



GUIDELINE

Universal contact 12 months

Scope (Staff):	Child and Adolescent 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 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.¹

Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning.² 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.^{2, 3} 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.^{1, 2, 4}

The *Universal contact 12 months* 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.¹

Key points

- This document should be read in conjunction with the [Child Health Services](#) policy
- The *Universal contact 12 months* is only for children aged 12 months to less than 24 months of age
- The *Universal contact 12 months* 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
1. Client information <ul style="list-style-type: none"> • Prior to the contact review the client's electronic health records, 	<ul style="list-style-type: none"> • Refer to the following for more information:

Steps	Additional Information
<p>noting any previously identified concerns and follow up required.</p> <ul style="list-style-type: none"> At the start of the contact ensure clients are correctly identified. For clients new to Child Health Services, enquire if the parents and/or caregivers will identify the infant as of Aboriginal⁷ descent, updating child health records if required 	<ul style="list-style-type: none"> Patient / Client Identification (CACH) or Patient Identification (WACHS) In WACHS check for Child at Risk Alert. In WACHS when a child has been identified as being at risk of poor health, development or wellbeing, the Enhanced Child Health Schedule will be activated.
<p>2. Child health and wellbeing</p> <ul style="list-style-type: none"> Elicit and respond to parental concerns about their child's health and development. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> Ages and Stages Questionnaires® Growth – birth to 18 years Head circumference assessment Hearing and Ear Health Hip assessment Let's Sleep: Facilitator Guide Length assessment 0-2 years How children develop Nutrition for children – birth to 18 years Otoscopy Oral health assessment Physical Assessment 0-4 years Sleep 0-5 years Tympanometry Vision and eye health Weight assessment 0-2 years
<p><u>Nutrition</u></p> <ul style="list-style-type: none"> Protect, promote and support breastfeeding, with solid foods providing an increasing proportion of 	<ul style="list-style-type: none"> Documenting infant feeding status – CAHS: See CDIS tip sheet: Clinical contact screen for child health

Steps	Additional Information
<p>energy intake after 12 months of age.</p> <ul style="list-style-type: none"> • Document infant feeding status. 	
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Conduct a physical assessment as per Physical Assessment 0-4 years. • Conduct an oral health assessment and discuss oral hygiene. • Hip assessments • Enquire about testicular descent. 	<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Physical assessment to be performed on a firm stable surface • When undertaking a physical assessment, focus on general appearance, oral health, skin integrity and testicular descent.
<p><u>Recognise indicators for physical abuse and neglect</u></p> <ul style="list-style-type: none"> • 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. slap, grab or loop marks) nurses must take the following action: <ul style="list-style-type: none"> ○ Identify any immediate safety concerns ○ Discuss concerns with parent/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 CNM/CNS and document further action and plan of follow up 	<ul style="list-style-type: none"> • 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, Child Safeguarding and Protection (CAHS) and Child Safety and Wellbeing (WACHS).

Steps	Additional Information
<p><u>Hearing screening</u></p> <p>Offer for all Aboriginal children and others at increased risk</p> <ul style="list-style-type: none"> ○ Screening questions and observations ○ Otoscopy ○ Tympanometry 	<p><u>See:</u></p> <ul style="list-style-type: none"> • Hearing and ear health • Otoscopy • Tympanometry
<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Conduct a growth assessment including weight, length and head circumference. • Document growth measurements and interpret growth trajectories using: <ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization (WHO) 0-2 years growth charts • Discuss growth patterns and findings with parents. 	<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal. • Discuss with parents expected growth patterns, trajectories and percentiles, reinforcing that growth charts are used as part of a holistic assessment for infant health and wellbeing.
<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • Conduct an observational assessment and complete the following: <ul style="list-style-type: none"> ○ ASQ®-3 or ASQ-TRAK where culturally appropriate 	<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • 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. • Developmental assessments include: <ul style="list-style-type: none"> ○ Fine motor ○ Hearing behaviours ○ Posture and large movements ○ Social behaviour and play ○ Speech, language and communication ○ Vision behaviours
<p><u>Social and emotional assessment</u></p>	

Steps	Additional Information
<ul style="list-style-type: none"> Conduct the following: <ul style="list-style-type: none"> ASQ®:SE-2 	
<p><u>Sleep</u></p> <ul style="list-style-type: none"> Enquire about awake and sleeping patterns, providing information and support as required. <p><u>Safe Infant Sleeping</u></p> <p>Consider age of infant and infant's sleeping arrangements. If indicated identify key infant, parent/caregiver and environmental risk factors and how to mitigate those (Refer to the WA Health Safe Infant Sleeping Guideline for a comprehensive list).</p> <ul style="list-style-type: none"> If risks identified, (including the risk of sharing sleep surfaces), use CHIS/CDIS notes to clearly and contemporaneously document all education/advice and discussions Safe infant sleeping information must be provided and where available provided to families in their first language 	<ul style="list-style-type: none"> For safety information for children aged 12 months and older, please visit Red Nose – One to five years.
<p><u>Immunisation</u></p> <ul style="list-style-type: none"> Enquire about immunisation status. 	<p><u>Immunisation</u></p> <p>Promote immunisation uptake if not fully vaccinated for age by reinforcing the WA Vaccination Schedule in the PHR and promoting local options to access immunisation.</p>
<p>3. Maternal health and wellbeing</p> <p>Promote breastfeeding and lactation.</p>	<ul style="list-style-type: none"> Refer to the following for more information: <ul style="list-style-type: none"> Breastfeeding protection, promotion and support Breastfeeding Assessment Guide (CHS012)

Steps	Additional Information
	<ul style="list-style-type: none"> ○ Nutrition for children – birth to 18 years
<p>4. Family health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns and provide interventions as required. • Update family history related to health, relationships, family support, risk and protective factors as required. • Conduct emotional and social wellbeing screening. <ul style="list-style-type: none"> ○ Complete the Edinburgh Postnatal Depression Scale (EPDS) • Conduct Family and domestic violence (FDV) screening. <ul style="list-style-type: none"> ○ Complete the Screening For Family and Domestic Violence form (FDV 950) • Promote healthy nutrition and physical activity. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Genogram ○ Family and domestic violence ○ Indicators of Need ○ Infant and perinatal mental health • Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks. • It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.
<p>5. Anticipatory guidance</p> <ul style="list-style-type: none"> • Behaviour • Child care • Child development • Communication, speech and language • Immunisation <ul style="list-style-type: none"> ○ Ensure client awareness of the WA Vaccination Schedule information in the PHR • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development ○ Safe infant sleeping • Nutrition 	<ul style="list-style-type: none"> • The list of anticipatory topics is of relevance for the 12 month contact. However, nurses will prioritise discussions according to client need. • Refer to the following for more information: <ul style="list-style-type: none"> ○ How children develop ○ Let's Sleep: Facilitator Guide ○ Physical Assessment 0-4 years ○ Sleep – 0-5 years • Discuss supporting child development and children's needs, whilst developing an understanding of the support parents need, to raise thriving children.⁵

Steps	Additional Information
<ul style="list-style-type: none"> • Parents returning to work • Play and physical activity • Playgroups • Reading • Screen time <ul style="list-style-type: none"> ○ Not recommended for children under 2 years, other than video-chatting • Sleep and settling • Sun protection • Toilet training 	<ul style="list-style-type: none"> • 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. • 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).
6. Parent education and resources <ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. • 	<ul style="list-style-type: none"> • Offer clients resources listed in the <i>Practice guide for Community Health Nurses</i>. • Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.
7. Care planning <ul style="list-style-type: none"> • Promote Universal contact 2 years appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Groups for parents guideline • Offer the following Community Health group programs as required: <ul style="list-style-type: none"> ○ <i>Let's sleep</i>: a targeted service for clients with 6 to 12 month olds experiencing sleep and settling difficulties ○ <i>Circle of Security – Parenting</i>: a targeted service to help parents understand their child's emotions (suitable from four months to six years).

Documentation

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

References

1. Sharma A, Cockerill H. From birth to five years: Practical developmental examination: Routledge; 2014.
2. Department of Health. National Action Plan for the Health of Children and Young People: 2020-2030. In: Department of Health, editor. Australia 2019.
3. Western Australian Government. Our Priorities Sharing Prosperity. In: Department of the Premier and Cabinet, editor. Western Australia 2019.
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.
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. <https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes>.

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](#)

[Ages and Stages Questionnaires ®](#)

[Breastfeeding protection, promotion and support](#)

[Child health services](#)

[Clients of concern management](#)

[Corneal light reflex test](#)

[Drop-in session](#)

[Factors impacting child health and development](#)

[Family and domestic violence](#)

[Groups for parents](#)

[Growth – birth to 18 years](#)

[Growth – downward trajectory](#)

[Head circumference assessment](#)

[Hearing and Ear Health](#)

Hip assessment
Length assessment 0-2 years
Nutrition for children – birth to 18 years
Oral health assessment
Otoscopy
Infant and perinatal mental health
Physical assessment 0-4 years
Red reflex test
Sleep – 0-5 years
Tympanometry
Vision and eye health
Weight assessment 0-2 years
The following documents can be accessed in the WACHS Policy Manual
Child Safety and Wellbeing
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
Identifying and Responding to Family and Domestic Violence
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 CAHS Policy Manual
Child Safeguarding and Protection
Language Services
Patient / Client Identification
Safe Infant Sleeping



The following documents can be accessed in the <u>CACH Operational Policy Manual</u>
Client Information – Requests and Sharing
Consent for services
Home and community visits
The following documents can be accessed in the <u>Department of Health Policy Frameworks</u>
Clinical Handover Policy (MP0095)
Information access, use and disclosure (MP0015/21)
Safe Infant Sleeping Policy (MP0106/19)
WA Health Consent to Treatment Policy (MP 0175/22)
WA Health Consent to Treatment Procedure (MP 0175/22)
WA Health Language Services Policy (MP0051/17)

Useful internal resources (including related forms)
Breastfeeding Assessment Guide (CHS012)
Genogram
Guidelines for Protecting Children 2020
How children develop
Indicators of Need
Let's Sleep: Facilitator Guide
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Useful external resources (including related forms)
Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide

Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)
Australian Breastfeeding Association Helpline 1800 686 268 is available 24/7. For clients requiring an interpreter phone the Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.
Australian Dietary Guidelines
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.
Healthy WA
Infant Feeding Guidelines – Information for health workers (National Health and Medical Research Council)
Kidsafe WA
Ngala
MyChild - Australia's online child care portal. On this website you will find information on different types of child care
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.
Playgroup WA
Raising Children Network
Red Nose Australia
SunSmart Cancer Council of Western Australia
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age (**for staff use only- not for use in client facing areas)
WA Health Safe Infant Sleep Guideline

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

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