GUIDELINE

EACHS First contact

| Scope (Staff): | Community Child Health Nurses, Aboriginal Health Workers, Generalists, Remote Area Nurses, and Enrolled Nurses. |
| Scope (Area):  | CACH, WACHS |

This document should be read in conjunction with this DISCLAIMER

Aim
This document is a guide for staff undertaking EACHS first contacts, to assist staff in meeting the service requirements of the contact.

Background
The first contact occurs when the parent/carer has been offered and accepted the Enhanced Aboriginal Child Health Schedule. This offer can be made by the Aboriginal Health Worker, child health nurse, community nurse generalist, enrolled nurse or remote area nurse. Ideally, offer may occur at any time in the first five years of a child’s life, and for many families following the universal postnatal visit offered according to the Birth to School Entry Schedule. Ideally, newborns will be seen within the first month of life.

The content and focus of the first contact will vary according to the relationship that is established with the parent/carer and the health worker and identified family needs, particularly those of the caregiver and the baby. Families may have physical, psychological, emotional and/or social needs which direct service delivery. The first contact is not intended to be prescriptive.

The first contact is an ideal opportunity to establish how the community health staff can best engage with the caregiver, including the baby’s father. Acknowledging the father as a client of the service, and identifying channels of communication with him, for example, timing appointments so that he can participate, or by offering phone conferencing, email or mobile text to assist with his inclusion will improve uptake of the service.

General Principles
The first contact enables health professionals to:

- Review information from maternity and other services
- Initiate and establish a helping relationship with the family by addressing parental concerns and helping to set realistic expectations and adjustment to parenthood
- Complete a child history and risk assessment
- Complete a family assessment
- Provide information about infant feeding, maternal and family health, parent support, child development, injury prevention, immunisation and particularly around
issues such as breastfeeding, safe sleeping, parenting and parent – infant interaction

- Promote positive parent-infant interaction
- Deliver key messages about parenting and health promotion
- Identify those families at increased risk and who may require extra services or support.

Home visiting is the preferred form of first contact and should be offered universally, except in situations where there is an identified safety concern. Visiting in the home environment facilitates the establishment and building of a helping relationship between the health professional and the family. 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 Health Professional**

The health professional’s role is to identify any urgent needs, and provide appropriate support, referral and information.

The following are cues which will assist health staff when providing information to their clients:

**Health and lifestyle education:**

*Nutrition*

- Infant feeding
- Maternal nutrition and breastfeeding support

*Prevention*

- Parent support and child development
- Injury prevention, including safe sleeping strategies
- Preventing infection, promoting immunisation
- Maternal health
- Family health

**Review of Information**

Health professionals play an important role in promoting healthy outcomes for young children and their families by offering support and information regarding:

- parenting
- child health and development
- child behaviour
- maternal health and well-being
- child safety
- immunisation
breastfeeding
nutrition
family planning.

They are also ideally placed to identify and target more vulnerable families and provide additional support and referral where required. It is also important for the health professional to be aware of and review all available information transferred from the maternity services and collected during the universal postnatal contact. This can include:

- the Midwives Notification of Birth
- Special Referral to Child Health form
- Birth Details/Obstetric Discharge Summary
- the Newborn Discharge Examination.

The information provided can facilitate continuity of care of the mother and infant and help the health professional prepare for the first contact.

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
- difficulties establishing feeding
- access to other agencies such as Department for Child Protection & Family Support or relevant specialist child and adult mental health services, where appropriate.

Family Assessment:

- The first contact provides an ideal opportunity for the health professional to establish a helping relationship with the family, support sensitive parenting and highlight the importance of positive parent/infant relationships. Visiting in the home allows the health professional 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 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, hence the family assessment may take several contacts to complete. The valuable role played by fathers can be included in the discussion, where appropriate.
The following information may be useful for completing a family assessment and encouraging sensitive parenting as well as working within a family partnerships model.

A Social and Emotional Assessment and Regulation

- Positive interactions and being sensitive and responsive to cues from the baby build positive brain neural pathways that become reinforced each time they are repeated and eventually become ‘hard wired’. Babies growing up in this environment are more likely to reach their potential. By contrast, negative environmental influences, such as poverty, family discord, abuse and neglect during the early years can delay or disrupt learning and social and emotional development. It is vital that children are protected against such risk factors in these critical early years and instead experience environments which promote their wellbeing.

- Home visits provide health professionals the opportunity to assess a child’s physical and social environment and identify protective factors and indicators of need.

Physiological regulation

- Parents can facilitate physiological regulation by meeting their baby’s basic needs (e.g. warmth), responding to their baby’s cues (e.g. hunger, tiredness and discomfort) and providing interaction when their babies are ready for them. As parents gain skills in these areas and as they learn their baby’s rhythms, routines for feeding and sleeping can be established and physiological regulation begins to develop. Competent regulation of autonomic processes is required before more complex self-regulatory skills can be developed. Difficulties with physiological regulation can be manifested in the newborn through feeding, sleeping and settling problems.

States of Arousal

- States of arousal are basic regulatory systems. By understanding how the baby transitions between various states of arousal, parents can better help their babies achieve physiological regulation.

- You can ask parents questions about their baby’s states of arousal with a particular interest in how the baby behaves when they are getting tired or when they are just waking up. For example, ask “How can you tell when she is tired?” “Does she yawn or wriggle around?” The health professional can watch the baby with the parent and notice examples of the baby’s changing states of arousal and share this information with the parent, including questions related to Safe Sleeping.

Impact on Clinical Practice

Parent-infant relationship

- Although many parents know that their babies are special, they benefit when someone else notices and discusses specific special abilities of their baby. The most successful approach is for health professionals to ask parents what they have noticed about their baby’s development and demonstrate an interest in what the parent has said rather than making general statements about infant development.

- Talk to parents about their baby, find out and highlight what their baby can do and suggest ways to enhance and build on those abilities. Focus attention on what the
baby brings to interactions with their parents, looking for specific strengths. The aim is to help the parent realise that their baby is special, individual and unique.

**Supporting sensitive parenting**

- Sensitive parenting during this period of development is mainly characterised by accurate and timely responses to infant cues of physiological need e.g. reading the infant’s cues to provide warmth when cold, food when hungry and toileting when wet.

- In the first few weeks of a baby’s life they begin to make noises, to watch faces and smile and give out little sounds and cries for emotional connection. When adults respond by gentle touch, by returning the baby’s gaze, by smiling back and delighting in the baby by the tone of their voice and response, the baby feels safe and secure attachment forms.

- Health professionals can help parents to become more sensitive to their infant’s cues by noticing and commenting on these cues. Watch the baby with the parent and notice examples of the baby attending to parent movement and facial expressions. Highlight directly to the parent or talk through the baby to help the parent notice the baby’s skills as an interactive partner.

**Family History**

- Family history: Collection of demographic data, including a Genogram.

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

- Family safety: 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
  - restriction placed on the ability of the mother to move freely around the home and her freedom to meet with a health worker/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 demonstrate 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 & Family Support as soon as possible, in accordance with the Guidelines for Protecting Children (2015). If domestic violence is occurring, the health professional will need to commence a family health record or enter information securely in electronic record when available.

**Infant Assessment**

*Physical*

- This first contact includes an observational assessment of the baby. If there are special concerns from the history or on inspection of the infant, or expressed professional/parental concern then a physical assessment needs to be completed.

- The health professional should observe the baby’s general appearance which includes an assessment of responsiveness, activity level, facial expressions, general appearance, and skin. The skin is an important indicator of health and should be observed for colour, turgor, marking and lesions. The newborn should be weighed at this visit to monitor growth.

**Safe sleeping assessment**

The health professional will complete an assessment to indicate if parents and caregivers are demonstrating appropriate Sudden Unexpected Death in Infancy (SUDI) prevention behaviour. The assessment will vary depending on where the first contact takes place i.e. home visit, centre visit or other community setting.

The following questions about safe sleeping practice will be asked or behaviour observed:

1. Is your baby placed on his/her back for sleeping?
2. Is your baby’s head and face uncovered for sleep (no beanie/bonnet/hood/loose blankets/toys/pillow/cot bumpers)?
3. Does your baby have a safe sleeping space, day and night (safe cot/safe mattress/safe bedding)?
4. Does your baby have his/her own sleeping space (eg cot) in your room?
5. Does your baby sleep with you?
6. Do you provide a smoke free environment for your baby?
7. Are you breastfeeding your baby?

Information gained from caregivers in response to, or observed from the above questions can guide the child health nurse as to the type of information required so that parent/carers understand the impact of their choices on SUDI risk prevention. In addition, the health professional can offer parents/carers evidence-based health information on SUDI prevention from the ‘Welcome to your new baby’ magazine and/or the pamphlet ‘Co-sleeping/bed-sharing information for parents’.

All relevant answers given by parents and information provided by the health professional must be recorded in the Child Health Record.

Questions for parents

The health professional will check the list of risk factors for hearing loss and vision problems and discuss parents’ responses to questions at the universal postnatal contact, including questions related to Safe Sleeping.

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 6-8 week contact where appropriate.

Useful resources

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<td>Child and Antenatal Nutrition Manual</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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<tr>
<td>Guidelines for Protecting Children (2015)</td>
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<tr>
<td>Guidelines for Responding to Family and Domestic Violence (2014)</td>
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<td>Safe sleeping information and resources are available from:</td>
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