0051/17](#))

Useful internal resources (including related forms)
The following resources and forms can be accessed from the [CAHS-Community Health Resources](#) page on HealthPoint
Community health staff
Clinical handover/referral form (CHS663)
[Limits of Confidentiality poster](#)

MOU between DOE, CAHS and WACHS for the provision of school health services 2020-2021
School Entry Health Assessment (CHS409)
Student Information Notetaking Sheet (CHS672)
Working with Youth: A legal resource for community-based health workers
Consumers (parents and schools)
All about School Health Services
Health Information for Parents of Upper Primary Students
Health Information for Parents with Children Starting School

Useful external resources (including related forms)
Headspace - National Youth Mental Health Foundation
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.

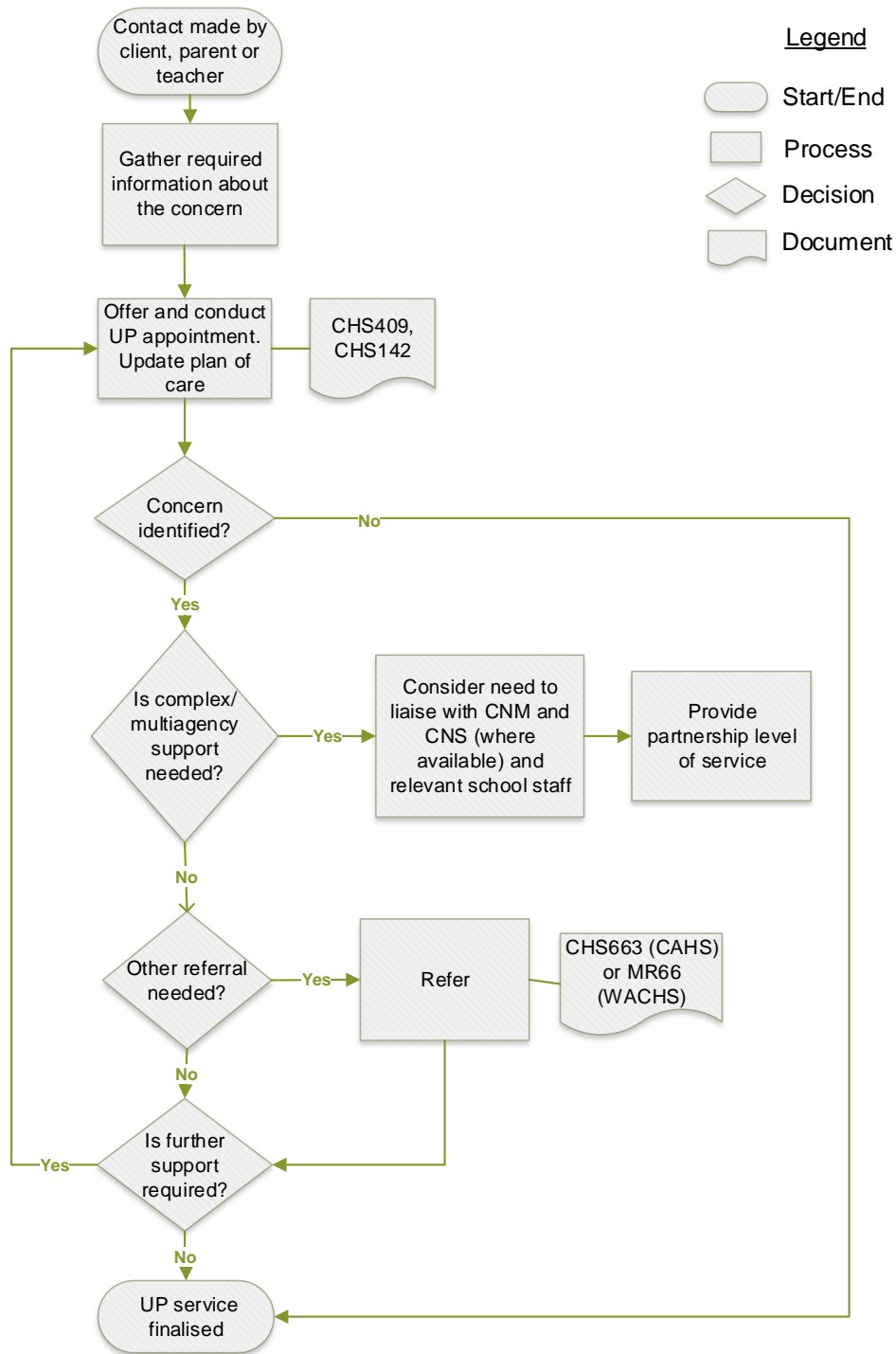| Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	23 May 2022	Last Reviewed:	
Amendment Dates:	10 August 2022, 9 Nov 2022	Next Review Date:	18 May 2025
Approved by:	Community Health Clinical Nursing Policy Governance Group (out of session)	Date:	11 May 2022
Endorsed by:	Executive Director of Nursing	Date:	18 May 2022
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		
Printed or personally saved electronic copies of this document are considered uncontrolled			

Healthy kids, healthy communities
Compassion   Excellence   Collaboration   Accountability   Equity   Respect
Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix A: Process flowchart for Universal Plus – Schools

Legend

- Start/End
- Process
- Decision
- Document

Contact made by client, parent or teacher
↓
Gather required information about the concern
↓
Offer and conduct UP appointment. Update plan of care → CHS409, CHS142
↓
Concern identified? — No →
↓ Yes
Is complex/ multiagency support needed? — Yes → Consider need to liaise with CNM and CNS (where available) and relevant school staff → Provide partnership level of service
↓ No
Other referral needed? — Yes → Refer → CHS663 (CAHS) or MR66 (WACHS)
↓ No
Is further support required? — Yes →
↓ No
UP service finalised

Staff to use clinical judgement about keeping line management informed at relevant steps in this process.

Document all assessments, decision-making processes, plans, actions and outcomes.