



PROCEDURE

Universal Plus – school health

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 outline the support, follow up and review of identified concerns at a Universal Plus contact in the school health service.

Risk

Delays in identifying developmental, physical, and mental health and wellbeing, concerns may negatively impact on children reaching their full potential.¹

Background

As outlined in the *School-aged health services* policy, the Universal Plus (UP) level of service includes follow-up of issues identified in the Universal School Entry Health Assessment (SEHA) or raised through direct referral by a parent/caregiver/guardian/teacher or a young person. UP contacts provide opportunities for minimising the impact of risk factors and building protective factors for children, adolescents and families. UP contacts are goal-focused and may include brief interventions for specific issues.

In the primary school setting, any contact with a child or parent/caregiver/guardian apart from the initial SEHA assessment and contact, is a UP contact. Where a particular area of concern has taken priority over completing the SEHA contact in primary school, an additional UP contact should be arranged to complete the assessment.

In the secondary school setting, all individual client appointments are UP contacts.

The UP contact for a client's identified issue is finalised if the issue has been resolved or a referral made. Alternatively, the client may require either further UP or Partnership levels of service. Partnership level of service should be considered for clients who require additional input to manage or resolve increasingly complex concerns and/or chronic conditions.

Definitions

Universal: offers services to all school-aged children with a focus on early identification of health, wellbeing and developmental concerns.

Universal Plus: offers follow-up of issues identified in Universal services or through direct referral by a parent/teacher/caregiver/guardian or a young person.

Partnership: offers ongoing support for children and young people with identified complex health needs (and their families where appropriate).

Caregiver: for the purposes of this procedure, a caregiver is an adult who is in a caregiving position for the client, including foster carers and informal carers, but not including guardians.

Guardian: an adult with requisite parental responsibility for the client, including carers recognised by orders made by the Family Court, as per [Consent to Treatment](#); does not include foster carers or informal carers

Key points

- 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.
- Nurses establish and sustain relationships by communicating effectively in the context of mutual trust and respect.
- UP contacts are designed for short, targeted assessments and interventions for issues that are expected to be resolved with timebound support.
- UP contacts are goal focused, with documentation of care planning in the client's health record.

- Service delivery is culturally secure, ensuring the cultural diversity, rights, views, values and expectations of Aboriginal* people, and those of other cultures, are recognised and respected within Australian legislation.
- 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.

Process

Refer to [Appendix A: Process flowchart for Universal Plus - Schools](#) for overview

Steps	Additional Information
Initiation of Universal Plus (UP) contact	
<ul style="list-style-type: none"> • UP contacts may be initiated by: <ul style="list-style-type: none"> ○ Parent/caregiver/ guardian/teacher/client, via contact with school or the Community Health Nurse ○ Community Health Nurse, as a result of a concern identified during SEHA screening or other contact • UP appointments can be offered as a school contact, in a community setting, or via phone call consultation, as appropriate. A home visit may be offered after consultation with line manager. • Reasons for a UP contact may include: <ul style="list-style-type: none"> ○ Vision and hearing results requiring a re-check ○ Targeted hearing and ear health screening assessment for WA Aboriginal children and others at increased risk, outside of SEHA ○ Growth concerns 	<p><u>Primary and Secondary School</u></p> <ul style="list-style-type: none"> • While a caregiver or teacher can raise concerns for UP, consent for the UP must be given by a parent, guardian, or client if they are assessed to be a mature minor relative to the nature of the concerns raised, as per Consent to Treatment <p><u>Secondary school</u></p> <ul style="list-style-type: none"> • All individual client contacts in a secondary school are considered Universal Plus or Partnership.

* 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
<ul style="list-style-type: none"> ○ Developmental concerns, and review of Ages and Stages Questionnaire® screening ○ Emotional, physical or psychosocial concerns, including completion of HEEADSSS assessment ○ Further health information required ○ ECHS appointment (WACHS only) ○ Nurse assessment of progress of an identified concern against an agreed nursing care plan made at a previous contact. ○ Nurse follow-up on referrals (this could be done via UP telephone contact) ○ Other identified concerns requiring a UP contact appointment 	
Preparing for the contact	
<ul style="list-style-type: none"> • Review the client's electronic health record and paper files (where relevant) and check for any records from other services involved in the child's care • Critical information such as previously identified concerns, care plans, alerts and information received from other services is to be reviewed at this stage. 	<p><u>Primary school:</u></p> <ul style="list-style-type: none"> • Contact parent/ guardian to discuss previous concerns identified. <ul style="list-style-type: none"> ○ If concern was raised by caregiver who is not guardian, and parent or guardian cannot be contacted, consult with line manager • Consult with school staff regarding identified client concerns prior to contact if appropriate <p><u>Secondary School:</u></p> <ul style="list-style-type: none"> • Contact parent/ guardian or school staff as appropriate to discuss concerns identified, considering reason for the contact.

Steps	Additional Information
	<ul style="list-style-type: none"> ○ If concern was raised by caregiver who is not guardian, and parent or guardian cannot be contacted, consult with line manager
Client Identification and consent	
<ul style="list-style-type: none"> • At the start of the contact ensure client is correctly identified. • For clients new to School health services, ask parent/caregiver/guardian, or adolescent client, if client is identified as Aboriginal. Update paper and electronic records as required. • Ensure limits to confidentiality are discussed when working with adolescents. 	<ul style="list-style-type: none"> • Refer to Patient/Client Identification (CACH) or Patient Identification (WACHS) • Refer to School-aged health services - secondary and Consent for Services for consent requirements.
Client health and wellbeing consultation	
<ul style="list-style-type: none"> • Elicit and respond to concerns about client's health and wellbeing. • Consider if the concern is urgent, and if an immediate referral is needed. • Consider if nurse support is required for other concerns, or at the request of specialist services. • Follow up/discuss care planning already in place, if applicable. • Offer anticipatory guidance as needed. • Offer information that is relevant to client's concern regarding services, 	<ul style="list-style-type: none"> • When areas of concern are noted, refer to the relevant policy document for specific guidance on assessment, care planning, interventions, referral, and follow-up • Liaise with CNM and CNS (where available) as indicated within relevant policy documents. • Consider if nursing action is required for the urgent concern until client is seen or contacted by specialist services. See Care planning steps below for further information. • Offer resources to parent/caregiver/guardian or client, as listed on HealthPoint and in School-aged

Steps	Additional Information
resources and emergency contact numbers.	health services – primary and School-aged health services – secondary . <ul style="list-style-type: none"> Nurses are encouraged to be aware of the availability of local services, including those listed on HealthPoint.
Care planning	
<ul style="list-style-type: none"> Develop and modify a person-centred and goal-directed plan for care, and referral if required, in partnership with the client and parent/caregiver/ guardian as needed. Consult with Line manager if concern has not improved at review and goals and plan are not clear. 	<ul style="list-style-type: none"> Care planning and referral is offered as indicated in relevant procedures When risks of harm are identified, refer to DOE processes as relevant. Sharing of limited specific information with the school Principal and/or parents/caregiver/guardian will be required when a child or adolescent is considered to be at significant risk. Refer to School-aged health services and current Memorandum of Understanding between Department of Education and Child and Adolescent Community Health and WA Country Health Service for further information. Consult with line manager and CNS (where available) as required. Although Student Health Care planning and management for clients with complex and intensive health care needs is the responsibility of the school, the nurse may contribute as a member of the student services team.
Follow-up	
<ul style="list-style-type: none"> If further review of concerns is required, the nurse will ensure that a UP appointment is scheduled. This may be a phone call or face to face appointment, a review appointment in primary school, or a follow up meeting with an adolescent in the secondary school setting. 	<ul style="list-style-type: none"> Phone call follow-up of an appointment is considered an UP - telephone contact. <ul style="list-style-type: none"> Metro staff record phone-call follow-up in CDIS as a Client not present (CNP). If client/parent/caregiver/guardian cancels a UP appointment, the

Steps	Additional Information
<ul style="list-style-type: none"> Consider client's plan of care and use clinical judgement to decide if client can be placed back on the Universal Contact schedule or whether further UP appointments are required. Clients whose concerns have been addressed and/or who have been referred to an appropriate service, will be returned to Universal services. Clients whose care plan indicates that further review of concerns is required will be scheduled another Universal Plus appointment. For ongoing concerns, liaise with CNM as indicated within relevant policy documents. Clients requiring intensive support will be considered for Partnership level of service. 	<p>clinician should make reasonable attempts to follow up.</p> <ul style="list-style-type: none"> If not able to be contacted after reasonable attempts, CACH clients with no identified risk factors will be returned to Universal schedule in CDIS. If risk factors are present, consult with line manager. WACHS clients are not closed for UP. <ul style="list-style-type: none"> After returning to Universal services, client may re-engage with Universal Plus services as needed.
Documentation	
<ul style="list-style-type: none"> Document summary of the following as relevant in electronic and/or paper files. <ul style="list-style-type: none"> SEHA results (CHS409 form) Other assessments completed Actions, referrals, next steps, and care planning Verbal or written consent for disclosing client information, as applicable outcome of follow up finalisation of UP contact 	<ul style="list-style-type: none"> Care planning should be fully documented in the client's record, including the following: <ul style="list-style-type: none"> Agreed client/parent/caregiver/guardian and nurse goals of care and actions required If related to suicide risk and/or non-suicidal self-injury, refer to Suicide Risk and Non-Suicidal Self-Injury (NSSI) Response for care planning documentation procedures. Review date for planned follow up Suggested resources, services or groups for client/parent/family to access for further information, or support.

Steps	Additional Information
	<p><u>Secondary School:</u></p> <ul style="list-style-type: none"> Any health information gathered from interactions with clients must be recorded in CDIS/CHIS, even if there is a current paper file from a previous year. The <i>Student information notetaking template</i> (CHS672) can be used for recording details of the student consultation. After entering details into CDIS/CHIS, the paper template must be shredded.

References
<p>1. Department of Health. National Action Plan for the Health of Children and Young People: 2020-2030. In: Department of Health, editor. Australia 2019</p>

Related internal policies, procedures and guidelines
<p>The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link</p>
<p>Adolescent brief intervention</p>
<p>Body Mass Index Assessment</p>
<p>Children in Care – conducting an assessment</p>
<p>Clients of concern management</p>
<p>Clinical Handover – Nursing</p>
<p>HEEADSSS Adolescent Psychosocial Assessment</p>
<p>Hearing and ear health</p>
<p>Mental health in adolescence</p>

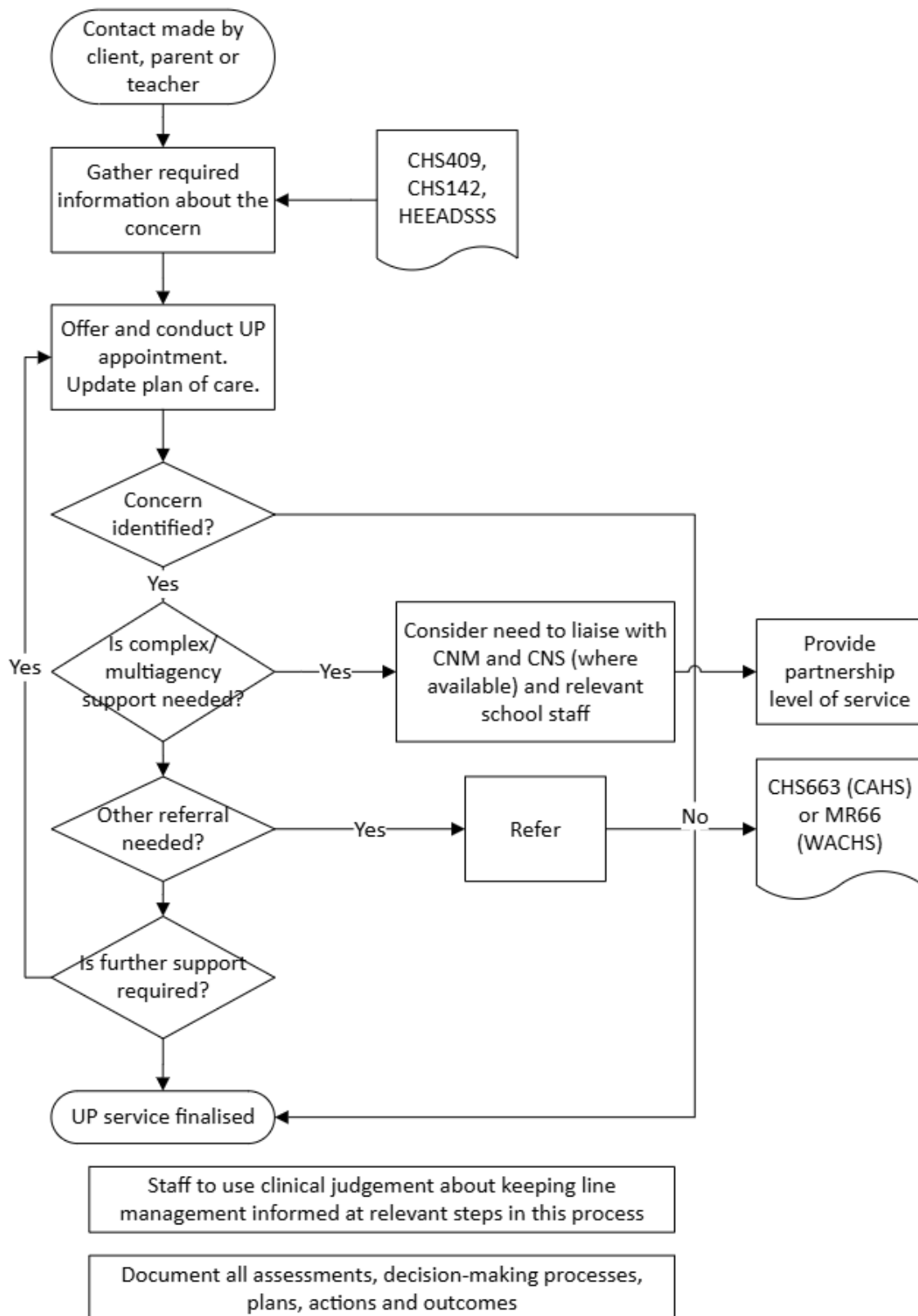
Nutrition for children – Birth to 18 years
School-aged health services
School-aged health services - primary
School-aged health services - secondary
Sexual Health and Healthy Relationships
Student health care plans
Suicide Risk and Non-Suicidal Self-Injury (NSSI) Response
Universal contact School Entry Health Assessment
Vision and eye health
Factors impacting on child health and development
The following documents can be accessed in the CACH Operational Policy and Procedure Manual
Consent for Services
Consent for Release of Client Information
Home and Community Visits
Working Alone
The following documents can be accessed in the CAHS Policy Manual
Patient/Client Identification
The following documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17 years
Enhanced Child Health Schedule
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 Department of Health Policy Frameworks

Clinical Handover Policy (MP0095)
Guidelines for Protecting Children 2020
WA Health Consent to Treatment Policy (MP0175/22)
WA Health System Language Services Policy (MP0051/17)

Useful internal resources (including related forms)
Community health staff
Clinical handover/referral form (CHS663)
Limits of Confidentiality poster
Memorandum of Understanding between Department of Education and Child and Adolescent Community Health and WA Country Health Service
School Entry Health Assessment (CHS409)
Student Information Notetaking Sheet (CHS672)
Working with Youth: A legal resource for community-based health workers
Consumers (parents and schools)
All about School Health Services (CAH-010450)
Health Information for Parents of Upper Primary Students (CAH-004300)
Health Information for Parents with Children Starting School (CAH-004146)

Useful external resources (including related forms)
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.

Appendix A: Process flowchart for Universal Plus – School Health



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

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