



GUIDELINE	
Universal contact initial interaction	
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 promote client engagement with Western Australia (WA) Child Health Services by providing information regarding how services support children to achieve optimal health and developmental outcomes.

Risk

When there are delays in identifying health and developmental concerns at key life stages and implementing interventions, 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, mother, father 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 initial interaction* is usually the first contact clients have with WA Child Health Services. It is an opportunity for the early identification of issues that may negatively impact on health outcomes and allows nurses to plan care proportionate to client need. Where possible nurses will make contact with clients by day 5 after birth, to gather information and to offer a home visit. Aiming to arrange a visit as soon as possible, will ensure parental concerns are responded to promptly and the *Universal contact 0-14 days* is completed within the required timeframe.

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.
- Establishes and sustains relationships by communicating effectively in the context of mutual trust and respect.

Process

Steps	Additional information
<p>Preparing for the initial interaction</p> <p>Prior to contacting the client review the following information to assist with care planning:</p> <ul style="list-style-type: none"> • Client identification and contact details • <i>Birth notification</i> form <ul style="list-style-type: none"> ○ Note any infants that have been identified as Aboriginal* descent, for future care planning considerations • Maternity services completed documents including <i>Discharge Summaries</i> and <i>Special Referrals to Child Health</i>. • For infants who have received care from KEMH home visiting (HV) program, CAHS-CH nurse to schedule 'first visit' for this group of infants once infant is discharged from HV service. 	<p>Review available information from other sources, including services that the client may have received.</p> <p>In CAHS-CH refer to the <i>Aboriginal Health Team Child Health Services Referral Flowchart</i> for additional information on service provision.</p> <p>In WACHS check for <i>Child at Risk Alert</i>.</p> <ul style="list-style-type: none"> • 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. • Refer to <u>Handover KEMH HV Nurse Flowchart</u> for more information <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>Conducting the initial interaction</p> <ul style="list-style-type: none"> • In most cases telephone the client's preferred contact number. • Introduce yourself by name, designation and where you are calling from. • Correctly identify the client by asking them to confirm their name, date of birth and address. • Enquire if the infant has been named and document their given name and surname. • Discuss the purpose for your contact including a brief description about the WA Child Health Service, the role of the nurse and the offer of a <i>Universal</i> 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Client identification</i> procedure • <i>Consent for services</i> policy <p>Enquire if the given address is temporary due to a relocation for the perinatal period. Consider the need for a clinical handover when the client indicates a return to their permanent address.</p> <p>When nurses experience difficulties contacting clients consider:</p> <ul style="list-style-type: none"> • Leaving a message on their answering machine requesting that the client contact the child health centre • Sending a text message requesting that

Steps	Additional information
<p><i>contact 0-14 days as a home visit.</i></p> <ul style="list-style-type: none"> • In most instances where clients agree to engage with child health services, this will be regarded as implied consent and no signed consent form is required. • Complete and/or update client details in records as required. • Inform clients that the Personal Health Record (PHR) provides information about community services and where to get help. 	<p>the client contact the child health centre</p> <ul style="list-style-type: none"> • Contacting maternity services to enquire if the client contact details are correct • In metropolitan regions post a <i>Calling Card</i> (CHS014) to the client's address. In WACHS nurses may follow approved local processes. <p>Special considerations regarding implied consent may include clients with low literacy levels, vision or hearing impairment, individual language requirements, Family and Children's court orders and children in the care of the Department for Child Protection and Family Support.</p>
<p>Child health and wellbeing enquiry</p> <ul style="list-style-type: none"> • Enquire about the infant's current health status, including any concerns identified at birth or in the neonatal period. • Enquire about infant feeding by asking the following questions, to determine feeding efficiency and infant feeding status: <ul style="list-style-type: none"> ○ How is your baby feeding? ○ Do you have any concerns about how your baby is breastfeeding (and/or teat feeding)? • For infants who are receiving infant formula ensure appropriate formula, volume, frequency and safe preparation. • Document infant feeding status. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Breastfeeding and lactation concerns – assessment</i> procedure • <i>Nutrition for children – birth to 12 months</i> guideline <p>When deviations have been identified, use the <i>Breastfeeding Assessment Guide</i> form (CHS012) as part of a systematic enquiry.</p> <p>When deviations have been identified, reinforce an infant's capacity to breastfeed as an essential developmental milestone, and that maternal and infant deviations require early intervention, to maximise breastfeeding duration and healthy outcomes. Implement brief interventions (if not already in place), and review at the <i>Universal contact 0-14 days</i> contact.</p> <p>CAHS CH: For further information regarding documentation of infant feeding status, see CDIS tip sheet: Clinical contact screen for child health</p>
<p>Maternal health and wellbeing enquiry</p> <ul style="list-style-type: none"> • Enquire about postnatal health and wellbeing, and provide brief interventions as required. • Enquire about lactation by asking the following questions: <ul style="list-style-type: none"> ○ Is breastfeeding comfortable for 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Breastfeeding and assessment concerns – assessment</i> procedure • <i>Nutrition for children – birth to 12 months</i> guideline <p>When deviations have been identified, use the <i>Breastfeeding Assessment Guide</i> form</p>

Steps	Additional information
<p>you?</p> <ul style="list-style-type: none"> ○ Do you have any concerns with breastfeeding and/or lactation? 	<p>(CHS012) as part of a systematic enquiry to assist with care planning.</p> <p>When deviations have been identified, reinforce that maternal deviations require early intervention, to maximise lactation and breastfeeding duration for healthy outcomes. Implement brief interventions (if not already in place), and review at the <i>Universal contact 0-14 days</i> contact.</p>
<p>Universal contact 0–14-day home visit offer</p> <p>To determine the appropriateness of conducting a home visit:</p> <ul style="list-style-type: none"> • Conduct a risk assessment to assess safety and the level of risk, and document on relevant forms. • When it has been determined a home visit is appropriate, confirm the address where the contact will take place. If the address is different to what has been noted in the client’s record, document the address where the home visit will take place. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Home and community visits</i> procedure <p>A risk assessment seeks to obtain information to access homes and buildings, the presence of dogs, parking accessibility, and other potential concerns regarding to family and domestic violence or medical issues that may indicate a level of risk.</p> <p>In situations where there is an identified safety concern nurses will offer an alternative venue for the <i>Universal contact 0-14 days</i>.</p>
<p>Special circumstances</p> <p>In situations where there has been a stillbirth or a neonatal death, contacting and/or offering a home visit may be appropriate support for the grieving family.</p> <p>For families who have been informed about or have been referred to bereavement services, child health services may not be required or desired.</p> <p>Where a previously established relationship exists, use clinical judgement to determine if families would welcome support from the nurse.</p>	<p>Every family experiences the loss of a baby in a way that is unique to them.</p> <p>Nurses are encouraged to be aware of relevant services and resources, including Red Nose. Red Nose is a support service for families who have experienced the loss of a pregnancy, baby or child. Red Nose provides a range of support options, useful resources and information including the:</p> <ul style="list-style-type: none"> • Red Nose Grief and Loss Support Line (1300 308 307) – 24-hour helpline for parents, including a free interpreter through Translating and Interpreter Services (131 450).

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 Premiers 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.

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
Acuity tool
Breastfeeding and lactation concerns - assessment
Breastfeeding protection, promotion and support
Breastfeeding support service
Child health services
Clients of concern management
Nutrition for children – birth to 18 years
Universal contact 0-14 days
Factors impacting child health and development
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 documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17

Enhanced Child Health Schedule
Patient identification
Special Referrals to Child Health Services
WebPAS Child at Risk Alert
Working alone – Staff Movement Sheet
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)
Safe Infant Sleeping Policy (MP 0106/19)
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)

Calling Card (CHS014)

Related CAHS-CH resources

The following resources can be accessed from the [CAHS-Community Health Resources](#) page on HealthPoint

Aboriginal Health Team Child Health Services Referral Flowchart

Handover KEMH HV Nurse (Service Integration Flowchart)

Parent Resources for Universal Contacts

Practice guide for Community Health Nurses

Related Internal resources

[Guidelines for Protecting Children 2020](#)

Related external resources

[Australian Breastfeeding Association](#) Email counselling, Local support groups, Resources and Information. In addition, the 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.

[Breastfeeding Centre of WA](#) Statewide telephone counselling service for health professionals and women. Appointments are available for mothers and babies who have attended King Edward Memorial Hospital for their pregnancy or birth. Parent information including [Breastfeeding and breast care](#) and [Pregnancy, Birth and your Baby](#) (contains useful information regarding after the birth of a baby)

[Infant Feeding Guidelines](#) – Information for health workers (National Health and Medical Research Council)


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.

[Raising Children Network](#) – Breastfeeding, Breastfeeding and baby-led attachment (video), Baby cues and baby body language: a guide (video)

[Red Nose Grief and Loss Support Services](#)

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

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Standards Applicable:	NSQHS Standards:  1.7, 1.27 Child Safe Standards: 1,3, 4, 7, 10		

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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