



## GUIDELINE

# Universal contact 2 years

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	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 conduct age-appropriate activities that focus on identifying key risk and protective factors known to influence health and development, and implementing early interventions according to client need to maximise optimal health and developmental outcomes.

## Risk

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

## Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning.<sup>2</sup> 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.<sup>2,3</sup> A holistic view of the child, parents and family requires an understanding of what influences development. This includes genetics, the environment (parents, family, community and society), cultural variations, risk and protective factors, social determinants and social standing.<sup>1,2,4</sup>

The *Universal contact 2 years* is an opportunity for the early identification of issues that may negatively impact health outcomes. This is most meaningful when nurses use evidence informed knowledge and skills, and clinical judgement to undertake a comprehensive and systematic enquiry through:

- Eliciting and responding to parental concerns
- Gathering information about the child’s current abilities and functions
- Identifying risk and protective factors
- Using evidence informed assessment methods and tools that are age appropriate.<sup>1</sup>

## Key points

- This document should be read in conjunction with the [Child Health Services](#) policy
- The *Universal contact 2 years* is only for children aged two years to less than three years of age.
- The *Universal contact 2 years* is offered to clients as a centre contact. In situations where an alternative venue is required, nurses will be aware of undertaking assessments accurately and safely.
- A comprehensive physical and developmental assessment of the infant will be conducted.
- 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.
- Establishes and sustains relationships by communicating effectively in the context of mutual trust and respect.
- 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.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation’s overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

## Process

Steps	Additional Information
<p><b>1. Client information</b></p> <ul style="list-style-type: none"> <li>• Prior to the contact review the client’s electronic health records, noting any</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the following for more information:</li> </ul>

Steps	Additional Information
<p>previously identified concerns and follow up required.</p> <ul style="list-style-type: none"> <li>At the start of the contact ensure clients are correctly identified.</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Patient / Client Identification (CACH)</a> or <a href="#">Patient Identification (WACHS)</a></li> <li>In WACHS check for <a href="#">Child at Risk Alert</a>.</li> <li>In WACHS when a child has been identified as being at risk of poor health, development or wellbeing, the <a href="#">Enhanced Child Health Schedule</a> will be activated.</li> </ul>
<p><b>2. Child health and wellbeing</b></p> <ul style="list-style-type: none"> <li>Elicit and respond to parental concerns about their child's health and development.</li> </ul>	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> <li><a href="#">Ages and Stages Questionnaires®</a></li> <li><a href="#">Growth – birth to 18 years</a></li> <li><a href="#">Head circumference assessment</a></li> <li><a href="#">Hearing and Ear Health</a></li> <li><a href="#">Hip assessment</a></li> <li><a href="#">Let's Sleep: Facilitator Guide</a></li> <li><a href="#">Length assessment 0-2 years</a></li> <li><a href="#">How children develop</a></li> <li><a href="#">Nutrition for children – birth to 18 years</a></li> <li><a href="#">Otoscopy</a></li> <li><a href="#">Oral health assessment</a></li> <li><a href="#">Physical Assessment 0-4 years</a></li> <li><a href="#">Sleep 0-5 years</a></li> <li><a href="#">Tympanometry</a></li> <li><a href="#">Vision and eye health</a></li> <li><a href="#">Weight assessment 0-2 years</a></li> </ul>

\* 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.

Steps	Additional Information
<p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>• Protect, promote and support breastfeeding for 2 years and beyond.</li> <li>• Document infant feeding status.</li> </ul>	<ul style="list-style-type: none"> <li>• Documenting infant feeding status – CACH: See CDIS tip sheet: <a href="#">Clinical contact screen for child health</a></li> </ul>
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> <li>• Conduct a physical assessment as per <a href="#">Physical Assessment 0-4 years</a></li> <li>• Observe for general appearance and skin integrity.</li> <li>• Conduct an oral health assessment and discuss oral hygiene.</li> <li>• Hip assessments</li> <li>• Ask parent/caregiver about testicular descent. If parent/caregiver is unsure, suggest testes examination</li> </ul>	<ul style="list-style-type: none"> <li>• Physical assessment to be performed on a firm stable surface</li> </ul>
<p><u>Recognise indicators for physical abuse and neglect</u></p> <ul style="list-style-type: none"> <li>• 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-ambulatory infant including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action:</li> <li>• Investigate/determine immediate safety concerns</li> <li>• Communicate the observations or concern with the relevant CNM/CNS and discuss further action required</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Staff can use the <a href="#">TEN-4-FACESp</a> tool to improve recognition of potentially abused children with bruising who require further evaluation.</li> <li>• See <a href="#">Guidelines for Protecting Children 2020</a>, <a href="#">Child Safeguarding and Protection</a> (CACH) and <a href="#">Child Safety and Wellbeing</a> (WACHS)</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>Document discussion, actions, referrals and plans in CDIS/CHIS</li> </ul>	
<p><u>Hearing screening</u></p> <ul style="list-style-type: none"> <li>Offer for all Aboriginal children and others at increased risk               <ul style="list-style-type: none"> <li>Screening questions and observations</li> <li>Otoscopy</li> <li>Tympanometry</li> </ul> </li> </ul>	<p><u>See:</u></p> <ul style="list-style-type: none"> <li><a href="#">Hearing and ear health</a></li> <li><a href="#">Otoscopy</a></li> <li><a href="#">Tympanometry</a></li> </ul>
<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> <li>Conduct a weight, height and a Body Mass Index (BMI).</li> <li>Document growth measurements and interpret growth trajectories using:               <ul style="list-style-type: none"> <li>Electronic records</li> <li>World Health Organization (WHO) 2-5 year growth charts</li> <li>Body Mass Index-for-age Percentile charts (CHS430)</li> </ul> </li> <li>Discuss growth patterns and findings with parents.</li> </ul>	<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> <li>Children must be 2 years of age prior to undertaking a BMI.</li> <li>Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal.</li> <li>Discuss with parents expected growth patterns, trajectories and percentiles, reinforcing that growth charts and BMI charts are used as part of a holistic assessment of child health and wellbeing.</li> </ul>
<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> <li>Conduct an observational assessment and complete the following:               <ul style="list-style-type: none"> <li>ASQ®-3 or ASQ-TRAK where culturally appropriate</li> </ul> </li> </ul>	<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> <li>Discuss how the early identification and intervention of ear infections can have a positive impact on children achieving appropriate hearing and speech milestones, and future learning outcomes.</li> <li>Developmental assessments include:               <ul style="list-style-type: none"> <li>Fine motor</li> <li>Hearing behaviours</li> <li>Posture and large movements</li> <li>Social behaviour and play</li> </ul> </li> </ul>

Steps	Additional Information
	<ul style="list-style-type: none"> <li>○ Speech, language and communication</li> <li>○ Vision behaviours</li> </ul>
<p><u>Social and emotional assessment</u></p> <ul style="list-style-type: none"> <li>● Conduct the following:                             <ul style="list-style-type: none"> <li>○ ASQ®:SE-2</li> </ul> </li> </ul>	
<p><u>Immunisation</u></p> <ul style="list-style-type: none"> <li>● Enquire about immunisation status.</li> </ul>	<p><u>Immunisation</u></p> <ul style="list-style-type: none"> <li>● Promote immunisation uptake if not fully vaccinated for age, reinforcing the WA Vaccination Schedule in the PHR and promoting local options to access immunisation.</li> </ul>
<p><b>3. Family health and wellbeing</b></p> <ul style="list-style-type: none"> <li>● Conduct Family and domestic violence (FDV) screening.                             <ul style="list-style-type: none"> <li>○ Complete the Screening for Family and Domestic Violence form (FDV 950)</li> </ul> </li> <li>● Update family history related to health, relationships, family support, risk and protective factors as required.</li> <li>● Promote healthy nutrition and physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>● Refer to the following for more information:                             <ul style="list-style-type: none"> <li>○ <a href="#">Genogram</a></li> <li>○ <a href="#">Family and domestic violence</a></li> <li>○ <a href="#">Indicators of Need</a></li> <li>○ <a href="#">Perinatal and infant mental health</a></li> </ul> </li> <li>● Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks.</li> <li>● It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.</li> </ul>
<p><b>4. Anticipatory guidance</b></p> <ul style="list-style-type: none"> <li>● Behaviour</li> <li>● Child development</li> <li>● Communication, speech and language</li> <li>● Immunisation                             <ul style="list-style-type: none"> <li>○ Ensure client awareness of the WA Vaccination Schedule information in the PHR</li> </ul> </li> <li>● Injury prevention</li> </ul>	<ul style="list-style-type: none"> <li>● The list of anticipatory topics is of relevance for the 12 month contact. However, nurses will prioritise discussions according to client need.</li> <li>● Refer to the following for more information:                             <ul style="list-style-type: none"> <li>○ <a href="#">How children develop</a></li> <li>○ <a href="#">Physical Assessment 0-4 years</a></li> <li>○ <a href="#">Sleep – 0-5 years</a></li> </ul> </li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>○ Emerging skill development</li> <li>● Kindergarten and school readiness</li> <li>● Nutrition</li> <li>● Oral hygiene</li> <li>● Parents returning to work</li> <li>● Play and physical activity</li> <li>● Playgroups</li> <li>● Reading</li> <li>● Screen time</li> <li>○ No more than 1 hour</li> <li>● Sleep and settling</li> <li>● Sun protection</li> <li>● Toilet training</li> </ul>	<ul style="list-style-type: none"> <li>● Discuss supporting child development and children's needs, whilst developing an understanding of the support parents need, to raise thriving children.<sup>5</sup></li> <li>● Discuss the importance of role modelling for healthy nutrition, including how to create positive mealtime environments. Discuss age-appropriate nutritional requirements, family foods and transitioning to a cup.</li> <li>● Promote healthy growth and development by encouraging the recommended balance of physical activity, high-quality sedentary behaviour and sufficient sleep (Australian 24-Hours Movement Guidelines for the Early Years).</li> </ul>
<p><b>5. Parent education and resources</b></p> <ul style="list-style-type: none"> <li>● Offer information about relevant community services, resources and where to get help.</li> </ul>	<ul style="list-style-type: none"> <li>● Offer clients resources listed in the <i>Practice guide for Community Health Nurses</i>.</li> <li>● Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.</li> </ul>
<p><b>6. Care planning</b></p> <ul style="list-style-type: none"> <li>● Promote the <i>Universal contact School Entry Health Assessment</i>, advising clients this is a school based assessment.</li> <li>● Respond to identified needs by planning additional contacts and/or referral to relevant services and programs.</li> </ul>	<ul style="list-style-type: none"> <li>● Refer to the following for more information:                             <ul style="list-style-type: none"> <li>○ Groups for parents guideline</li> </ul> </li> <li>● Offer the following Community Health group programs as required:                             <ul style="list-style-type: none"> <li>○ <i>Circle of Security – Parenting</i>: a targeted service to help parents understand their child's emotions (suitable from four months to six years).</li> </ul> </li> </ul>

## 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"> <li>1. Sharma A, Cockerill H. From birth to five years: Practical developmental examination: Routledge; 2014.</li> <li>2. Department of Health. National Action Plan for the Health of Children and Young People: 2020-2030. In: Department of Health, editor. Australia 2019.</li> <li>3. Western Australian Government. Our Priorities Sharing Prosperity. In: Department of the Premier and Cabinet, editor. Western Australia 2019.</li> <li>4. Moore TG, Arefadib N, Deery A, West S. The First Thousand Days: An Evidence Paper. Victoria: Centre for Community Child Health, Murdoch Children's Research Institute,; 2017.</li> <li>5. McCormack D, Taylor L. Putting children first: Changing how we communicate with parents to improve children's outcomes. Child Family Community Australia,; 2019. p. <a href="https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes">https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes</a>.</li> </ol>

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Policy Manual <a href="#">HealthPoint link</a> or CACH Clinical Nursing Policy <a href="#">Internet link</a>
<a href="#">Ages and Stages Questionnaires ®</a>
<a href="#">Body Mass Index assessment</a>
<a href="#">Breastfeeding protection, promotion and support</a>
<a href="#">Child health services</a>
<a href="#">Clients of concern management</a>
<a href="#">Factors impacting child health and development</a>
<a href="#">Family and domestic violence</a>
<a href="#">Groups for parents</a>
<a href="#">Growth – birth to 18 years</a>



<a href="#">Hearing and Ear Health</a>
<a href="#">Height assessment 2 years and over</a>
<a href="#">Hip assessment</a>
<a href="#">Nutrition for children – birth to 18 years</a>
<a href="#">Oral health assessment</a>
<a href="#">Otoscopy</a>
<a href="#">Physical assessment 0-4 years</a>
<a href="#">Tympanometry</a>
<a href="#">Weight assessment 2 years and over</a>
<b>The following documents can be accessed in the <a href="#">WACHS Policy Manual</a></b>
<a href="#">Child Safety and Wellbeing</a>
<a href="#">Consent for Sharing of Information: Child 0-17</a>
<a href="#">Enhanced Child Health Schedule</a>
<a href="#">Identifying and Responding to Family and Domestic Violence</a>
<a href="#">Patient identification</a>
<a href="#">WebPAS Child at Risk Alert</a>
<a href="#">Working in isolation – Minimum safety and security standards for all staff</a>
<b>The following documents can be accessed in the <a href="#">CAHS Policy Manual</a></b>
<a href="#">Child Safeguarding and Protection</a>
<a href="#">Language Services</a>
<a href="#">Patient / Client Identification</a>
<b>The following documents can be accessed in the <a href="#">CACH Operational Policy Manual</a></b>
<a href="#">Client Information – Requests and Sharing</a>
<a href="#">Consent for services</a>
<a href="#">Home and community visits</a>


<a href="#">Working alone</a>
<b>The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a></b>
Clinical Handover Policy ( <a href="#">MP0095</a> )
WA Health Consent to Treatment Policy ( <a href="#">0657/16</a> )
WA Health Language Services Policy ( <a href="#">MP0051/17</a> )

<b>Related internal forms</b>
The following forms can be accessed from the <a href="#">CACH Forms</a> page on HealthPoint
Body Mass Index-for Age Percentile charts (CHS430)
The following resources can be accessed from the <a href="#">CACH Resources</a> page on HealthPoint
Family and domestic violence (external link)
<a href="#">Genogram</a>
<a href="#">Guidelines for Protecting Children 2020</a>
<a href="#">How children develop</a>
<a href="#">Indicators of Need</a>
<a href="#">Parent Resources for Universal Contacts</a>
<a href="#">Practice guide for Community Health Nurses</a>

<b>Related external resources</b>
Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
<a href="#">Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)</a>
<a href="#">Australian Breastfeeding Association</a> Email counselling, Local support groups, Resources and Information. In addition, the Helpline 1800 686 268 is available 24 hours a day and 7 days a week. For clients requiring an interpreter phone the

Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.
<a href="#">Australian Dietary Guidelines</a>
Book: Mary Sheridan's From Birth To Five Years Children's Developmental Progress. 2014. Ajay Sharma and Helen Cockerill.
Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.
<a href="#">Healthy WA</a>
<a href="#">Infant Feeding Guidelines</a> – Information for health workers (National Health and Medical Research Council)
<a href="#">Kidsafe WA</a>
<a href="#">MyChild</a> - Australia's online child care portal. On this website you will find information on different types of child care
<a href="#">Ngala</a>
Nursing and Midwifery Board of Australia. <a href="#">Code of conduct for nurses and Code of conduct for midwives</a> . 2018
Nursing and Midwifery Board of Australia. <a href="#">Registered Nurses Standards for Practice</a> . 2016.
<a href="#">Playgroup WA</a>
<a href="#">Raising Children Network</a>
<a href="#">SunSmart Cancer Council of Western Australia</a>
<a href="#">TEN4FACESp- Bruising Clinical decision rule for children &lt;4 Years of Age</a> (**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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**Healthy kids, healthy communities**

Compassion Excellence Collaboration Accountability Equity Respect

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