



GUIDELINE

Universal contact 2 years

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 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 2 years* 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 parent/caregiver 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 must be read in conjunction with [Child Health Services](#).
- The *Universal contact 2 years* is only for children aged two years to less than three years of age.
- The *Universal contact 2 years* is offered to clients as a centre contact. In situations where an alternative venue is required, nurses will undertake 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.
- Nurses will establish and sustain 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 the cultural beliefs and practices of all clients.
- Nurses must follow the organisation’s overarching Infection Prevention and 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"> • Refer to the following for more information:

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<ul style="list-style-type: none"> • Prior to the contact, review the client’s electronic health records, noting any previously identified concerns and follow-up required. • At the start of the contact, ensure clients are correctly identified. • For clients new to Child Health Services, enquire if the parent/caregiver will identify the infant as of Aboriginal* descent. <ul style="list-style-type: none"> ○ Update child health records, if required. 	<ul style="list-style-type: none"> ○ Patient/Client Identification (CACH) or Patient Identification (WACHS) • WACHS: Check for Child at Risk Alert. <ul style="list-style-type: none"> ○ 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 parent/caregiver concerns about their child’s health and development. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • How Children Develop – 0-12 years • Factors impacting child health and development
<p><u>Nutrition</u></p> <ul style="list-style-type: none"> • Protect, promote and support breastfeeding for two years and beyond. • Document infant feeding status. 	<ul style="list-style-type: none"> • Documenting infant feeding status – CACH: See CDIS tip sheet: Clinical Contact screen for Child Health • See: <ul style="list-style-type: none"> ○ Breastfeeding protection, promotion and support ○ Nutrition for Children – Birth to 18 years
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Conduct a physical assessment as per Physical Assessment 0-4 years. • Observe for general appearance and skin integrity. • Conduct an oral health assessment and discuss oral hygiene. • Conduct a hip assessment. • Ask parent/caregiver about testicular descent. If parent/caregiver is unsure, suggest a testes examination. 	<ul style="list-style-type: none"> • Perform physical assessment on a firm and stable surface. • See <ul style="list-style-type: none"> ○ Oral Health Assessment ○ Vision and eye health ○ Hip assessment

* 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.

Steps	Additional information
<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-ambulatory infant 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"> ○ Investigate/determine immediate safety concerns. ○ Communicate the observations or concern with the relevant CNM/CNS and discuss further action required. ○ 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. 	<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. <p>Note: This tool is for staff use only and is not for use in client facing areas.</p> • See: <ul style="list-style-type: none"> ○ Guidelines for Protecting Children 2020 ○ Family and domestic violence – child and school health ○ Identifying and Responding to Family and Domestic Violence (WACHS) ○ Child Safeguarding and Protection (CACH) ○ Child Safety and Wellbeing (WACHS)
<p><u>Hearing screening</u></p> <ul style="list-style-type: none"> • Offer for all Aboriginal children and others at increased risk: <ul style="list-style-type: none"> ○ screening questions and observations ○ otoscopy ○ tympanometry. 	<ul style="list-style-type: none"> • See: <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 holistic growth assessment (weight, height/length, head circumference, BMI). • Document growth measurements and interpret growth trajectories using: 	<ul style="list-style-type: none"> • Children must be 2 years of age prior to undertaking a BMI assessment. • Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal.

Steps	Additional information
<ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization 2-5 year growth charts. See Child Health – General forms (CHS800A-8 and CHS800A-9). ○ Body Mass Index-for-age Percentile charts: See Child Health – General forms (CHS430A and CHS430B). ● Discuss growth patterns and findings with parent/caregiver. 	<ul style="list-style-type: none"> ● Discuss with the parent/caregiver expected growth patterns, trajectories and percentiles, reinforcing that growth charts and BMI charts are used as part of a holistic assessment of child health and wellbeing. ● See: <ul style="list-style-type: none"> ○ Growth – birth to 18 years ○ Growth – downward trajectory ○ Head circumference assessment ○ Length assessment 0-2 years ○ Height assessment 2 years and over ○ Weight assessment 0-2 years ○ Weight assessment 2 years and over
<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 	<ul style="list-style-type: none"> ● See Ages and Stages Questionnaires[®] ● 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> <ul style="list-style-type: none"> ● Conduct the following: <ul style="list-style-type: none"> ○ ASQ[®]:SE-2 	
<p><u>Immunisation</u></p> <ul style="list-style-type: none"> ● Enquire about immunisation status. 	<ul style="list-style-type: none"> ● Promote immunisation uptake if not fully vaccinated for age, reinforcing

Steps	Additional information
	<p>the WA Vaccination Schedule in the Personal Health Record and promoting local options to access immunisation.</p>
<p>3. Family health and wellbeing</p> <ul style="list-style-type: none"> • Conduct Family and domestic violence (FDV) screening. <ul style="list-style-type: none"> ○ Complete the Screening for Family and Domestic Violence form (FDV 950). • Update family history related to health, relationships, family support, risk and protective factors as required. • 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"> ○ Family and domestic violence – child and school health ○ Genogram ○ 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>4. Anticipatory guidance</p> <ul style="list-style-type: none"> • Behaviour • Child development • Communication, speech and language • Immunisation <ul style="list-style-type: none"> ○ Ensure client awareness of the WA Immunisation Schedule and the WA Aboriginal Immunisation Schedule information in the Personal Health Record • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development • Kindergarten and school readiness • Nutrition • Oral hygiene • Parent/caregiver returning to work • Play and physical activity • Playgroups • Reading • Screen time <ul style="list-style-type: none"> ○ No more than one hour 	<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 – 0-12 years ○ Physical Assessment 0-4 years ○ Sleep – 0-5 years ○ Let's Sleep: Facilitator Guide 2022 • Discuss supporting child development and children's needs, whilst developing an understanding of the support parents/caregivers need, to raise thriving children.⁵ • Discuss the importance of role modelling for healthy nutrition, including how to create positive mealtime environments. Discuss age-appropriate nutritional

Steps	Additional information
<ul style="list-style-type: none"> • Sleep and settling • Sun protection • Toilet training 	<p>requirements, family foods and transitioning to a cup.</p> <ul style="list-style-type: none"> • Promote healthy growth and development by encouraging the recommended balance of physical activity, high-quality sedentary behaviour and sufficient sleep (see Australian 24-Hours Movement Guidelines for the Early Years (birth to 5 years)).
<p>5. Parent/caregiver education and resources</p> <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 Practice guide for Community Health Nurses. • See Parent Resources for Universal Contacts. • Nurses are encouraged to be aware of the availability of local resources, including those listed in the Personal Health Record.
<p>6. Care planning</p> <ul style="list-style-type: none"> • Promote the Universal contact School Entry Health Assessment, advising clients this is a school-based assessment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ Consent for Sharing of Information: Child 0-17 (WACHS) ○ Client Information – Requests and Sharing (CACH) • Refer to the following for more information: <ul style="list-style-type: none"> ○ Groups for parents • Offer the following Community Health group programs as required: <ul style="list-style-type: none"> ○ Circle of Security – Parenting: a targeted service to help parent/caregivers 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
Factors impacting child health and development
Family and domestic violence – child and school health
Groups for parents
Growth – birth to 18 years
Growth – downward trajectory
Head circumference assessment
Hearing and Ear Health
Height assessment 2 years and over
Infant and perinatal mental health
Hip assessment

Length assessment 0-2 years
Nutrition for children – birth to 18 years
Oral health assessment
Otoscopy
Physical assessment 0-4 years
Sleep 0-5 years
Tympanometry
Vision and eye health
Weight assessment 0-2 years
Weight assessment 2 years and over

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

The following documents can be accessed in the CACH Operational Policy Manual
Client Information – Requests and Sharing

Consent for services
Home and community visits
Working alone
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
WA Health Consent to Treatment Policy (MP0175/22)
WA Health Language Services Policy (MP0051/17)

Related internal forms
The following forms can be accessed from the CACH Forms page on HealthPoint
Body Mass Index-for Age Percentile charts (CHS430A , CHS430B)
Screening for Family and Domestic Violence form (FDV 950)
The following resources can be accessed from the CACH Resources page on HealthPoint
Circle of Security – Parenting
Clinical Contact screen for Child Health
Genogram
Guidelines for Protecting Children 2020
How Children Develop 0-12 years
Indicators of Need
Let's Sleep: Facilitator Guide 2022
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Related external resources
Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)

[Nursing and Midwifery Board AHPRA Decision-making framework](#)

[TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age](#)

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

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Excellence
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Accountability
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