GUIDELINE

Universal contact 2 years

| Scope (Staff): | Community health staff |
| Scope (Area):  | CACH, WACHS |

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 at two (2) years may be offered to clients in a variety of settings including centre visits, to enable community health staff to focus on assessing child development and growth. Child development from two (2) years to five (5) years is a time when parental concerns often emerge.\(^4\) Community health staff will undertake an oral health examination and provide information on healthy childhood growth, physical exercise, nutrition and safety. Early identification and intervention of physical, development and social wellbeing concerns will assist in the transition to school and minimise the impact on learning.\(^4\)

Key Points
The purpose of the universal contact two (2) years is to:

- Continue to promote sensitive parenting and secure attachment
- Update information on the health and wellbeing of the child, mother, father and family
- Undertake an oral examination and physical, developmental and growth assessments of the child
- Promote health and development emphasising nutrition, physical activity and social emotional development
- Identify clients who may require additional support

**Process**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
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<tr>
<td><strong>Family health and wellbeing</strong></td>
<td>The two (2) year contact is an opportunity to build on the parents understanding of normal physical, social and emotional development of their child. Acknowledge the potential for parental frustration as children develop a sense of independence, explore their own bodies, strive for autonomy and desire to do things their way.</td>
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<td>- Update family history, protective factors and risk factors, as required.</td>
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<td>- Respond to parental concerns.</td>
<td>Enquire about parental concerns, relationships and family support.</td>
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<td>- Enquire about the father's (significant caregivers) physical health, emotional and social wellbeing.</td>
<td>It is recognised there are diverse family structures and relevant caregivers should be invited to participate in community health assessments.</td>
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<td>- Promote healthy nutrition and physical activity.</td>
<td>Build on family strengths and explore strategies to mitigate effect of risks.</td>
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<tr>
<td>- Complete the WA Community Health Acuity Tool according to local protocols, to classify the complexity of clients.</td>
<td>Build on the parents understanding of normal child physical, social and emotional development.</td>
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<td></td>
<td>Refer to the Acuity tool Guideline for more information.</td>
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<tr>
<td><strong>Maternal health and wellbeing</strong></td>
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<tr>
<td>- Enquire about physical health, emotional and social wellbeing.</td>
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<tr>
<td><strong>Child health and wellbeing</strong></td>
<td>Discuss age appropriate nutritional requirements and how to create environments for positive mealtimes. Refer to the <em>Infant Feeding Guidelines</em> and <em>Australian Dietary Guidelines</em> for age appropriate information such as:</td>
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<tr>
<td>- Enquire about general health and any episodes of ill health.</td>
<td>- Ongoing inclusion of iron fortified foods and meat or iron-rich alternatives</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td>- Family food cut into small pieces</td>
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<tr>
<td>- Children require small, frequent and nutrient-dense feedings of a variety of foods from the five food groups, to meet nutrient and energy needs during the second year of life.</td>
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### Steps
- Support breastfeeding for two (2) years and beyond, as desired by mother and child.
- Water and full cream milk are preferred drinks. After two (2) years of age children can drink reduced-fat milks.
- Record child feeding status according to local processes.

### Additional information
- *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 for more information.

Refer to the How children develop, Hearing Surveillance and Screening for Universal Contacts and Vision Surveillance and Screening for Universal Contacts resources for more information.

### Physical assessment
- Observe the child paying particular attention to the general appearance and skin integrity.
- Enquire about the testicular descent.

### Oral health assessment
- Undertake an oral examination - Lift the lip program.

### Growth assessment
- Undertake a weight, height and Body Mass Index (BMI).
- Record growth measurements on the World Health Organization (WHO) 2-5 year charts in the child health record and Personal Health Record (PHR).
- Record BMI measurements on the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (Centers for Disease Control - CDC) BMI 2-20 year charts, in the child health record.

### Developmental assessment
- Complete the ASQ-3™.
- Undertake a hip examination:
  - Observe gait
- Consider a red reflex test and corneal light reflex test if parental or staff concerns.

### Social and emotional assessment
- Complete the ASQ:SE-2™.

### Physical assessment
- Observe the child paying particular attention to the general appearance and skin integrity.
- Enquire about the testicular descent.

### Oral health assessment
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### Growth assessment
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### Developmental assessment
- Complete the ASQ-3™.
- Undertake a hip examination:
  - Observe gait
- Consider a red reflex test and corneal light reflex test if parental or staff concerns.

### Social and emotional assessment
- Complete the ASQ:SE-2™.
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<td><strong>Illness and injury prevention</strong></td>
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<td>• Review immunisation status in the PHR.</td>
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<td><strong>Anticipatory guidance</strong></td>
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<td>• Behaviour</td>
<td>Discuss expected physical, social and emotional development and sensitive responses to the child’s cues.</td>
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<td>• Child development</td>
<td>Discuss age-appropriate skill development and positively reinforce parental behaviours that are promoting development.</td>
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<td>• Communication, speech and language</td>
<td>Discuss with parents strategies such as setting boundaries and praising their children, using a loving and consistent approach to help their child through this developmental stage.</td>
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<td>• Immunisation</td>
<td>Refer to Physical Assessment 0-4 years and the How children develop resource for more information.</td>
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<td>• Kindergarten and school readiness</td>
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<td>• Nutrition</td>
<td>Discuss the importance of role modelling for healthy nutrition and physical activity.</td>
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<td>• Oral hygiene practices</td>
<td>Discuss age appropriate nutritional requirements and how to create environments for positive mealtimes.</td>
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<td>• Parents returning to work</td>
<td>Children (1-3 years) should be physically active for at least three hours every day. 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. Children aged 2-5 years should have no more than one hour a day of screen time with adults watching or playing with them.</td>
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<td>• Play and physical activity</td>
<td>Discuss safety and injury prevention due to the child’s emerging developmental skills.</td>
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<td>• Playgroups</td>
<td>Advise clients when the next immunisations are scheduled.</td>
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<td>• Reading</td>
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<tr>
<td>• Safety and injury prevention</td>
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<tr>
<td>• Screen time</td>
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<td>• Sleep</td>
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<td>• Sun protection</td>
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<td>• Toilet training</td>
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<td><strong>Parent education and resources</strong></td>
<td>Provide clients with resources recommended by the Parent Resources for Universal Contacts.</td>
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<td>• Provide information about community resources.</td>
<td>Ensure clients are aware of parenting information in the PHR and where to get help.</td>
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<td></td>
<td>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.
- Discuss Universal contact schedule 4 years (School Entry Health Assessment) – school based assessment.
- Provide information on the following groups:
  - Triple P Level 2 Seminar Series: a universal program to support parents with children aged 3-8 years
  - Kindy Talks: a universal program to support parents with children aged 3-4 years for school readiness
  - Circle of Security – Parenting: a targeted service to help parents understand their child’s emotions (suitable from four months to six years).
  - Triple P Level 3 Discussion Group: a targeted program to support parents with children aged 3-8 years
  - Triple P Level 4 Group: a targeted program to support parents with children aged 3-8 years

### Additional information
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
5. The Department of Health. Australia’s physical and sedentary behaviour guidelines.
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
- Body Mass Index assessment – child health
- Child Health Services Policy
- Child Health Universal Services Policy Rationale
- Groups for parents Guideline
- Hearing Guideline
- Height assessment 2-5 years
- Oral health examination
- Physical assessment 0-4 years
- Vision
- Weight assessment 0-2 years
- Weight assessment 2-5 years

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
- Hearing Surveillance and Screening for Universal Contacts
- How children develop
- Indicators of Need
- Parent Resources for Universal Contacts
Practice guide for Community Health Nurses 2017
Vision Surveillance and Screening for Universal Contacts

**External resources**

Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide

**Australian Dietary Guidelines**

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**

**Ngala**

**Playgroup WA**

**Raising Children Network**

**SunSmart Cancer Council of Western Australia**

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<tr>
<th>Document Owner:</th>
<th>Senior Portfolio Policy Officer</th>
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