GUIDELINE

Partnership – child health service

Scope (Staff):	Community health
Scope (Area):	CACH - Child Health

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

Contents

Aim

To guide staff in supporting children and families with complex concerns with the aim of optimising a child's health, development, psychosocial health and behaviour.

Risk

Non-adherence to this guideline may result in missed opportunities to improve health and developmental outcomes of children at risk of ongoing adverse experiences.

Background

The Australian Health Ministers' Advisory Council documents *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health* and the *National Framework for Child and Family Health Services – secondary and tertiary services*, aim to improve the health, development and wellbeing of children and families, through a model of progressive universalism.[1, 2] This acknowledges providing support for all families and recognising more support will be required by those with greater needs.

The *Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model – Review of evidence with recommendations for an improved service delivery model* provides the evidence base for a child health service program based on progressive universalism.[3] Child health services describes the following service levels offered as:

- Universal services include a schedule of community health nurse contacts and assessments offered for all children and families.
- Universal Plus services offer additional and flexible contacts providing support to help families manage or resolve a particular concern or issue. Additional contacts provide opportunities for ongoing monitoring, minimising risk factors for children and building protective factors and resilience in families.[2] Community health nurses (CHN) provide this level of service.
- Partnership level of services are for children and families who require help to manage or resolve increasingly complex physical, developmental, psychosocial, behavioural 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 concerns are not addressed.[1, 2] Clinical nurse specialists (CNS) will act as care coordinators and work in collaboration with relevant agencies (and families). Clients in the Partnership level of service are offered all elements of Universal services, in conjunction with additional contacts for comprehensive assessments and targeted care planning. These contacts are timely, ongoing and where indicated, sustained.[3] The Partnership CNS will deliver this level of service.

Note: Currently, the Partnership level of service is not offered by the CACH Refugee Health Team. The CACH Aboriginal Health Team (AHT) offers partnership level services as part of the service that the AHT Community Child Health nurses offer. Refer to the Aboriginal Child and School Health or Refugee Health Service for more information on delivering child health services to Aboriginal and refugee families.

Children require a safe and nurturing home environment to establish secure child-parent relationships and to achieve optimal health and developmental outcomes.[1] Some parents may have difficulties providing their children with these opportunities. In these instances, parents require early, intensive, and individualised support to address issues that may be impacting on their capacity to parent.

Interventions aimed at influencing parent infant relationships and promoting infant attachment, have improved infant attachment security in families who need a higher level of support[4],[5,]. The aim of these interventions is to improve the primary caregiver's sensitivity and responsiveness, enhance the quality of relationships, build self-reflection, increase empathy, help parents manage emotions and promote secure

attachment in children. [6] In addition, child focused outcomes of emotional and behavioural functioning, and developmental status emphasising mental and motor development, are important in relation to family functioning.[4]

Children and their families with complex needs will frequently require support from several service providers to achieve best outcomes for the child and family. The Partnership CNS working in this area require knowledge of available services, skills to assure continuity of services and experience in evaluating outcomes to act as care coordinators. Through care coordination, the Partnership CNS can assist families to understand and obtain services which may be beneficial to the family and support the navigation of the multiple teams involved. Benefits of care coordination include care planning developed with the family's participation, continuity of care, coordination of community resources, improved information sharing and active monitoring and evaluation of care.[2]

Expected Outcomes from Partnership Service

The Partnership level of services is expected to contribute to improvement in the following outcomes:

- children's health and development
- children's social and emotional development
- children's behavioural functioning
- quality of the child-parent relationship
- wellbeing and quality of life for children and parents
- mental health problems in children and parents
- Department of Communities involvement.

Key points

- The child is the primary client and is the centre of care.
- Whilst children from birth to four years will be eligible for Partnership level of service, engagement within the *'first 1000 days'* (conception to two years of age) is recommended, where possible.
- The Partnership CNS and families will work together for the shared understanding of concerns, and the establishment of goals for the child to facilitate change for modifiable concerns.
- Child centred and strength-based approaches will be used to influence family involvement, commitment and participation.
- The Guidelines for Protecting Children 2020 will guide clinical practice, where relevant.

  - Child Safeguarding and Protection outlines requirements to promote the health and wellbeing of children when there are concerns about child abuse. Appendix 2 outlines responses specific to CACH.

- The Partnership CNS is supported to work within the boundaries of their professional practice, and to recognise the scope of practice for individual CHN may vary.
- The Partnership CNS is encouraged to be aware of the availability of local resources, for timely interventions and/or referrals to respond to client concerns.
- The Partnership CNS supporting families with complex needs should regularly consult with their line manager, attend clinical supervision sessions, practice self-care, and seek support through the employee assistance program, when required.
- Service provision includes coordination and collaboration with internal and external services, and valuing the knowledge, experience, and expertise of a multidisciplinary approach, to optimise support for children with increasingly complex concerns.
- Nurses need to provide a service that is welcoming and culturally secure, ensuring cultural diversity, rights, views, values, and expectations of Aboriginal people and those of other cultures are honoured. Guidelines for Protecting Children 2020 offers points for consideration about cultural sensitivity when addressing concerns of abuse or neglect.
- 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.

Partnership level of service entry considerations

Not all families with complex concerns will require Partnership - Child health level of services, as the presence of protective factors may reduce adversity and increase resilience. Where no risks for child and family functioning have been identified, Universal Plus services offered by the CHN may be appropriate.

It is recognised that the compounding effect of a number of concerns may increase the level of risk for children and increase a family's likelihood of negative outcomes.[7] These families would benefit from the services offered the Partnership level of service.

A family's commitment to engage with the service and participate in addressing identified concerns is essential to reduce risk factors and improve the daily lives of their children. In instances where a family does not engage with the service, discuss with the line manager and refer to Child Safeguarding and Protection and Guidelines for Protecting Children 2020 for additional information.

Process

Steps	Additional information

Client identified for partnership level service
• CHN to discuss plan for referral to partnership level of services with family.
• CHN to create or update risk alert in CDIS if criteria are met for an alert.
• The CHN shares relevant client information with the Partnership CNS.
• Shared decision making between CHN and Partnership CNS will identify the appropriate level of service to respond to concerns for the child. This may include:
  ○ Universal Plus offered by the CHN, with Partnership CNS consultation/advice as required (the CHN and CNM will remain responsible for all aspects of the clients care as per Universal Plus – Child Health)
  ○ Partnership – child health level of service.
• CHN will be responsible for documentation of all discussions with CNS.
• The CHN will be responsible for notifying the Clinical Nurse Manager (CNM) with the outcomes of the discussion that took place with the Partnership CNS and documenting discussions in CDIS.
• Child health clients who have been identified as requiring Partnership level of service will be referred by the CHN via the Child Development Information System (CDIS).
	• Prioritise the safety and well-being of every child accessing the health service.
	• Staff discussions will consider client circumstances including:
	  ○ protective factors
	  ○ risk factors
	  ○ child health and development
	  ○ child parent attachment
	  ○ difficulties that may impact on parents' capacity to respond to their child
	  ○ family functioning
	  ○ level of risk for child if family concerns are not addressed.
	• Care planning to consider the preferences of the child and their family.
	• Factors impacting on child health and development provides more information about protective and risk factors.
	• Discussion may also involve the CNM when considering the scope of practice of the individual CHN, including knowledge, skills, and competency, when making decisions regarding clients receiving appropriate care.
	• Refer to the Client Record Transfer procedure, Clinical Handover-Nursing and Clients of concern management for more information.

Steps	Additional information
○ Following acceptance of a referral the CHN will remove client from universal plus pathway. ○ CHN will remain responsible for all aspects of the client's care until the referral is accepted by Partnership CNS. • Once referral has been accepted, the Partnership CNS will: ○ assume responsibility for the client ○ request the transfer of the client's record (paper file) to a relevant site ○ amend the Paper File Location in CDIS on receipt of the client's file ○ ensure the client has been added to the *Clients of concern communication tool*, according to local processes. (And add child if needed). • For referrals from mother and baby unit (MBU) see relevant flowchart: ○ Mother and baby unit (WNHS) ○ Mother and baby unit (FSH)	
Preparation for the initial Partnership level of service client interaction • At the start of the contact ensure child is correctly identified and verify contact details. • Prior to the contact, review: ○ The child's electronic health records, noting any previously identified concerns and follow up required.	• Refer to Patient/Client Identification • Information from other sources may include child health records of any previous children and/or services that the client may have received. • Undertake a risk assessment to determine the appropriateness of home visiting the client. • Refer to Universal contact initial interaction, Home and Community

Steps	Additional information
○ Referral to partnership level of service. ○ Any additional information, if available, including linked sibling records. • Service provision in family's home is preferred; however, it is acknowledged that other venues may be more appropriate to meet individual circumstances and where staff safety needs to be considered. • Complete the *Risk Assessment* and *Home Visiting Checklist*, according to Home and Community Visits. • Document client appointment details using the CDIS calendar.	Visits and Working Alone for more information. • When the client contact is taking place in a location that is different to the address that is recorded in CDIS, the Partnership CNS will discuss with their line manager the location and rationale for this and seek consent. ○ Complete a client not present (CNP) in CDIS, identifying where the contact will occur. • Document into CDIS all interactions with family related to service delivery, including information received via: email, phone, text message.
Client assessment Undertake a holistic assessment using appropriate tools and acting on clinical judgement including: • systematic enquiry of parent concerns • gathering information about child and family functioning • completing age-appropriate observations and assessments. Undertake a comprehensive assessment of any immediate safety concerns for the child. • If indicated, contact the Department of Communities to confirm their involvement. 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-mobile baby including facial, torso, ears, and neck bruising) or patterned bruising (i.e.	• Clients receiving the Partnership level of service require comprehensive assessments, to gain a greater understanding of child and parent/caregiver concerns impacting on the child's health, development, and family functioning. • Priority is to be given to the safety and well-being the child as per Child Safeguarding and protection and Guidelines for protecting children. • Refer to the *Universal contact* guidelines for more information related to assessing: ○ family health and wellbeing ○ maternal health and wellbeing ○ child-parent attachment ○ lactation ○ child health and wellbeing ○ feeding assessment ○ physical assessment

Steps	Additional information
slap, grab or loop marks) nurses must take the following actions: • identify any immediate safety concerns • discuss concerns with parents/caregiver if safe to do so • 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 • document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant line manager and document further action and plan of follow up. Establish with the family if any existing support or services are already in place, to avoid duplication. Determine the family's uptake of existing support or services and the suitability in meeting child's needs. The following tools are used in accordance with the relevant policy to guide assessments, care planning decisions and to inform documentation: • Ages and Stages Questionnaire • Ages and Stages Questionnaire: Social-Emotional • Breastfeeding Assessment Guide • Child Wellbeing Guide 0-18 years • Edinburgh Postnatal Depression Scale (EPDS) forms also available in translated languages • Family and Domestic Violence (FDV) Screening • Genogram	○ growth assessment ○ developmental assessment. • Staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation. • See Guidelines for Protecting Children 2020 and Child Safeguarding and Protection for more information.

Steps	Additional information

Client care planning and goal setting
 	
• The Partnership CNS will undertake all elements of Universal service provision.
• Additional contacts will focus on goal setting for the child, managing risks and minimising the impact of identified concerns.
 	
<u>Goal setting</u>
 	
• Actively encourage parent/caregiver to be involved in their child's care by exploring goal setting with families, which gives a sense of ownership and motivation to reach goals.
• Include plan for discharge from partnership level service, considering family's and needs. Involve family in discharge planning and decision making.
• Develop comprehensive care plan with the parent/caregiver, that helps them determine what they want to prioritise, setting one or two child related goals that the parent/caregiver consider achievable.
• Goals should address the significance and complexity of any identified health issues and risks of harm.
• It is unnecessary to set goals to address risk factors which are unlikely to be modifiable.
• Use CHS481 Partnership Goal Setting Tool to assist parent/caregiver reaching their desired outcomes.
  ○ Provide the client a copy of care plan and upload a copy to CDIS.
	Refer to *Universal contact* guidelines for information related to anticipatory guidance, parent education and resources, and care planning.
	
	When care planning with the client consideration should be given to the following:
	
	• Exploration of area to work on:
	  ○ What is the parent/caregiver goals or priorities for the child?
	  ○ What services or supports are already in place for the child and family?
	• Protective factors
	  ○ What protective factors are currently shaping the child's development? (See Factors affecting child health and development)
	• Current circumstances impacting the family (Risk factors).
	  ○ What risk factors are present that may be impacting progress towards achievement of goals for the child? (See Factors affecting child health and development)
	• Strategies
	  ○ How will the parent/caregiver achieve their goals for their child?
	  ○ Include information on when to seek further help or escalate concerns.
	• Support
	  ○ Are there other resources, supports, or services that can support the child going forward?
	• Follow up and review.

Steps	Additional information
Consult with Line manager if concern has not improved at review and goals and plan are not clear.	○ When will the goals be reviewed and how will progress be measured? Additional contacts will be timely with ongoing, targeted, intensive interventions. Proactive outreach may be required when family engagement and participation is reduced. If a corporate device is used to upload copy of care plan it must be done so in accordance with Photography and Video/Audio Recording. Refer to Transferring Photos to CDIS or contact the CDIS Helpdesk for attaching photographs, if required.
Client interventions • Anticipatory guidance could include: ○ sensitive parental responses to infant and child cues, and the development of secure child parent attachment ○ early infant care ○ nutrition ○ expected infant and child physical, social, and emotional development ○ illness and injury prevention ○ immunisation ○ development of healthy relationships between parents. • Interventions should align with goals set by parent/caregiver (documented on CHS481 Partnership Goal Setting Tool) and may include practical guidance such as role modelling, demonstration, parenting skills practice, encouragement and coaching.[8]	• Circle of Security - Parenting groups (COSP) ○ It is recommended that the CNS determine a client's suitability to attend a group, as family circumstances may impact on their capacity or readiness to participate in group sessions. ○ Clients will be offered a group that is accessible to meet their individual preferences. ○ Contact facilitators directly to refer parents into COSP groups (Such as Ngala Circle of security parenting). • Consider referral to child/parent relationship services specialising in child parent relationships for clients who: ○ May not be suitable to attend a *Circle of Security – Parenting* group. ○ Decline attending a Circle of Security – Parenting group.

Steps	Additional information
• Interventions may be targeted to assist clients with making progress towards achieving their goals. • Families identified as having concerns with child parent attachment, and who would be suitable to attend a group, will be offered a referral to a *Circle of Security – Parenting* group. • Consider referral to services specialising in child parent relationships, as required. • Where there are concerns about FDV impacting on the health and wellbeing of infants, children and adults see Family and Domestic Violence Child and School Health for appropriate referral pathways. • In all instances where Partnership CNS has identified that a child may have been harmed or is at current risk of harm through child abuse or neglect, a report must be made to the Department of Communities. • The Partnership CNS will be responsible for acting as care coordinators to assist families to understand and obtain services which may be beneficial to the child. Support for the navigation of the multiple teams involved may be required.	○ Have demonstrated limited improvement in child parent relationships following attending a *Circle of Security – Parenting* group. • Safety plan development ○ Refer to Family and Domestic Violence Child and School Health for more information. • Refer to Child Safeguarding and Protection for child safety and protection issues. ○ Use the Child Protection Concern Referral form to report to Department of Communities. ○ If the suspected abuse is child sexual abuse a report must be made through the dedicated portal (Mandatory reporting). • It is important to support families to maintain ongoing engagement with community health services.
Client care coordination duties • Participation in regular inter agency meetings, such as SCAN, Child at Risk or Local Child Safety meetings, is strongly recommended. • Document communication, decisions, actions, and outcomes including who is responsible for reporting concerns clearly in CDIS.	• Care coordination requires working collaboratively with internal and external services, and valuing the knowledge, experience, and expertise of a multidisciplinary approach, to optimise support for families with increasingly complex concerns. • Relevant client information should be shared in accordance with Client Information – Requests and Sharing.

Steps	Additional information
Client review • Develop and document a follow up plan in consultation with the client to revisit goals and measure progress. • Liaise with relevant health professionals and services that may be involved with the family, to share information regarding client progress, as required.	• Additional contacts will be responsive to client needs and will involve reviewing progress and revisiting goals, as required. • The follow-up plan will include dates, time and a venue mutually agreed on by the client and the Partnership CNS. • Where the venue is to be different to the address recorded in CDIS, consent from line manager will be sought and the location recorded in CDIS as a CNP.

Case load meeting
• Planned or impromptu case load meetings (between Partnership CNSs and line manager) may occur for the purpose of managing caseloads.
• Meetings should consider the following items or factors:
  ○ unassigned new referrals
  ○ MBU admissions
  ○ current caseloads.
• Where there is no Partnership CNS capacity, a plan for Universal Plus contacts will be made with the relevant child health centre.
	• The Partnership CNSs will determine meeting frequency (in agreement with line manager) in accordance with client needs and staff resourcing.
	• To use time efficiently, meetings may be held electronically via MS Teams.
	• If required, meeting notes will be taken and made available to relevant staff.

Escalating Concerns • As a matter of priority, discuss escalation of concerns and plan of action with line manager. • Safety risks requiring an immediate response are to be escalated immediately. • Follow the process in Child Safeguarding and Protection and	• Consider providing an updated child protection referral to central intake team. • When there are difficulties obtaining information from Department of Communities:

Steps	Additional information
Guidelines for protecting Children 2020 when managing child abuse concerns. • Inform the Department of Communities of escalating situations. See Guidelines for Protecting Children 2020. • Ensure a plan is made to follow up on referral. • Access debriefing and support as required.	○ use the formal Communities complaints process. (Complete the online form). ○ inform line manager of concerns. • For more information refer to CAHS Child safeguarding and protection and Guidelines for Protecting Children 2020.
Partnership level of service exit considerations • Client care transferred to the CHN in the child health setting when: ○ achievement or adequate resolution of identified client goals ○ risks to the child have been mitigated and/or are stable with no actual risk of harm ○ clients are actively engaging with health and social service support agencies ○ clients are not committed to addressing concerns and/or implementing strategies. • Client care is transferred to the: ○ CHN in the school health setting ○ a local or interstate health service. • Client declines further involvement with CACH services.	• When client care is transferred from the Partnership CNS to the CHN in the child health setting, the CNS will be responsible for providing a clinical handover. The CHN will be responsible for undertaking relevant universal contacts and planning ongoing client care. The client's paper file will be transferred to the relevant child health centre the client is active for. • In instances where client care is transferred from the Partnership CNS to the CHN in the school health setting and/or school student service team, the Partnership CNS will be responsible for providing a clinical handover. • As required, the Partnership CNS will discuss with the line manager whether escalation to Department of Communities is required, for clients declining involvement with CACH services. Refer to Child Safeguarding and Protection and Guidelines for Protecting Children 2020 for additional information. • Clinical handover and the use of the Clinical Handover/Referral form will

Steps	Additional information
	be completed, according to Clinical Handover Nursing.

Leadership and consultancy

The CNS will support the CNM and the CHN working with clients with complex needs in the Universal Plus services through:

- discussing client concerns and consulting with appropriate client care planning
- attending client contacts with the CHN (home visits and/or centre based), as feasible
- collaborating with the CNM at the Client of concern meetings and intake meetings (where feasible), including providing guidance with clinical issues, as required.

Note: Clients in the Universal Plus stream remain under the scope of the CHN and CNM.

Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH processes.

- The outcomes of all client contacts will be documented in the client's CDIS record.
- The client's paper file will be used to store completed forms, including the:
  - tools used for assessments.
  - health professional or related forms and reports relevant to the client.

References

1. Australian Health Ministers' Advisory Council. Healthy, safe and thriving: National strategic framework for child and youth health. Australia: 2015.
2. Australian Health Ministers' Advisory Council. National Framework for Child Health and Family Services - secondary and tertiary services. Australia: 2015
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6. Circle of Security International. Circle of Security Parenting [cited 2018 26 October]. Available from: https://www.circleofsecurityinternational.com/circle-of-security-parenting.

7. Bromfield L. The role of services in assisting vulnerable children and young people. 2018.
8. Engle P, Fernald L, Alderman H, Behrman J, O'Gara C, Yousafzai A, et al. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. The lancet. 2011;378(9799):1339-53.

Related internal policies, procedures, and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link
Aboriginal Child and School Health
Ages and stages questionnaires
Breastfeeding protection, promotion, and support
Child safeguarding and protection
Clients of concern management
Clinical handover nursing
Factors impacting child health and development
Family and domestic violence – child and school health
Infant and perinatal mental health
Refugee Health Service
Universal contact initial interaction
Universal plus – Child Health
The following documents can be accessed in the CACH Operational Policy Manual
CDIS Client Health Record Management
Client Identification
Home and Community Visits
Client Information – Requests and Sharing
Client Record Transfer
Consent for Services

Home and Community Visits
Recognising and Responding to Acute Deterioration
Working Alone
The following documents can be accessed in the CAHS Policy Manual
Patient/Client Identification
Photography and Video/Audio Recording

Related internal resources (including related forms)
Breastfeeding Assessment Guide
Child Wellbeing Guide
CHS481 Partnership Goal Setting Tool
Clinical Handover/Referral from Community Health Services
Edinburgh Postnatal Depression Scale (EPDS) forms also available in translated languages
How Children Develop – 0-12 years
Indicators of Need
Guidelines for Protecting Children 2020
The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model
Transferring photos to CDIS

Related external resources (including related forms)
Australian Breastfeeding Association
Breastfeeding Centre of WA
Centre of Perinatal Excellence
Child Protection Concern Referral
Child Protection Unit – Perth Children's Hospital

Circle of Security
Department of Communities
Department of Communities – General complaints and feedback
Information Sharing for the Protection of Children
Kidsafe
Ngala
Nursing and Midwifery Board AHPRA Decision-making framework
Mandatory reporting
Mother and baby unit (WNHS)
Mother and baby unit (FSH)
Playgroup WA
Raising Children Network
Red Nose WA
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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