Aim

This document is a guide for all staff who undertake the EACHS four and a half year contact, and assists staff in meeting the service requirements of the contact.

Background

The 4½ year contact is offered 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.

Alternatively, if the child is enrolled in school, the school entry health assessment will be completed by the school health nurse.

The contact involves an assessment of the child’s physical, emotional and social development, risk factors for hearing loss and vision problems, including parent/carer mental health. The contact may provide 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:

- Continue the helping relationship with 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
- Encourage appropriate pre-school attendance
- Identify those families at risk and who may require extra services or supports.

The 4½ year assessment should be delivered as an individual face to face contact, either as a home visit, 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
- Water as the main drink, avoid cordial, soft drink, tea, juice, flavoured milk and water and sports drinks
- Usual patterns of growth
- Lunch box ideas – snacks for kindy

**Prevention**

Parent/carer support and child development:

- Sensitive parenting
- Carer-child relationship – social emotional needs
- Sleeping – the importance of bedtime routines
- Development strategies – language, motor skill development and active play
- Limit screen time to less than one hour per day
- Expected behaviour and needs – limit setting

**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, especially when walking to school
- Knowledge and use of vehicle child restraints

**Infection and other**

- Immunisation schedule
- Dental health – ‘Lift the Lip’
- Breathe, blow, cough

**Carer Health**

- Social and emotional wellbeing
EACHS 4 and a half year contact

- Social support

*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 visit provides an opportunity for ongoing engagement with the family, as well as ongoing assessment of the family’s risk and protective factors.

Four and a half year olds are increasingly independent, and are usually able to complete most self-care activities with minimal assistance. Four and a half year olds are able to talk about feelings and to explain why things happen. They understand turn-taking as well as sharing, and can show empathy for other children in distress.

Imaginative play can become very elaborate. Building things, drawing and dressing up are favourite activities. Parents/carers can be encouraged to practice kindy skills through play. This can include sitting and listening to a story, cutting with scissors, drawing, painting and packing away when the activities are finished. Outdoor play can include running, jumping, skipping, throwing and catching a ball and using a bat.

If the child is not attending school, the four and a half year contact is an ideal opportunity to continue the discussion about kindy or pre-school enrolment and preparation for school attendance. School attendance should be strongly encouraged, and any issues relating to school attendance can be explored sensitively with the carers, and appropriate action taken.

Continue the discharge planning process by opening a discussion with parents/carers about the School Health Service and the role of the School Health Nurse. This will enable them to consider engaging with the school health service during the time of transition from child health to school health services. Where possible, seek permission from the parent/caregiver to consult with the school health nurse on any relevant health or developmental issues which may impact on the child’s learning ability.

*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*

If the child is attending school, the school health entry assessment can be completed instead of the 4½ year checklist. Otherwise, complete the 4½ year checklist.

The 4½ year contact includes a physical assessment of the child, and will include:
### Physical Domain | Tasks
---|---
Vision | • Observation of eye movements  
• Vision behaviours  
• Corneal Light Reflex Test  
• Distance vision testing using the Lea Chart if not previously done
Hearing | • Otoscopy and tympanometry
Growth | • Measure weight and chart  
• Measure height and chart
Oral assessment | • 'Lift the Lip' and refer if necessary
Skin | • Inspect and manage as indicated
Development | • Observational age appropriate assessment for physical, social and emotional development

**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**

- Child and Antenatal Nutrition Manual
- Child health universal services policy
- Child health universal services policy rationale
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<td>Immunisation schedule</td>
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<tr>
<td>Positive Parenting Program</td>
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<tr>
<td>Guidelines for Responding to Family and Domestic Violence (2014)</td>
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<td>Guidelines for Protecting Children (2015)</td>
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