GUIDELINE

EACHS Child history and risk assessment

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<tr>
<th>Scope (Staff):</th>
<th>Community Child Health Nurses, Aboriginal Health Workers, Generalists, Remote Area Nurses, and Enrolled Nurses.</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 guide staff in identifying specific indicators of need, risks and protective factors for each family.

Background
Collecting an accurate and comprehensive child history is essential to identify needs and plan services for a child and their family. History taking should commence at the first contact with a child and their carers, but it is important to acknowledge that the child history form is a living document, and more detail will be added over time. The child history form must be reviewed in conjunction with the annual health assessment.

Conducting a risks and strengths assessment enables staff to identify specific indicators of need, risks and protective factors for each family. It assists staff and families in developing a care plan using strengths’ based approach, and aids to build parent/carer confidence.

General Principles
Communication strategies involved in the family assessment process recognise:

- the need to establish and build upon a trusting relationship with the parent/carer using a family partnership approach
- the sensitive nature of confidential information
- that parents will only tell you what they want to tell you
- that past and current ‘hurts’ or negative experiences exist for some parents/carers
- that it sometimes takes time to gain important information.

Completing the child history provides an opportunity for health staff to:

- review information from maternity services
- commence a family assessment
- identify significant health issues in the child’s family medical history
- identify those families at increased risk and who may require extra support or services.
Completing the **risks and strengths assessment** provides an opportunity for health staff to:

- identify family strengths and provide encouragement and positive reinforcement to the family
- identify areas where families may require additional support
- identify safe sleeping strategies
- develop a plan of care with the family
- offer appropriate referrals.

Ideally, the child assessment and risks and strengths assessment would be conducted during a home visit. Home visiting is the preferred form of contact and should be offered universally, except in situations where there is an identified safety concern such as risk factors associated with family and domestic violence. Visiting in the home environment helps establish and build a relationship between the health staff and the family. However, some families may decline the offer of a home visit, and prefer to meet with community health staff at the community health centre or another community venue. If home visiting is not possible, alternative service delivery will need to be provided to families in the early days after birthing.

**Role of the Community Health Staff**

**Review of Information**

- It is important for the health staff to be aware of and review all available information transferred from the maternity or other health services, depending on the age of the child at the first contact. This can include:
  - the Midwives Notification of Birth,
  - Special Referral to Child Health form
  - Birth Details/Obstetric Discharge Summary
  - the Newborn Discharge Examination which are located in the PHR.

- The information provided can facilitate continuity of care for the parent/carer and child and help the health staff to prepare for the first contact when the family has been referred to the Enhanced Aboriginal Child Health Schedule.

- Key information provided by maternity services may include some of the following which can help identify those families who may need additional support and/or referral:
  - pregnancy complications e.g. gestational diabetes
  - perinatal depressive and anxiety disorders
  - traumatic birth experience
  - birth defects
  - low Apgar scores at 1 minute; 5 minutes
  - infant requiring antibiotics
EACHS Child history and risk assessment

- difficulties establishing feeding
- parents/carers who are already engaged with other agencies such as Department for Child Protection and Family Support or relevant drug, alcohol and mental health services.

Family Assessment

- Completing the child history and risks and strengths assessment provides an ideal opportunity for the health staff to establish a helping relationship with the family. Visiting in the home, wherever possible, allows the health staff to assess the home environment and understand the specific needs of the family and to tailor services to meet their needs.

- The quality of the relationship with the family, including the baby's father where appropriate, is as important as the specific information, guidance and assistance which are offered. It takes time to build a trusting relationship and for parents to feel comfortable about discussing their concerns, so several contacts may be required before it is completed.

Family History

- Family history: Collection of demographic data, including a genogram.
  - Further information regarding genograms can be found in Genograms guideline.

- Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool.

- Family and domestic violence has a significant impact on the health and wellbeing of victims (usually women), and on the development and behaviour of the children who witness domestic violence. Signs that may indicate family domestic violence are:
  - physical injury,
  - altered emotional state of family members,
  - body language,
  - developmental delay, and
  - restrictions placed on the ability of the mother to move freely around the home and her freedom to meet with a nurse on her own.

- Universal assessment for family domestic violence has several benefits, including:
  - raising awareness about family domestic violence,
  - early identification of victims suffering from family domestic violence and the opportunity to offer assistance if desired by the victim, and
  - giving the nurse an opportunity to convey caring about the mother’s personal wellbeing.

- Family safety assessments should be done at the first contact, and at any other appropriate time where this is a concern. Assessing family safety can be performed through a combination of observation and specific questioning in a sensitive
manner. When asking direct questions about family safety, it is essential to ensure that the woman’s partner or others are not present or within hearing range. It is advisable to preface the questions with a short explanation indicating that all mothers are asked these questions.

Suggested questions include:

- Are you in any way worried about the safety of your children?
- Are you afraid of anyone in your family?
- Has anyone in your family ever pushed, hit, kicked, punched or otherwise hurt you?
- Would you like some help with this now?

- If the mother requests assistance, refer her through local referral pathways to support services. Explore the mother’s social supports with her and encourage her to develop a safety plan if she does not already have one.

- If there is any concern for the safety of the child/children, report the matter to the Department for Child Protection and Family Support as soon as possible, in accordance with the Guidelines for Protecting Children (2015).

**Documentation**

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

The first contact checklist can be completed on any child up to the age of six months. For children older than six months, complete the child history and risk assessment together with the relevant checklist.

**Follow up and Service Planning**

Once an assessment is made, the health professional, together with the parent develops a plan outlining intended frequency of visits, venue, and referral needs. Other family members can be included in developing the plan where necessary.

Families currently considered at increased risk should be offered additional contacts or a more intensive home visiting program as appropriate and where resources are available. Parents are to be offered contact with other parents through groups prior to the 8 week contact where appropriate.

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<th>Related internal policies, procedures and guidelines</th>
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<tr>
<td>Community Health Services: Health Information and Handouts</td>
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<tr>
<td>Community Health Service Universal Child and School Health Schedule</td>
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<td>Child health universal services policy</td>
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<td>Child health universal services policy rationale</td>
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<td>Department of Health Early Parenting Groups: A Facilitator’s Guide. Department of Health</td>
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Useful resources

- **Circle of Security website**: This website contains information about child/parent interaction and attachment
  
- **https://rednose.com.au/section/safe-sleeping**: Safe sleeping information and resources
  
### EACHS Child history and risk assessment

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