



GUIDELINE	
Universal contact 12 months	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS
Child Safe Organisation Statement of Commitment	
The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

This document should be read in conjunction with this [DISCLAIMER](#) and with the Child health services policy

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

- 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.

Process

Steps	Additional information
<p>Client information</p> <p>Prior to the contact review the client's electronic health records, noting any previously identified concerns and follow up required.</p> <p>At the start of the contact ensure clients are correctly identified.</p> <p>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</p>	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Client identification</i> procedure <p>In WACHS check for <i>Child at Risk Alert</i>.</p> <p>In WACHS when a child has been identified as being at risk of poor health, development or wellbeing, the <i>Enhanced Child Health Schedule</i> will be activated.</p> <p><small>*OD 0435/13 - 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.</small></p>
<p>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><u>Nutrition</u></p> <ul style="list-style-type: none"> • Protect, promote and support breastfeeding, with solid foods providing an increasing proportion of energy intake after 12 months of age. • Document infant feeding status. <p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Conduct a physical assessment, 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Ages and Stages Questionnaires</i>® guideline • <i>Breastfeeding and lactation concerns – assessment</i> procedure • <i>Growth birth – 18 years</i> guideline • <i>Head circumference assessment</i> procedure • <i>Hearing and Ear Health</i> guideline • <i>Hip assessment</i> procedure • <i>Let's Sleep: Facilitator Guide</i> • <i>Length assessment</i> procedure • <i>How children develop</i> resource

Steps	Additional information
<p>including indicators for child abuse.</p> <ul style="list-style-type: none"> • Conduct an oral health assessment and discuss oral hygiene. • Enquire about testicular descent. • Conduct otoscopy and tympanometry assessments for all Aboriginal* children at Universal and Universal Plus contacts. <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>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 ○ Hip assessments <p><u>Social and emotional assessment</u></p> <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>Immunisation</u></p> <ul style="list-style-type: none"> • Enquire about immunisation status. 	<ul style="list-style-type: none"> • <i>Nutrition for children – birth to 12 months</i> guideline • <i>Nutrition for children – 1 to 11 years</i> guideline • <i>Otoscopy</i> procedure • <i>Oral health examination</i> procedure • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline • <i>Testes examination</i> procedure • <i>Tympanometry</i> procedure • <i>Vision</i> guideline • <i>Weight assessment 0-2 years</i> procedure <ul style="list-style-type: none"> • Documenting infant feeding status – CAHS: See CDIS tip sheet: Clinical contact screen for child health <p><u>Physical assessment</u></p> <p>When undertaking a physical assessment, focus on general appearance, oral health, skin integrity and testicular descent.</p> <p><u>Growth assessment</u></p> <p>Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal.</p> <p>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> <p><u>Developmental assessment</u></p> <p>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.</p> <p>Developmental assessments include:</p> <ul style="list-style-type: none"> • Fine motor • Hearing behaviours • Posture and large movements • Social behaviour and play • Speech, language and communication

Steps	Additional information
	<ul style="list-style-type: none"> • Vision behaviours <p><u>Immunisation</u> - 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>Maternal health and wellbeing</p> <ul style="list-style-type: none"> • Promote breastfeeding and lactation. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Breastfeeding Assessment Guide</i> form • <i>Breastfeeding deviations from normal protocol</i> • <i>Nutrition for children – birth to 12 months</i> guideline
<p>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 <i>Edinburgh Postnatal Depression Scale</i> (EPDS) • Conduct Family and domestic violence (FDV) screening. <ul style="list-style-type: none"> ○ Complete the <i>Screening For Family and Domestic Violence</i> form (FDV 950) • Promote healthy nutrition and physical activity. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Genogram</i> resource • <i>Family and domestic violence</i> protocol • <i>Indicators of Need</i> resource • <i>Perinatal and infant mental health</i> guideline <p>Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks.</p> <p>It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.</p>
<p>Anticipatory guidance</p> <ul style="list-style-type: none"> • Behaviour • Childcare • 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 	<p>The list of anticipatory topics is of relevance for the 12-month contact. However, nurses will prioritise discussions according to client need.</p> <p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>How children develop</i> resource • <i>Let's Sleep: Facilitator Guide</i> • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline <p>Discuss supporting child development and</p>

Steps	Additional information
<ul style="list-style-type: none"> • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development • Nutrition • 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 	<p>children’s needs, whilst developing an understanding of the support parents need, to raise thriving children.⁵</p> <p>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.</p> <p>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).</p>
<p>Parent education and resources</p> <ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. 	<p>Offer clients resources listed in the <i>Practice guide for Community Health Nurses</i>.</p> <p>Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.</p>
<p>Care planning</p> <ul style="list-style-type: none"> • Promote <i>Universal contact 2 years</i> appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Groups for parents</i> guideline <p>Offer the following Community Health group programs as required:</p> <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; in electronic and/or MR600 child health records.

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. Department of Health. Australia. 2019.
3. Western Australian Government. Our Priorities Sharing Prosperity. Department of the Premier and Cabinet. Western Australia. 2019.
4. Moore T, 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. [Putting children first: Changing how we communicate with parents to improve children's outcomes | Australian Institute of Family Studies \(aifs.gov.au\)](#)

Related policies, procedures and guidelines
The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link
Ages and Stages Questionnaires ®
Breastfeeding and lactation concerns - assessment
Breastfeeding protection, promotion and support
Child health services
Clients of concern management
Corneal light reflex test
Drop-in session
Family and domestic violence
Groups for parents
Growth birth – 18 years
Growth – static or downward trajectory
Head circumference
Hearing and Ear Health
Hip assessment
Length assessment 0-2 years
Nutrition for children – birth to 18 years
Oral health examination

Otoscopy
Perinatal and infant mental health
Physical assessment 0-4 years
Red reflex test
Sleep
Testes examination
Tympanometry
Vision
Factors impacting child health and development
Weight assessment 0-2 years
The following documents can be accessed in the CAHS-CH Operational Manual
Client identification
Consent for services
Consent for release of client information
Home and community visits
Working alone
The following document can be accessed in CAHS Policy
Child Safety and Protection Policy
The following documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
Ear Health Checks for Aboriginal Children
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 Department of Health Policy Frameworks

Clinical Handover Policy (MP 0095)
Information Security Policy (MP 0067/17)
WA Health Consent to Treatment Policy (MP 0175/22)
WA Health Consent to Treatment Procedure (MP 0175/22)
WA Health System Language Services Policy (MP 0051/17)
WA Health System Language Services Procedure (MP 0051/17)

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Breastfeeding Assessment Guide form (CHS012)


Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Genogram
How children develop
Indicators of Need
Let's Sleep: Facilitator Guide
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Related internal resources
Guidelines for Protecting Children 2020

Related external resources
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 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.

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
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

This document can be made available in alternative formats on request for a person with a disability.

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	15 May 2017	Review Date:	31 December 2024
Last Reviewed	9 September 2020 Amendments - 19 August 2021, 01 June 2022, 10 August 2022, 10 May 2023		
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director Nursing	Date:	9 September 2020
Standards:	NSQHS Standards:  1.7,1.27 Child Safe Standards: 1,3, 4, 7, 10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital