Aim

Providing support for infants, children and parents is a key priority for the Department of Health. The child health policy aims to improve health outcomes for children by providing early identification and effective early interventions at critical periods in a child’s life to minimise the harmful effects of disadvantage and increase the likelihood of children achieving their social, educational and personal aspirations. The policy is informed by scientific evidence and responsive to national frameworks and reports.

The focus of this policy is on the universal child health service platform that delivers a set of services to all children and families. This population health strategy facilitates the systematic identification of children and families who require further assessment, intervention, referral and/or support. Universal child health services work alongside targeted or specialist and intensive services for vulnerable families or for those children where a health or development need is identified.

In Western Australia (WA), child health services offer a universal schedule of child health and developmental assessments at the key developmental ages of 0-10 days, 6-8 weeks, 3-4 months, 8 months, 18 months and three years, as well as a range of targeted and specialist services are offered as required. Included in the universal assessments are: developmental assessment, screening and surveillance, psychosocial assessment, information regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning and referral to other specialist services. Parents can also seek additional support from the child health nurse if they have concerns about the health, development or wellbeing of their child, or are experiencing their own health or family troubles that may affect the wellbeing of their children.

All of the child health checks are equally important and the rationale is to assess the individual development of a child in comparison to expected normal development for that age group and to identify growth and development that deviates from normal which may be the only obvious manifestation of underlying disease, early disability, delay or deprivation.

The child health checks are based on a series of principles including:

- Aligning child health assessments against critical periods of a child’s development

- Offering more frequent contacts in the first 12 months to facilitate the development of a relationship between family and child health service and identify early health
Child health universal services

conditions that if left untreated are likely to result in significant costs to the child and wider community e.g. congenital eye conditions, hearing loss, developmental dysplasia of the hip and undescended testes, physical development, language development, social and emotional development.

- Provision of age-specific health information and targeted anticipatory guidance
- Promotion and/or provision of immunisation which is the most cost effective public health intervention in preventing childhood morbidity and mortality.

Implementation requirements

Child health services are delivered through the metropolitan Child and Adolescent Community Health (CACH) and WA Country Health Service (WACHS). It is the Area Health Services (AHS) responsibility to ensure that there are appropriate staffing levels to provide child health services for the Area’s population and characteristics. It is acknowledged that characteristics such as population increases, population demographics including dispersion and providing services which are sensitive and responsive to family cultural, ethnic and socio-economic diversity will impact on the staffing levels required.

Qualifications and workforce skills

It is recommended that all staff working in child health have advanced skills in the delivery of primary health care and family centred practice.

The minimum qualifications for community health staff employed to deliver child health screening is a registered nurse with qualifications in child and family health. Other desirable qualifications include Graduate Certificate in Lactation/International Board Certified Lactation Consultant, Graduate Diploma of Midwifery/Midwifery Certificate, Graduate Diploma in Infant Mental Health, or advanced counselling skills.

It is the responsibility of the AHS to ensure that staff delivering child health services have adequate skills, training and supervision. Training and development systems for all staff are to support a multidisciplinary and interagency approach to working with families.

Monitoring

Monitoring of child health service delivery is the responsibility of the AHS. Monitoring and evaluation can include a range of quantitative and qualitative measures. Suggested measures include:

- Number and percent of infants/children who have received universal contact schedule at 0-10 days, 6-8 weeks, 3-4 months, 8 months, 18 months and three years.
- Number of mothers breastfeeding at the initial interaction with the child health service and at the 3-4 month assessment.
- Number and percent of infants/children assessed who received a referral to another service (internal or external) for further assessment. Details of services to which infant/children were referred.
- Outcome of referrals, which may include; results of further assessment, further referrals, interventions that are planned or commenced.
- Numbers of mothers who received the EPDS at 6-8 weeks and 3-4 months.
Feedback from service providers regarding the implementation of this policy will be monitored by the Statewide Birth to School Entry Reference Group and Child and Adolescent Community Health Policy (Statewide).

**Authorised by:**

Date 10th January 2011

Mark Morrissey
Executive Director
Child and Adolescent Community Health

Kate Gatti
Area Director Population Health
WA Country Health Services

**Policy statement**

This policy guides the practice of community health staff, particularly child health nurses, employed by the Department of Health when delivering universal prevention and early detection services for children from birth to school entry.

**Policy outcome**

**Vision**

All Western Australia children benefit from quality child health services that support optimal health, development and wellbeing

**Objectives**

The vision is achieved through the following objectives:

- Promote the health and wellbeing of infants, young children and families Support parents/carers to optimise the health, wellbeing and development of the infant/child through a comprehensive approach including universal and targeted prevention, early detection, and early intervention activities and appropriate referral systems
- Identify parents, families and children who may require additional support early to enable access to timely and appropriate interventions
- Provide evidence informed information and support in response to the individual needs of each family
- Promote population health through preventing avoidable illness, injury and disease
- Provide parental peer support and community networking either on an individual or group basis
- Work collaboratively with other services to support children and families.
Policy interpretation: Scope

Child health services in Western Australia will universally offer:

- A schedule of periodic contacts with parents and their children between birth and 4 years at the key developmental ages of 0-10 days, 6-8 weeks, 3-4 months, 8 months, 18 months and three years. These contacts provide opportunities for developmental surveillance and health monitoring as well as parenting support and anticipatory guidance.

- A postnatal contact. All parents will be offered a home visit, to take place within the first 10 days after birth. If a home visit is not possible, the postnatal contact can take place in a child health/community centre or by telephone.

- A safe sleeping assessment at the universal postnatal contact, and questions asked at each universal contact up to and including the 8 month contact, to ascertain if parents and caregivers are demonstrating appropriate SUDI prevention behaviour.

- Standard questions about family and child safety asked at the first universal postnatal contact.

- Questions about any family drug or alcohol concerns asked at the universal postnatal contact.

- Group sessions for parents with babies (0-3 months) commencing prior to the 6-8 weeks of age, where appropriate.

- Examination of hips for developmental dysplasia at each universal contact up to and including 18 months.

- Examination for testicular descent at each universal contact.

- Assessment of red reflex and corneal light reflex at each universal contact.

- Parent Completed Child Developmental Screening Tools (PEDS) to all parents at the 3-4 months, 8 months, 18 months, and 3 years. PEDS can also be initiated when parents attend outside of the universal schedule and have concerns. A secondary tool is recommended for those children identified as medium to high risk; the ASQ and ASQ/SE (social and emotional) questionnaires are the recommended secondary screening tools.

- The Lift the Lip screening assessment at the 8 month, 18 month and 3 year assessment.

- A weight assessment at each universal contact. Length assessment at the 18 month contact. Targeted weight, length/height and head circumference assessment at any time for an infant or child where there is professional or parental concern.

- The Edinburgh Postnatal Depression Scale (EPDS) to all mothers at 6-8 weeks and 3-4 months contacts and at any other time when there are clinical indications or the mother reports changes in affect. EPDS to partners and additional primary carers at these contacts and at any other time where there is concern.

- Health promotion activities including primary prevention strategies (immunisation), health education (injury prevention) and promotion of parent-child relationship.

- Respond to identified needs by providing short term or long term interventions appropriate to the health need and/or timely referral to other services.
Service delivery should be flexible and responsive to the needs of families and may include home, community or centre based contacts and may be delivered face to face or in group settings.

If a health, developmental or support need is identified, child health services should provide appropriate pathways for response. This response will depend on the nature or acuity of the identified need or issue and the capacity of the service from which it is being delivered.

Possible pathways include:

- Information and assistance as part of the universal contact schedule (e.g. dental health)
- A brief structured intervention (e.g. sleep management)
- A long term intervention (enhanced home visiting services)
- Referral to other community-based services
- Referral to specialist mental health services for group interventions (e.g. PND support groups)
- Referral or access to targeted/specialist service (e.g. Enhanced Aboriginal Child Health Schedule, Child Development Service) via Telehealth if suitable.

**Qualifications and workforce skills**

All child health staff must have the relevant knowledge and skills to work with children and families in both a preventative and clinical context and be competent in the following: Identifying children and families who have additional needs or increased likelihood of poor health or developmental outcomes, delivering health information, providing guidance and decision-making.

*Child health nurses must be competent to practice the following:*

**Family Assessments**

- Assessment of Risk and Protective Factors
- Genograms
- Indicators of need
- Identification of the factors indicative of child abuse and neglect and the ability to take early and effective action

**Physical Assessment of infants and young children**

- A physical assessment of an infant or child
- Ortolani’s Test for developmental dysplasia of the hip
- Barlow’s Test for developmental dysplasia of the hip
- Examinations for Undescended Testes

**Growth Assessment**
- Assessment of height, weight and head circumference and the ability to interpret results using the appropriate growth chart

**Developmental Assessment**
- Parent Evaluation of Developmental Status (PEDS)
- Ages and Stages (ASQ)
- Ages and Stages, Social and Emotional (ASQ:SE)

**Visual Acuity Assessment**
- Lea Symbols Chart
- Corneal Light Reflex Test (Hirschberg Test)
- Cover Test

**Detection of Serious Eye Conditions and Conditions that cause Amblyopia**
- Bruckner Red Reflex Test

**Hearing Assessment**
- Screening Audiometry
- Otoscopic examination

**Oral Health Assessment**
- Lift the Lip screening test

**Detection of Postnatal Anxiety and Depression**
- Edinburgh Postnatal Depression Scale

**Health Education and Group Facilitation**
- Family Centred Practice
- Sensitive Parenting
- Early Parenting Education

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**Related internal policies, procedures and guidelines**

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<th>Policy/Manual</th>
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<tr>
<td>Community Health Manual</td>
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<td>Guidelines for Protecting Children</td>
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## References

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<tr>
<td>Department of Health Western Australia Health Act 1911</td>
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<td>Nurses and Midwifes Board of Western Australia Nurses Act 1992</td>
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<tr>
<td>Murdoch Children’s Research Institute as represented by the Centre for Community Child Health National Children’s Vision Screening Report 2009</td>
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## Useful resources

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<td>Scope of Nursing Practice Decision Making Framework: Nurse and Midwifery Board Western Australia 2004</td>
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