POLICY

Child health services

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<tr>
<th>Scope (Staff):</th>
<th>Community health staff</th>
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<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Aim

To contribute to positive developmental, functional and emotional outcomes by delivering services for children and their families from birth to school entry that focus on the early identification of developmental concerns and timely intervention.¹

Risk

Non-adherence to this policy will result in inconsistent practice which may negatively impact on the outcomes of children and their families.

Background

In recognition of the importance of the early years in influencing an individual’s future life, community health services promote the health and development of children, by engaging with families and undertaking health promotion and preventative health initiatives.

Australia has a well-accepted system of free, universal health services based on the principles of primary health care which offers contacts at multiples points to meet the needs of children and families. This acknowledges progressive universalism which seeks to provide support for all, but recognises more support will be required by those with greater needs.² ³ The Western Australian child health service offers children and families a comprehensive, evidence based service.³ The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model – Review of evidence with recommendations for an improved service delivery model⁵ and the Healthy Country Kids Program: An Integrated Child Health and Development Service Strategy 2016 – 2019⁴ reports, provide the evidence base for this service.

Key recommendations of these reports included:

- A program based on a model of progressive universalism providing support for all with more support for those who need it most
- Three levels of services are recommended within the program:
  - Universal services – providing services to all children
  - Universal plus – providing targeted support for families with additional needs
  - Partnerships – identifying and referring families with complex needs so they can receive the support they require
- Partnerships plus is an additional level of service only offered by the Western Australian Country Health Service (WACHS) – targeted, tertiary services for children and families with complex chronic or severe conditions
Child health services

- Universal plus and Partnerships are focused on providing enhanced services for children at risk of adverse outcomes
- The program is flexible and responsive to client needs

The Child Health program commenced on 1 July 2017 and includes the following:

**Universal services**
A service for all clients to access scheduled contacts, Drop-in sessions, Group programs and education resources.

Six (6) community health contacts focusing on health and developmental progress and key activities will be offered to all clients at the following ages:

- Birth to 14 days
- Eight weeks
- Four months
- Twelve months
- Two years
- Four years (School Entry Health Assessment)

The following structured group programs will be offered to all clients:

- Early Parenting Group
- A Solid Start
- Triple P Level 2 Seminar Series
- Kindy talks

**Universal plus services**
Clients with additional needs who require structured, brief interventions would benefit from this service. Flexible service delivery formats may include additional child health centre or home visit contacts, attending Drop-in sessions and may include referral to the following group programs:

- Let’s sleep
- Circle of Security - Parenting
- Triple P Level 3 Discussion Group
- Triple P Level 4 Group
- Groups to meet a targeted need

**Partnerships**
Clients with complex needs would benefit from this service. Clients requiring intensive support will be referred to services including the Enhanced Home Visiting Services and the Enhanced Aboriginal Child Health Schedule, and appropriate external services.

**Partnerships plus (WACHS)**
Targeted services for children and families with complex, chronic or severe conditions, which are longer term in nature and require greater levels of collaboration between agencies and practitioners to ensure coordination of care, such as; specialist allied health, medical services, paediatric care, mental health drug and alcohol treatment programs, child protection services.

**Care planning**
Community health staff will respond to identified client needs and discuss appropriate care planning by undertaking a holistic assessment of the client. Staff will use endorsed clinical
practice guidelines and surveillance and screening tools and professional judgement in partnership with the client, to determine the levels of service that a client requires.

Transitioning between the service levels is not linear and staff will determine client needs at each contact. Some examples of additional needs may include parental and/or staff concerns related to:

- Family health and wellbeing – risk factors, father (caregiver) emotional and social wellbeing, family and domestic violence.
- Maternal health and wellbeing – lactation, maternal-child attachment, physical, emotional and social wellbeing.
- Child health and wellbeing – breastfeeding, nutrition, physical, growth and development; social and emotional health, illness and injury prevention.

Principles

- The child is the primary client and is at the centre of care.
- Families with lower levels of need benefit more from structured short term interventions and families with higher needs benefit more from sustained services over a longer period of time including home visiting services.
- Staff will use family partnership principles and family-centred and strength-based approaches when working with clients.
- Staff will communicate with clients respectfully and sincerely.
- Service delivery is culturally secure, ensuring cultural diversity, rights, views, values and expectations of Aboriginal people and those of other cultures are recognised and honoured.

Implementation requirements

Staffing

Child health services are delivered throughout the metropolitan region by Child and Adolescent Community Health and in country and regional areas by WA Country Health Service. It is the responsibility of the Health Services Providers to ensure appropriate staffing levels to provide child health services to meet local population needs and characteristics. It is acknowledged that services are responsive to factors such as population change and dispersion, and population demographics including; family, cultural, ethnic and socio-economic diversity.

Staff qualifications, skills and education

Community health staff employed to deliver child health services must be registered nurses holding qualifications and/or experience in child and family health. It is the responsibility of the Health Services to ensure that staff delivering child health services have relevant qualifications, skills, training and supervision.

References

3. Edmond K. The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model. Review of evidence with recommendations for an improved

### Related internal policies, procedures and guidelines

<table>
<thead>
<tr>
<th>Policy/Protocol/Guideline</th>
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<tbody>
<tr>
<td>The following policy documents can be accessed in the Community Health Manual via the</td>
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<tr>
<td>HealthPoint link and Internet link</td>
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<tr>
<td>Child health universal services rationale Policy</td>
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<td>Drop-in session Protocol</td>
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<td>Groups for Parents Guideline</td>
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<td>School health services Policy</td>
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<td>School health services rationale Policy</td>
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<tr>
<td>Universal contact initial interaction Guideline</td>
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<td>Universal contact 0-14 days Guideline</td>
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<td>Universal contact 8 week Guideline</td>
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<td>Universal contact 2 year Guideline</td>
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<td>Universal contact 4 year (School Entry Health Assessment) Guideline</td>
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