GUIDELINE

EACHS 2 and a half year contact

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<thead>
<tr>
<th><strong>Scope (Staff):</strong></th>
<th>Community Child Health Nurses, Aboriginal Health Workers, Generalists, Remote Area Nurses, and Enrolled Nurses.</th>
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<tbody>
<tr>
<td><strong>Scope (Area):</strong></td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

**Aim**

This document is a guide for all staff who undertake EACHS two and a half year contacts, and assists them in meeting the service requirements of the contact.

**Background**

The 2½ year meeting can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by child health nurse, community nurse generalist, enrolled nurse and remote area nurse. The visit involves an assessment of the child’s physical, emotional and social development, risk factors for hearing loss and vision problems, including parent/carer mental health problems. The contact provides an opportunity for ongoing engagement with the family, as well as ongoing assessment of the family’s risk and protective factors.

**Key Points**

Accessing parents and caregivers at this key developmental stage enables the health staff to:

- Continue the helping relationship with the family
- Provide information about nutrition
- Promote positive carer/child interaction
- Complete a physical and developmental assessment
- Deliver key messages about parenting and health promotion
- Identify mental health needs
- Identify those families at risk and who may require extra services or supports
- Check the list of risk factors for hearing loss and vision problems
- Discuss responses to the developmental prompts in the 2½ year checklist.

The 2½ year contact should be conducted face to face, either as a home visit or in the child health centre or another community location.
Role of the Community Health Staff

Health and lifestyle education

The following provides cues for providing health information which can be addressed as appropriate (via verbal, audio-visual, electronic or written material):

*Nutrition*

Maintaining a healthy, nutritious and varied diet:

- Types and amounts of foods – 3 meals and 2 snacks per day
- Cease bottle and use cup only
- Appropriate amount of cow’s milk; toddler milk is not necessary
- Water as the main drink, avoid cordial, soft drink, tea, juice, flavoured water and sports drinks
- Feeding problems and solutions
- Usual patterns of growth

*Breastfeeding:*

- Discuss appropriate breastfeeding as desired by mother and child, ensuring that the child is receiving adequate nutrition from other food sources.

*Prevention*

Parent support and child development:

- Sensitive parenting
- Carer-child relationship – social emotional needs
- Sleeping – the importance of appropriate sleep environments and bedtime routines
- Development strategies – language, motor skill development and active play
- Limit TV/computer screen time to less than one hour per day
- Expected behaviour and needs – limit setting
- Toilet training

*Safety and Injury Prevention*

Strategies for safety:

- In the home
- Community – dogs, environmental hazards
- Water safety – dams, swimming pools, water holes
- Need for supervision
- Road and driveway safety
- Knowledge and use of vehicle child restraints
Infection and other

- Immunisation schedule
- Dental health – ‘Lift the Lip’
- Breathe, blow, cough

Parental Health

- Social and emotional wellbeing (Offer EPDS if any concern)
- Social support – playgroup is not just for children

Family Health

- Parents/carers – emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a varied and nutritious diet
- Smoking, drugs, alcohol use and family domestic violence.

Parenting

Accessing parents and caregivers at this key developmental stage enables community health staff to deliver key messages about parenting and health identify mental health needs, and conduct a physical examination. Increasing mobility and independence of the child changes the focus of parenting concern to safety issues, because of the exploration of their wider environment. A key part of the role is guiding parents to balance attachment with enabling their child to safely explore and expand their skills.

Family History

Continue the collection of demographic data, including a Genogram and the Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool.

Child Assessment

Physical Assessment (see Physical assessment 0-4 years in resource section).

The 2½ year contact includes a physical assessment of the child, and will include:

<table>
<thead>
<tr>
<th>Physical Domain</th>
<th>Tasks</th>
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<tr>
<td>Vision</td>
<td>• Observation of eye movements</td>
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<td>• Vision behaviours</td>
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<td>Hearing</td>
<td>• Otoscopy and tympanometry</td>
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<td></td>
<td>• Observation of hearing behaviours</td>
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<tr>
<td>Growth</td>
<td>• Measure and chart weight</td>
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<tr>
<td></td>
<td>• Measure and chart height</td>
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<tr>
<td>Oral assessment</td>
<td>• ‘Lift the Lip’ and refer if necessary</td>
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Skin

- Inspect and manage as indicated

Development

- Observational age appropriate assessment for physical, social and emotional development

**Developmental Assessment**

Review parental responses to the developmental prompts. The Ages and Stages (ASQ3) and Ages and Stages Social Emotional (ASQSE2) questionnaires can be used if indicated.

**Documentation**

Community health staff will document relevant findings according to local processes.

**Follow up and Service Planning**

Once an assessment is made, the health professional, together with the parent, will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in implementing the health plan where necessary.

For those families currently considered at higher risk, either additional contacts or a more intensive home visiting program should be offered as appropriate and where resources are available.

**Related internal policies, procedures and guidelines**

- Child health universal services policy
- Child health universal services policy rationale
- Child and Antenatal Nutrition Manual

**Useful resources**

- Physical Assessment 0-4 years
- Immunisation schedule
- Positive Parenting Program
- Guidelines for Responding to Family and Domestic Violence (2014)
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<th>File Path:</th>
<th>Document Owner: Senior Portfolio Policy Officer</th>
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<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
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<td>Endorsed by:</td>
<td>Executive Director CACH</td>
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