



POLICY

Child health services

Scope (Staff):	Community 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 contribute to the health, development and wellbeing of children in the early years by delivering services that focus on prevention, early identification and interventions to help achieve optimal health and developmental outcomes. Briefly describe what the policy aims to do and its purpose.

Risk

Non-adherence to this policy will result in inconsistent practice which may negatively impact on the outcomes of children and their families.

Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning¹. During this time the child's environment and early experiences have the potential to influence their physical health and wellbeing, mental health, social functioning and cognitive development.¹

The first 1000 days of life (conception to the end of the second year) provides the best opportunity to build strong foundations for optimal development.² This includes the early identification of risk and protective factors known to influence health outcomes, and implementing early interventions for maximising healthy development.^{1,2} Whilst the first 1000 days is important for affecting positive change, the first 2000 days of a child's life has also been recognised for preventing or reducing adverse outcomes.¹

There is general consensus throughout Australia that key preventative health priorities, relevant for Western Australian (WA) Child Health Services include child development, hearing and ear health, infant attachment, breastfeeding, nutrition, physical activity, obesity prevention, oral health, injury prevention, child protection and immunisations.^{1, 3-8} In addition, parental health and parenting behaviours in the early years have the potential to impact the health and development trajectories of children. Interventions that support parenting skills development, lactation, mental health, parent child relationships (attachment), and family and domestic violence are priorities for parents engaging with WA Child Health Services.^{1, 3, 6}

The following guiding principles are recommended for improving the health and wellbeing of children:

1. Prevention and early intervention through universal and targeted services
2. Clients benefit from services that are age appropriate and focus on reducing health risks and inequalities, at the point at which they are most likely to occur
3. Strengths based approaches to child development
4. Children should grow up in healthy and safe families, environments and communities
5. Health equity to ensure all children can be healthy, safe and thriving
6. Services must be universal, but with services provided at a level proportionate to need.¹

Western Australian Child Health Service

Child health services are delivered throughout the metropolitan region by Child and Adolescent Health Service-Community Health (CACH) and in country and regional areas by WA Country Health Service (WACHS). In many remote communities, child health services are provided by Aboriginal Medical/Health Services in collaboration with WACHS. This may include the use of Telehealth options according to approved Health Service Provider processes. The WA Child Health Service promotes the health and development of children by engaging with families and undertaking preventative health initiatives, health surveillance and screening, and health promotion activities.

Sample calendar templates have been developed to be used within CAHS-CH only. The templates reflect expected number of universal contacts to be completed by nurses (set at 20 contacts per week per full time equivalent (FTE), and extrapolated for other FTE). This template will be used by nurses to support calendar planning and by Community Clinical Nurse Managers to manage regional workload.

Principles

- The child is the focus of care and their best interests are the primary consideration in all decisions.
- Child health service contacts take place predominantly in child health centres to enable comprehensive physical and development assessments to be safely conducted. Alternate venues, including the client's home, may be considered to support client need.

- Family-centred and strengths-based approaches are used, for a shared understanding of concerns and care planning that is proportionate to client needs.
- Community health nurses practice in accordance with relevant policy documents, standards, regulations and legislation.
- Nurses will communicate with clients respectfully and sincerely.
- Service delivery will reflect the CACH and WACHS organisational values.
- Service delivery is culturally secure, ensuring cultural diversity, rights, views, values and expectations of Aboriginal* people and those of other cultures are recognised and respected within Australian legislation.
- Families are provided with information about the [Charter of Healthcare Rights](#), for example by referring to **Your rights** in the Purple Book. Translated versions of the healthcare rights can be found on the [Australian Commission on Safety and Quality in Health Care website/page](#).

All clients residing in WA are eligible for Child Health Services from birth until they start school. Services are offered to reflect universal health provision and include services that are proportionate to client need. These service levels include:

- Universal
- Universal Plus
- Partnership

Universal

All families are offered Child Health Services following the receipt of a birth notification. Other health professionals may refer clients to child health services and parents may self-refer. All clients are entitled to Child Health Services, however, there may be occasions where a family's decision not to receive services will be acknowledged and respected. When nurses working in metropolitan regions are unable to establish contact with the client after reasonable attempts, and where there are no identified risk factors, the client will be *closed for services* in Child Development Information System. For clients wishing to re-engage with Community Health Services, client records can be made active at any time. When risk factors or concerns have been identified, due to receipt of a *Special Referral to Child Health Services* form or from other relevant information, nurses will act in accordance with relevant policies. Nurses working in WACHS will not close clients for services for any reason.

The Universal level of service provides a schedule of contacts at the following ages:

- Birth to 14 days

* 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.

- Eight weeks
- Four months
- Twelve months
- Two years

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. The Universal contacts involve identifying protective and risk factors, undertaking observations and assessments, surveillance and screening, providing anticipatory guidance, offering health information, and care planning that may include additional contacts and/or referral to relevant services and programs.

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 and/or Partnership level of service and received back into Universal level of services according to client need.

Flexible service delivery formats are offered to clients to increase accessibility. These include Drop-in sessions and telephone calls, which provide brief consultations for non-complex concerns, without the need to schedule an appointment. In addition, the following group programs are offered to all clients:

- Early Parenting Group
- A Solid Start

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. Additional contacts provide opportunities for ongoing surveillance, minimising risk factors for children, and building protective factors and resilience in families.¹ 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 help to manage or resolve increasingly complex concerns, referral to the Partnership level of service may be considered.

Flexible service delivery may also include the offer of clients attending Drop-in sessions and telephone calls for non-complex concerns. In addition, the following group programs will be offered as required:

- Let's sleep
- Circle of Security - Parenting
- Evidence-based parenting programs
- Groups to meet a targeted need

Partnership

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.¹ In addition, there is a level of risk for children, if these concerns are not addressed.¹ Not all clients with complex needs will require the Partnership level of service, as the presence of protective factors may reduce adversity and increase resilience.

The Partnership level of service offers all the elements of the Universal contacts, in conjunction with additional contacts for comprehensive assessments and targeted care planning. The Partnership contacts will be timely, ongoing and where indicated sustained. Additional contacts will focus on family goal setting, managing risks and minimising the impact of identified concerns. Client care is transferred to Universal Plus or Universal level of services, when achievement or adequate resolution of client goals has occurred, and where risks to the child have been mitigated and/or are stable with no actual risk of harm.

Care planning

Nurses will elicit and respond to client concerns by undertaking holistic assessments using endorsed clinical practice guidelines, surveillance and screening tools. Nurses will think critically and use the best available evidence when making decisions and providing care. Assessment outcomes and care planning will be discussed with clients, so that care is responsive and appropriate to their needs. Nurses will maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; in electronic and/or MR600 child health records.

Implementation requirements

Consent and information sharing

Consent for Child Health Services is implied when clients indicate through their actions that they are willing to proceed with an aspect of their care. Implied consent does not require a signed consent form. In instances where a parent or guardian is not present with the child for a service, explicit consent must be provided either verbally and/or in written form, for an alternative person to be present, before proceeding.

Health professionals have a duty of care to maintain the confidentiality of all information obtained in the course of providing health care to clients. This duty means that information cannot generally be released to others without the client's consent.

Where children are in care, the Department of Communities Child Protection and Family Services (CPFS) Chief Executive Officer (CEO) assumes parental responsibility for most children as described in the Children and Community Services Act 2004. This means that for those children, the CEO delegates authority to a case manager, in lieu of a parent, to provide consent, and develop and implement a child's care plan.

Nurses must inform the CPFS, via the relevant case manager, regarding any concerns, decisions and/or consent for referrals, and provide all relevant information pertaining to the child's assessment and care planning.

Nurses should follow up with CPFS to ensure that actions or referrals arising from the comprehensive assessment have been actioned.

Children in Care (CIC) should be placed on the relevant Client of Concern list, with any actions and or referrals arising from their CIC assessment noted, to ensure adequate follow up.

Staff qualifications, skills and education

It is the responsibility of the CACH and WACHS Health Service Providers to ensure that nurses delivering child health services are registered with the Australian Health Practitioner Regulation Authority as Registered nurses, and have qualifications and/or experience in child and family health. Registered nurses are responsible and accountable to the Nursing and Midwifery Board of Australia standards, codes and guidelines. The *Registered Nurse Standards for Practice* and *Code of Conduct for nurses and Code of conduct for midwives* should be evident in current practice.^{9, 10}

Nurses will complete a service orientation and comply with the following local skills, training and supervision requirements:

- [CACH Mandatory Training and Practice Frameworks – Community Health Nurse \(Child Health\)](#)
- [WACHS Community Health Nurse Learning Framework.](#)

References

1. Department of Health. National Action Plan for the Health of Children and Young People: 2020-2030. In: Department of Health, editor. Australia 2019.
2. Moore TG, Arefadib N, Deery A , West S. The First Thousand Days: An Evidence Paper. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute; 2017.
3. Council of Australian Governments. Australian National Breastfeeding Strategy 2019 and beyond. Canberra: 2019. Available from: <https://www.health.gov.au/resources/publications/australian-national-breastfeeding-strategy-2019-and-beyond?language=en>.
4. Statewide Protection of Children Coordination Unit. Guidelines for Protecting Children 2020. Perth: Department of Health; 2020.
5. Department of Health Western Australia. Sustainable Health Review: Final Report to the Western Australian Government. Perth: 2019.
6. Department of Health. WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth: 2015.
7. Rural Health West, WA Primary Health Alliance, WA Country Health Service. WA Child Ear Health Strategy 2017-2021. Perth: 2017.
8. Department of Social Services. National Plan to End Violence against Women and Children 2022-2032. Commonwealth of Australia,, 2022. Available from:

<https://www.dss.gov.au/national-plan-end-gender-based-violence/resource/national-plan-end-violence-against-women-and-children-2022-2032>.

9. Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. 2016.

10. Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives. 2018.

Related internal policies, procedures and guidelines

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

[Breastfeeding protection, promotion and support](#)

[Clients of concern management](#)

[Drop-in session](#)

[Factors impacting child health and development](#)

[Groups for Parents](#)

[Partnership – child health services](#)

[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](#)

The following documents can be accessed in the [WACHS Policy Manual](#)

[Child Safety and Wellbeing](#)

[Consent for Sharing of Information: Child 0-17 years](#)

[Enhanced Child Health Schedule](#)


[Neonatal Special Referrals to Child Health Services](#)

[WebPAS Child at Risk Alert](#)

The following documents can be accessed in the CACH Operational Policy Manual
Client Information – Requests and Sharing
Consent for Services
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Information Management
WA Health Consent to Treatment Policy (MP0175/22)
WA Health Language Services Policy (MP0051/17)
Useful external resources (including related forms)
Australian National Breastfeeding Strategy: 2019 and beyond
<i>From Birth To Five Years. Practical Developmental Examination.</i> Ajay Sharma and Helen Cockerill. 2014
Early Years Strategy 2024-2034
Guidelines for Protecting Children 2020
<i>Mary Sheridan's From Birth To Five Years. Children's Developmental Progress.</i> Fourth Edition. Ajay Sharma and Helen Cockerill. 2014
National Action Plan for the Health of Children and Young People 2020-2030
National Plan to End Violence against Women and Children 2022-2032
National Standards of Practice for Maternal, Child and Family Health Nurses in Australia
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.

Sustainable Health Review
WA Aboriginal Health and Wellbeing Framework 2015-2030
WA Child Ear Health Strategy 2017-2021

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

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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