POLICY

Child health services

<table>
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<tr>
<th>Scope (Staff):</th>
<th>Community health staff</th>
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<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 model3 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

Refer to Appendix 1 – Universal Child Health Service for further information.

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

Refer to Appendix 2 – Universal Plus Child Health Service for further information.

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.

Refer to Appendix 3 – Partnerships Child Health Service for further information.

Partnerships plus (WACHS only)

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.
Appendix 1: Universal Child Health Services

Description
Child health services are offered for children birth to 4 years and their families to promote child health and development. Services focus on the early identification of health and developmental concerns, supporting parenting and the promotion of child-parent relationships. This involves the identification of protective and risk factors which have the potential to influence child and family outcomes.

Universal child health services offer six contacts in accordance with the Universal guidelines, focusing on health and developmental progress at the following ages:

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

In addition, group programs are offered to all clients:
- Early Parenting Group
- A Solid Start
- Triple P Level 2 Seminar Series
- Kindy talks

Identified needs are responded to by planning appropriate additional contacts and/or referral to relevant services and programs.

Service access
All children and their families residing in Western Australia (WA) aged from birth to 4 years of age are eligible for Universal child health services.

Children and families may be referred into the service via birth notifications, referrals from other health professionals or parental self-referral.

Child health services are voluntary and families may decline services.

Service settings
The first contact at birth to 14 days is usually provided in the client’s home. Subsequent contacts may take place in a child health centre, community health centre, the client’s home or other appropriate community locations.

Service exit
For most children and families, Universal child health contacts continue until the child commences school following the school entry health assessment.

Children and families may be offered additional services for identified needs, however they continue to be eligible for and offered Universal child health services.

Families may choose to exit Universal child health services at any time.
Appendix 2: Universal Plus Child Health Services

Description

Universal Plus child health services are provided in addition to Universal services for families requiring assistance with an identified child health or development issue or a parenting issue impacting on the child. Additional services are goal-focused, brief interventions provided for families as required, for example additional breastfeeding support or sleep interventions.

Services may be delivered one-to-one or in a group format. Group programs include:

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

The *Enhanced Aboriginal Child Health Schedule* (EACHS – under review) provides additional child health contacts to monitor and support families in vulnerable circumstances to optimise child physical health, development and wellbeing. The EACHS may be offered when a more comprehensive schedule of structured health assessments is required to support Aboriginal children and their families experiencing poor social determinants with identified health needs.

Service access

All children and families residing in WA aged from birth to 4 years are eligible for Universal Plus child health services to support identified health or development issues.

Universal Plus child health services may be provided in response to an expressed need by the client, or may be offered by the nurse to address an identified concern.

Service settings

Universal Plus contacts may take place in a child health centre, community health centre, the client’s home or other appropriate community locations.

The *Enhanced Aboriginal Child Health Schedule* is delivered predominantly as a home visiting and outreach community development model.

Service exit

Universal Plus services conclude, with the client returning to Universal services, when the identified issue has been managed or resolved.

Subsequent Universal Plus services may be provided in response to newly identified issues at any time from birth to 4 years of age.

Some children and families will receive ongoing child health Universal Plus services until they start school, at which time care is transferred to the school student service team, through a clinical handover to the school health nurse.

Children and families may be referred to Partnership services for identified needs which are complex and place the child at risk of poor health and developmental outcomes.
Appendix 3: Partnership Child Health Services

Description
Partnership services offer ongoing, and where indicated, sustained monitoring and intervention for increasingly complex child and family needs that are impacting on the child’s health, development and wellbeing; and there may be some level of risk involved for the child.

Partnership services are tailored to address the needs of the child and family. This includes working with families to collaboratively develop purposeful and realistic family goals, and review progress within realistic time frames.

Partnership services involve referral to, and coordination of care with, internal and external services, to deliver a multidisciplinary approach which optimises support for vulnerable children and their families.

Partnership services include the elements of Universal service provision as well as additional contacts for surveillance, assessment and support as needed to optimise the health, development and wellbeing of the child. Services may include practical guidance, role modelling, demonstration, skills practice, coaching, encouragement and/or motivational interviewing to support parent learning and behaviour change for child-centred outcomes.

Service access
All children and families residing in WA aged from birth to 4 years of age are eligible for Partnership child health services when family circumstances are identified as placing the health, development and wellbeing of children at risk. Where possible, engagement within the ‘first 1000 days’ (conception to 2 years of age) is recommended.

Not all families with complex needs will require Partnerships, as the presence of protective families may reduce adversity. However, it is recognised that the compounding effect of a number of risks will increase vulnerability to poor outcomes.

Service settings
Partnership contacts may take place in the clients’ homes, child health centre, community health centres, or other appropriate community locations.

Service exit
Partnership services are no longer provided when the identified goals have been managed or resolved.

In such cases, the child is transferred to Universal services with active recall for the next contact, or to Universal Plus where additional support is required.

In some circumstances, care is handed over to another health service, such as an Aboriginal Medical Service, and child health services are discontinued. This requires clinical handover to the receiving service.

Where children and families are receiving Partnership services when the child commences school, the care is transferred to the school student service team, through a clinical handover to the school health nurse.
References


Related internal policies, procedures and guidelines

The following policy documents can be accessed in the Community Health Manual via the HealthPoint link and Internet link

Child health universal services rationale Policy
Drop-in session Protocol
Groups for Parents Guideline
School health services Policy
School health services rationale Policy
Universal contact initial interaction Guideline
Universal contact 0-14 days Guideline
Universal contact 8 week Guideline
Universal contact 4 month Guideline
Universal contact 12 month Guideline
Universal contact 2 year Guideline
Universal contact 4 year (School Entry Health Assessment) Guideline