



# **Child Development Service – Entry and Connection to Service Procedure**

## **1. Purpose**

Entry and Connection to Service (ECTS) aims to create a welcoming environment and establish the foundation for clinicians and families to work-in partnership. ECTS helps orientate parents/guardians to the service, provides preparatory information, initiates information sharing, and sets broad service (not necessarily discipline specific) goals.

The procedure guides clinicians in building family capacity from the start of services by setting clear expectations, supporting the child, and connecting the family with community agencies when appropriate. Information obtained and shared during ECTS can support service navigation and options aligned with the WACHS [Child Development Service Access and Eligibility Procedure](#).

This procedure promotes consistent practice to improve outcomes for children with development concerns and their families.

## **2. Procedure**

See [Appendix A](#) for a visual representation of the ECTS process.

### **2.1 Background**

The WACHS [Child Development Service Policy](#) recognises the importance of respectful collaboration and shared decision making with families, promoting a family-centred approach that improves service outcomes and enhances the consumer experience. It highlights the need for timely and flexible access to services, with prompt contact following referral to support early engagement.

The [2024 Select Committee into Child Development Services](#) report identifies the significant impact of extended wait times, including emotional distress and reduced satisfaction among families. Early engagement with CDS helps to mitigate these concerns and establishes a strong foundation for sustained partnership throughout the child and family's journey with the service.

### **2.2 Objectives**

The implementation of the ECTS aims to ensure **parents/guardians**:

- feel welcomed and included with clinicians being respectful of culture, language and socioeconomic diversity
- share their insights, including the strengths of and concerns for, their child and be actively involved in planning services to support their child within their family and community context
- have an improved understanding of the services provided by CDS and alternative services available within their local community
- know who to contact within the CDS team, should they have questions.

Information shared during ECTS supports the **CDS team/clinicians** to:

- initiate the parent-clinician collaborative relationship
- know what matters to the child and family including unique strengths and interests and the capacity and resources available to the parents/guardians
- understand parent/guardian concerns and priorities for their child and the impact on daily activities and participation
- develop a broad plan in partnership with the family that includes CDS services as well as community services
- provide parents/guardians with general ideas/information that will improve their confidence and capacity to support their child's development.

## 2.3 Planning

ECTS is discussed and planned by the intake team to support a coordinated initial service response, including identifying a key contact for the family. Information from the initial referral and existing medical records should be reviewed to guide the planning of each family's service pathway.

ECTS may be delivered by a clinician or a suitably supported Allied Health Assistant. It can be provided as a single discipline service (addressing a single concern) or by one team member on behalf of multiple (addressing multiple concerns).

Ideally, ECTS is completed as part of the initial clinical service provided by the CDS team. The CDS service model enables families to access their initial clinical service through various formats including:

- parent-only appointment
- child and parent appointment
- group or workshop sessions, either with the child and parent or parent only.

As with all services provided to children and families with WACHS, a client identification check should be completed in line with the WACHS [Patient Identification and Procedure Matching Policy](#).

If the referral does not include sufficient information to complete the intake and triage process, the CDS intake team may decide to contact the family to discuss the referral and opportunistically complete the ECTS.

If the CDS intake process identifies that completing ECTS prior to the commencement of clinical services will support a family who are expressing a high level of anxiety or distress, this should be planned and completed.

In some regions triage and service planning will need to consider certain elements that influence the ability to complete timely clinical service commencement. This may include:

- frequency of remote outreach visits
- workforce issues, resulting in longer wait times
- children with an allocated service prioritisation level that determines there will be a longer wait time.

If the first booked appointment with CDS is scheduled beyond 60 days, an ECTS should be planned and completed as soon as possible - either as a referral discussion or a non-clinical interaction with the parent/guardian. This interaction does not constitute a clinical service event; thus, the child is to remain on the waitlist for clinical services.

When there are workforce issues with a specific discipline in the CDS team, coordination of the ECTS delivery can be supported through caseload planning and distribution of the workload across other disciplines.

During ECTS discussions, clinicians may encounter families or carers who express significant concerns about their child's development or behaviour. If time allows, and the concerns indicate a need for immediate clinical input, the clinician may transition the conversation into a clinical service event.

This shift involves moving beyond general advice to provide specific support related to the child's developmental or behavioural needs. It may include an assessment, targeted intervention, or specialised guidance. Such interactions must be documented as a clinical service event to reflect the nature of advice provided and ensure accurate service tracking.

## 2.4 Consent

The parent/guardian who has the legal responsibility for the child shares and receives the information about the child and their family during ECTS.

Whilst it is preferred that the child's parent/guardian are involved in this process, some families may find it difficult to engage with services. The involvement of key stakeholders (e.g. early childhood educators and teachers) may be required to facilitate this process, as outlined in the WACHS [Engagement Procedure](#).

The WACHS [Child Development Service Policy](#) acknowledges that, in many Aboriginal families', caregiving roles may be shared among multiple adults, including extended family members. Staff will respect these relationships by identifying all individuals involved in the child's care and determining who is authorised to provide consent for ECTS.

For the majority of clients, consent for their child to receive services is implied when a parent/guardian attends and participates in services. Explicit consent to receive CDS services is required for children in the care of the Department of Communities prior to commencement of service.

For children in the care of the Department for Child Protection and Family Support (CPFS), ECTS is offered to the allocated Case Worker (legal guardian) who may:

- complete as part of a referral discussion and provide consent for subsequent appointments to take place with the child's foster guardian to gather additional information
- jointly complete an ECTS, as part of the initial service with the child's foster guardian.

## 2.5 Information shared and obtained through ECTS

ECTS welcomes families to CDS and establishes a foundation for a collaborative partnership between clinicians and caregivers.

To achieve this during ECTS the clinician is to:

- invite the parent/guardian to share their story in order and determine their primary concerns
- provide general information about CDS and how we work with families

- provide families with information on service options available as part of the CDS service pathway and opportunities to gain support from other services, refer to [Allied Health Clinical Prioritisation Framework Profession Guides](#)
- orientate the family to the goal setting approach
- identify the involvement of other service partners to support the child and family's needs and action as relevant
- create a broad ECTS plan in partnership with the family, which includes CDS services and relevant external services
- explore the family's interest in participating in virtual service delivery, confirm access to appropriate equipment, and assess their capacity to engage in virtual groups and offerings
- provide information regarding local community services and online resources using the family's preferred communication method, clinicians should use the available mail/email template when sharing these resources.

## 2.6 When is an ECTS not required?

Families already engaged with CDS do not require an additional ECTS when referred for further services. This includes children re-entering via the [Child Development Service Flexible Re-Entry Procedure](#).

The information shared and gathered through ECTS can be proportionate in its detail to suit the context. For example, when families are referred to audiology and no other developmental concerns are identified, or when they attend open access clinics (e.g. drop-in clinic) without requiring ongoing services or support, the level of information shared can be appropriately limited.

## 2.7 Non engagement

The WACHS [Engagement Procedure](#) supports CDS staff in addressing non-engagement by promoting equitable service delivery and guiding responses to risk and concerns for a child's wellbeing.

## 2.8 Recording the information and outcome of ECTS

When ECTS is completed as part of the initial clinical service, the information obtained is recorded in the clinical item completed against a booked appointment for the client.

When ECTS is completed as part of a referral discussion or a non-clinical interaction with the parent/guardian, the information obtained is recorded in CHIS using the "Advocacy/Liaison: Child Development" clinical item, located under the Health Liaison tab. A [referral discussion record template](#) is available and can be uploaded to CHIS.

If the family raises additional concerns during the ECTS that were not included in the original referral, these should be discussed further with the multidisciplinary team to inform appropriate service planning.

### 3. Roles and Responsibilities

**The CDS Program Team** is responsible for supporting the consistent implementation of the ECTS policy across local service sites. This includes providing education, monitoring compliance, and evaluating outcomes to ensure quality and consistency. The program team will regularly review and update the policy to align with strategic objectives, ensuring it continues to facilitate access to care for children and families in country regions.

**Clinical Managers** are responsible for supporting clinicians to achieve consistent practice within the Child Development Service by ensuring appropriate orientation, supervision, communication, and capacity development. They must allocate tasks clearly and effectively to align with service priorities, monitor progress, and ensure compliance with established timelines for policy implementation and service delivery. Through these actions, Clinical Managers promote accountability, consistency, and high-quality outcomes across the service.

**Clinicians** are responsible for completing and documenting an ECTS for all eligible clients as outlined in the procedure, and responding within the timelines provided to ensure timely and consistent service delivery.

### 4. Monitoring and Evaluation

The application of this procedure is to be discussed in team meetings and monitored by managers and staff. Staff are to be oriented to relevant CDS policies upon commencement with the program and through audits of clinical practices.

This procedure is to be reviewed and evaluated by the WACHS CDS Leadership Group to ensure its effectiveness, relevance and currency. At a minimum, it is to be reviewed every five years by methods including obtaining feedback from regional stakeholders and consultation by regional managers with allied health staff as part of regular clinical supervision processes.

### 5. References

Nil

### 6. Definitions

Term	Definition
<b>Aboriginal</b>	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
<b>Child Development Service</b>	In WACHS, the term Child Development Service (CDS) refers to developmental services provided by Allied Health Professionals (AHPs) and Clinical Nurse Specialists (CNS) working in multidisciplinary teams (MDT). Paediatricians and child/school health nurses in

	WACHS are closely aligned with CDS teams and also provide crucial developmental services to children.
<b>Clinical Service</b>	Provision of targeted clinical information, intervention and strategies to support the development of the child
<b>Family</b>	Legislation in various contexts provides definitions of family and relationships and outlines obligations and entitlements, however the way individuals experience and understand family in their day to day lives can be very different. How Australians define family and decide who is included in their kinship circles is influenced by these legal definitions but also shaped by culture and personal life experiences and circumstances. People may also have multiple definitions of family and group these into different sets of people with different values and functions - for example, their 'birth family', their 'in laws' or their 'chosen family'.
<b>Guardian</b>	In relation to a child, a guardian is a person who has been legally entrusted with the care of the child in the absence of a parent. This includes the authority to make decisions regarding the child's health, education and welfare on the child's behalf. A guardian may be appointed through legal processes and may include individuals such as relatives, kinship carers or other suitable persons who have an established relationship with the child.
<b>Parent</b>	In relation to a child, a parent is a person having parental responsibility for that child, which may include a legal guardian. Parental responsibility refers to all the duties, powers, responsibilities and authority which by law, parents have in relation to their children.

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	Child Development Service Staff
<b>Records Management</b>	Non Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016 (WA)</a>
<b>Related Mandatory Policies / Frameworks</b>	<a href="#">Clinical Governance, Safety and Quality</a>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Child Development Service Access and Eligibility Procedure</a></li> <li>• <a href="#">Child Development Service Flexible Re-Entry Procedure</a></li> <li>• <a href="#">Child Development Service Policy</a></li> <li>• <a href="#">Patient Identification and Procedure Matching Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Clinical Prioritisation Framework Profession Guides</a></li> </ul>
<b>Related Forms</b>	Nil
<b>Related Training</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4444
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	2.5, 2.6, 2.7
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	7 Jan 2026	7 Jan 2026	New procedure

## 9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Nil
Contact	Senior Program Manager, Child Development
Business Unit	Population Health
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## Appendix A: Entry and Connection to Service Process Map

