GUIDELINE

EACHS 3 and a half year contact

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>Child Health: Aboriginal Health Workers, Community Child Health Nurses, Community Nurse Generalists, Enrolled Nurse and Remote Area Nurse</th>
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<tbody>
<tr>
<td>Scope (Area):</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 staff who undertake the EACHS three and a half year contact, and assists them in meeting the service requirements of the contact.

Background
The 3½ year contact can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by the child health nurse, community nurse generalist, enrolled nurse and remote area nurse. The contact involves an assessment of the child’s physical, emotional and social development, risk factors for hearing loss and vision problems, and includes 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.

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

- Build rapport, whilst helping the family
- Provide information about nutrition
- Perform a physical and developmental assessment
- Check the list of risk factors for hearing loss and vision problems
- Promote positive carer/child interaction
- Deliver key messages about parenting and health promotion
- Identify mental health needs
- Identify those families at risk and who may require extra services or support.

The 3½ year contact should be conducted face to face, either as a home visit or in the child health centre or at 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
- Appropriate amount of cow’s milk
- Water as the main drink, avoid cordial, soft drink, tea, juice, flavoured water and flavoured milk, and sports drinks
- Feeding problems and solutions
- Usual patterns of growth

**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 screen time TV/computer 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 – social and emotional 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 promotion, identify mental health needs, and conduct a physical examination. The three and a half year contact is an ideal opportunity to open a discussion about kindy enrolment and preparation for school attendance.

Between three and four, there are significant cognitive and social changes for children and their families. Language development is significant, as children progress from 3-4 word sentences at three, to forming long, grammatically correct sentences by four. Children become more interested in playing with other children, and imaginative play becomes a focus. Carers can be encouraged to play pretend games with their children, and to talk about the games. It is important for caregivers to know that even if their child appears more interested in playing with other children, it is still important to children that their carers spend time playing and yarning with them.

Family History

Continue the collection of demographic data, including a Genogram and Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool, if not already completed.

Ask if there have been any changes in the family since the last contact.

Child Assessment

Physical Assessment (see Physical Assessment 0-4 years in resources).

The 3 ½ year contact includes a physical assessment of the child, and will include:

<table>
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<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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<tr>
<td>Hearing</td>
<td>• Otoscopy and tympanometry</td>
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<tr>
<td>Growth</td>
<td>• Measure and chart weight</td>
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EACHS 3 and a half year contact

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<tr>
<th>Oral assessment</th>
<th>• 'Lift the Lip’ and refer if necessary</th>
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<tr>
<td>Skin</td>
<td>• Assess and manage as indicated</td>
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<tr>
<td>Development</td>
<td>• Observational age appropriate assessment for physical, social and emotional development</td>
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**Questions for parents/carers**

In addition, the health staff will check the risk factors for hearing loss and vision problems on the checklist, and 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/carer, will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in developing the 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.

**Useful resources**

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<tr>
<th>Child and Antenatal Nutrition Manual</th>
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<tr>
<td>Child health universal services policy</td>
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<tr>
<td>Child health universal services policy rationale</td>
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<tr>
<td>Physical Assessment 0-4 years</td>
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<tr>
<td>Guidelines for Protecting Children (2015)</td>
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<td>Immunisation schedule</td>
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<td>Positive Parenting Program</td>
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<td>Guidelines for Responding to Family and Domestic Violence (2014)</td>
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<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
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