GUIDELINE

Universal contact 12 months

<table>
<thead>
<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 promote the health and development of children by engaging with families and focusing on protective factors, promoting health and development, and through establishing individual pathways of care according to client need.

To identify children who may be at risk of health and developmental concerns, through age appropriate surveillance activities.

Risk

When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability.\(^1\) In addition, there is considerable cost to the health system, governments and the community when timely interventions are not implemented.

Background

The early identification of developmental concerns is acknowledged as a primary health care opportunity for timely intervention, enabling children to achieve positive developmental and functional health outcomes.\(^2\,3\) It is most meaningful when community health staff undertake a systematic enquiry of parental concerns, gather information about the child’s current abilities and functions, identify risks and protective factors, and complete age appropriate observations and assessments.\(^1\) A holistic view of the child and family requires an understanding of what influences development. This includes genetics, the environment (parents, family, community and society), cultural variations, risk and protective factors.\(^1\) In addition, staff will review previous health professional assessments if available, use appropriate tools or health and wellbeing surveillance and act on professional judgement.

The universal contact twelve (12) months will be offered to clients as a centre visit and will enable community health staff to focus on child developmental assessments (emphasising motor, language and cognitive skills),\(^4\,5\) growth assessment and to undertake an oral health examination. In addition, information will be provided on healthy childhood weight, physical exercise, nutrition and safety.

Key Points

The purpose of the universal contact twelve (12) months is to:

- Continue to promote sensitive parenting and secure attachment
- Update information on the health and wellbeing of the child, mother, father and family
Universal contact 12 months

- Undertake an oral examination and physical, developmental and growth assessments of the child
- Undertake parental emotional and social wellbeing screening
- Promote health and development emphasising Sudden Unexpected Death in Infancy (SUDI) risk reduction, nutrition and physical activity
- Identify clients who may require additional support

**Process**

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<th>Steps</th>
<th>Additional information</th>
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<tr>
<td><strong>Family health and wellbeing</strong></td>
<td>The twelve (12) month contact is an opportunity to build on the parents understanding of normal physical, social and emotional development of their child. Enquire about parental concerns, relationships and family support. It is recognised there are diverse family structures and relevant caregivers should be invited to participate in community health assessments. Build on family strengths and explore strategies to mitigate effect of risks. Refer to the EPDS Guideline for more information including cut off scores for men. Refer to the Acuity tool Guideline for more information.</td>
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| - Update family history, protective factors and risk factors, as required.  
- Respond to parental concerns.  
- Undertake emotional and social wellbeing screening with fathers (significant caregivers), when present:  
  o Complete the Edinburgh Postnatal Scale (EPDS)  
- Promote healthy nutrition and physical activity.  
- Complete the WA Community Health Acuity Tool according to local protocols, to classify the complexity of client needs. | |
| **Maternal health and wellbeing** | Refer to the EPDS Guideline for more information including cut off scores for non-English speaking women. Refer to the PASS Guideline for more information including criteria for use. For mothers who may be returning to work or study provide strategies to maintain lactation, where relevant. |
| - Enquire about physical health.  
- Undertake emotional and social wellbeing screening:  
  o Complete the EPDS  
  o Complete the Perinatal Anxiety Screening Scale (PASS) if required  
- Enquire about lactation and promote breastfeeding for twelve (12) months and beyond. | |
| **Child health and wellbeing** | Adequate and appropriate nutrition is essential for normal growth and development. Refer to the *Infant Feeding Guidelines* and *Australian Dietary Guidelines* for age appropriate information such as: |
| - Enquire about general health and any episodes of ill health.  
**Nutrition** |  
- Solid foods should provide an increasing |
**Steps**

- proportion of energy intake after 12 months of age. Offering a variety of nutritious foods is likely to meet most nutrient needs and provides a basis for healthy eating habits.
- Support breastfeeding for twelve (12) months and beyond.
- Water and full cream cow’s milk (up to 2 years of age) are preferred drinks.
- Record infant feeding status according to local processes.

**Additional information**

- Ongoing inclusion of iron fortified foods and meat or iron-rich alternatives
- Family food cut into small pieces
- Toddler milks are not required for healthy children
- Offer milk and water in a cup rather than a feeding bottle
- Fussy eating may be evident
- Discuss the concept of everyday foods and sometimes foods

Refer to the Physical Assessment 0-4 years Guideline and Testes examination Procedure for more information.

**Physical assessment**

- Observe the child paying particular attention to the general appearance and skin integrity.
- Undertake a testes examination.

**Oral health assessment**

- Undertake an oral examination - Lift the lip program.

**Growth assessment**

- Undertake a weight, length and head circumference.
- Record growth measurements on the World Health Organization (WHO) 0-2 year charts in the child health record and in the Personal Health Record (PHR).

**Developmental assessment**

- Complete the ASQ-3™.
- Undertake a hip examination:
  - Abduction and Femur length
  - Observe gait if the child is walking
- Consider the red reflex test and corneal light reflex test if parental or staff concerns.

**Social and emotional assessment**

- Complete the ASQ:SE-2™.

**Sleep**

- Enquire about awake and sleeping patterns.

Discuss age appropriate awake and sleeping patterns and the impact of emerging developmental skills on settling strategies. For clients requiring ongoing support with sleep and settling, offer additional contacts and/or referral to relevant programs or services. Refer to the Sleep Guideline and Ngala website for more information.

Refer to the **Safe Infant Sleeping Policy and**
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<td><strong>Illness and injury prevention</strong></td>
<td><strong>Framework 2013</strong> for more information about SUDI risk factors.</td>
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| - Enquire about safe sleeping environments noting any changes since last contact.  
  - Provide key messages about safe sleeping during the first year of life, to reduce the risk of Sudden Unexpected Death in Infancy (SUDI), as required.  
  - Document outcomes of safe sleeping enquiry according to local processes.  
- Review immunisation status in the PHR. | Ensure clients are aware of the safe sleeping messages in the PHR and provide recommended resources, as required.  
Promote immunisation uptake if not fully vaccinated for age, reinforce immunisation information in the PHR and promote local options to access immunisation. |

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<tr>
<th>Anticipatory guidance</th>
<th>Discuss expected physical, social and emotional development and sensitive responses to the child’s cues. Refer to Physical Assessment 0-4 years and How children develop resource for more information.</th>
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| - Behaviour  
- Child care  
- Child development  
- Communication, speech and language  
- Immunisation  
- Nutrition  
- Parents returning to work  
- Play and physical activity  
- Playgroups  
- Reading  
- Safety and injury prevention  
- Screen time  
- Sleep and settling  
- Sun protection  
- Toilet training | Discuss age-appropriate skill development and positively reinforce parental behaviours that are promoting development.  
Discuss the importance of role modelling for healthy nutrition and physical activity.  
Discuss age appropriate nutritional requirements and how to create environments for positive mealtimes.  
Children (1-3 years) should be physically active for at least three hours every day. Children under 18 months of age should avoid screen time, other than video chatting. Children aged 18 months to 2 years can watch or use high-quality programs or apps, if adults watch or play with them, to help them understand what they are seeing.  
Discuss safety and injury prevention due to the child’s emerging developmental skills.  
Advise clients when the next immunisations are scheduled. |

| Parent education and resources | Provide clients with resources recommended by the Parent Resources for Universal Contacts.  
Ensure clients are aware of parenting |
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<td>information and where to get help, outlined in the PHR and Welcome to your new baby magazine. Community health staff are encouraged to be aware of the availability of local resources.</td>
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**Care planning**
- Discuss how to make and change child health appointments.
- Discuss Drop-in session availability.
- Promote Universal contact schedule 2 years.
- Provide information on the following groups:
  - Let’s sleep: a targeted service for clients with 6 to 12 month old children experiencing sleep and settling difficulties
  - Circle of Security – Parenting: a targeted service to help parents understand their child’s emotions (suitable from four months to six years).
- Respond to identified needs by planning appropriate additional contacts and/or referral to relevant services and programs. Child health group programs may be offered in alternative formats for rural and remote families.

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

**References**

### Related internal policies, procedures and guidelines

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

- Acuity tool Guideline
- Ages and Stages Questionnaires ® Guideline
- Breastfeeding deviations from normal Protocol
- Child Health Services Policy
- Child Health Universal Services Rationale Policy
- Edinburgh Postnatal Depression Scale (EPDS) Guideline
- Groups for parents Guideline
- Head circumference Procedure
- Hearing Guideline
- Hip examination Procedure
- Length assessment 0-2 years Procedure
- Oral health examination Procedure
- Physical assessment 0-4 years Guideline
- Sleep Guideline
- Testes examination Procedure
- Vision Guideline
- Weight assessment 0-2 years Procedure

### Related internal resources and forms

The following resources and forms can be accessed from the HealthPoint CACH Intranet link

- CACH approved external links and resources
- Child and Antenatal Nutrition Manual
Universal contact 12 months

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<tr>
<td>How children develop</td>
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<td>Indicators of Need</td>
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<tr>
<td>Parent Resources for Universal Contacts</td>
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<td>Practice guide for Community Health Nurses 2017</td>
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<td>Vision Surveillance and Screening for Universal Contacts</td>
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**External resources**

- Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
- Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
- **Australian Breastfeeding Association**
  
  Australian Breastfeeding Association Helpline 1800 686 268. Available 24 hours a day and 7 days a week. For clients requiring an interpreter phone the Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.

- **Australian Dietary Guidelines**

- **Breastfeeding Centre of WA** (parent information only)

- **Breastfeeding Centre of WA Breastfeeding and breast care** (parent booklet)

- Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.

- Book: Mary Sheridan’s From Birth To Five Years Children’s Developmental Progress. 2014. Ajay Sharma and Helen Cockerill.

- **Healthy WA website**

- **Infant Feeding Guidelines** – Information for health workers

- **Kidsafe**

- **MyChild** - Australia's online child care portal. On this website you will find information on different types of child care

- **Ngala**

- **Playgroup WA**

- **Raising Children Network**

- **Rednose**
Safe Infant Sleeping Policy and Framework 2013

SunSmart Cancer Council of Western Australia

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<th>Document Owner:</th>
<th>Senior Portfolio Policy Officer</th>
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<tbody>
<tr>
<td>Reviewer / Team:</td>
<td>CACH Community Health Management Team</td>
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<tr>
<td></td>
<td>WACHS Senior Nurses Best Practice Group</td>
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<td>Approved by:</td>
<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
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<td>Executive Director CACH</td>
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<td>NSQHS Standards: 1.7, 1.8</td>
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