



GUIDELINE

Universal contact initial interaction

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 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

- This document should be read in conjunction with the [Child Health Services](#) policy
- 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.

Process

Steps	Additional Information
<p>1. Preparing for the initial interaction</p> <ul style="list-style-type: none"> • Prior to contacting the client, review the following information to assist with care planning: <ul style="list-style-type: none"> ○ Client identification and contact details ○ Birth notification form ○ Note any infants that have been identified as Aboriginal* descent, for future care planning considerations. ○ Maternity services completed documents including <i>Discharge</i> 	<ul style="list-style-type: none"> • Review available information from other sources, including services that the client may have received. • In CACH, see the Aboriginal Children Birth Notification Flowchart re: offering services to Aboriginal children. • In WACHS, check for <i>Child at Risk Alert</i>. • 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.

* 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><i>Summaries and Special Referrals to Child Health.</i></p> <ul style="list-style-type: none"> For infants who have received care from KEMH home visiting (HV) program, CACH nurse to schedule 'first visit' for this group of infants once infant is discharged from HV service. 	<ul style="list-style-type: none"> Refer to Handover KEMH HV Nurse Flowchart for more information Include rationale / supporting statement / relevant information
<p>2. 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 contact 0-14 days</i> as a home visit. 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. 	<ul style="list-style-type: none"> Refer to the following for more information: <ul style="list-style-type: none"> Patient / Client Identification (CACH) or Patient Identification (WACHS) Consent for services 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. When nurses experience difficulties contacting clients, consider: <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 the client contact the child health centre. Contacting maternity services to enquire if the client contact details are correct. In metropolitan regions, post a Calling Card (CHS014) to the client's address. In WACHS, nurses may follow approved local processes. Special considerations regarding implied consent may include clients with low literacy levels, vision or

Steps	Additional Information
	<p>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>3. 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 to determine feeding efficiency and infant feeding status. Refer to Breastfeeding protection, promotion and support (Process table) for guidance on the questions to ask. • For infants who are receiving infant formula, ensure appropriate formula, volume, frequency and safe preparation. • Document infant feeding status in CDIS/CHIS. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Breastfeeding protection, promotion and support ○ Nutrition for children – birth to 18 years • When deviations have been identified, use the Breastfeeding Assessment Guide (CHS012) as part of a systematic enquiry. • 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. • CACH: For further information regarding documentation of infant feeding status, see CDIS tip sheet Clinical contact screen for child health.
<p>4. 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 and breastfeeding. Refer to Breastfeeding protection, promotion and support (Process table) for guidance on the questions to ask. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Breastfeeding protection, promotion and support ○ Nutrition for children – birth to 18 years • When deviations have been identified, use the Breastfeeding

Steps	Additional Information
	<p>Assessment Guide (CHS012) as part of a systematic enquiry.</p> <ul style="list-style-type: none"> 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>5. Universal contact 0-14 day home visit offer</p> <ul style="list-style-type: none"> To determine the appropriateness of conducting a home visit: <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. 	<ul style="list-style-type: none"> Refer to the following for more information: <ul style="list-style-type: none"> Home and community visits (CACH) or Working in Isolation – Minimum Safety and Security Standards for All Staff (WACHS) 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. 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>6. Special circumstances</p> <ul style="list-style-type: none"> 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. For families who have been informed about or have been referred to bereavement services, child health services may not be required or desired. 	<ul style="list-style-type: none"> Every family experiences the loss of a baby in a way that is unique to them. 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:

Steps	Additional Information
<ul style="list-style-type: none"> Where a previously established relationship exists, use clinical judgement to determine if families would welcome support from the nurse. Child health appointments are to be offered to families on receipt of the Neonatal Special Referral to Child Health Service Form, where the 'No BN/Stork Generated' box is ticked and notes are in the Summary of Care section, indicating medical abortion at 20-23 weeks 	<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 according to CACH and WACHS processes.

References
<ol style="list-style-type: none"> Sharma A, Cockerill H. From birth to five years: Practical developmental examination. Routledge. 2014. Department of Health. National Action Plan for the Health of Children and Young People: 2020-2030. Department of Health. Australia. 2019. Western Australian Government. Our Priorities Sharing Prosperity. Department of Premiers and Cabinet. Western Australia. 2019. 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 internal policies, procedures and guidelines
<p>The following documents can be accessed in the CACH Clinical Nursing Policy Manual HealthPoint link or CACH Clinical Nursing Policy Internet link</p>
<p>Breastfeeding protection, promotion and support</p>
<p>Breastfeeding support service</p>
<p>Child health services</p>
<p>Clients of concern management</p>

Factors impacting child health and development
Nutrition for children – birth to 18 years
Special Referrals to Child Health Services
Universal contact 0-14 days
The following documents can be accessed in the WACHS Policy Manual
Child Safety and Wellbeing
Consent for Sharing of Information: Child 0-17 years
Enhanced Child Health Schedule
Patient identification
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 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 CAHS Policy Manual
Language Services
Patient / Client Identification
Safe infant Sleeping
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Information Security Policy (MP 0067/17)

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)

Related CACH forms
The following forms can be accessed from the CACH Forms page on HealthPoint
Breastfeeding Assessment Guide (CHS012)
Calling Card (CHS014)
Related CACH resources
The following resources can be accessed from the CACH Resources page on HealthPoint
Aboriginal Children Birth Notification Flowchart
Guidelines for Protecting Children 2020
Handover KEMH HV Nurse (Service Integration Flowchart)
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Useful 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 includes 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 information and support resources
Red Nose Grief and Loss Support Services
Sexual Health Quarters - independent, non-profit organisation providing specialised services in sexual health and relationship wellbeing including abortion counselling

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

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	15 May 2017	Last Reviewed:	6 February 2025
Amendment Dates:		Next Review Date:	31 December 2025
Approved by:	Community Health Clinical Nursing Policy Governance Group	Date:	24 January 2025
Endorsed by:	Executive Director, Nursing	Date:	6 February 2025
Aboriginal Impact Statement and Declaration (ISD)		Date ISD approved:	
Standards Applicable:	NSQHS Standards:  1.7, 1.27 Child Safe Principles: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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