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# Child Development Services Policy

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## 1. Purpose

This policy provides an outline of the key components of the WA Country Health Service (WACHS) Child Development Service (CDS) program and defines the overarching principles, standards and expectations which guide family-centred service planning, delivery and evaluation to achieve optimal developmental outcomes.

Non-adherence to this policy will result in inconsistent practice which may impact negatively on the outcomes for children and families in country communities who have a developmental concern or delay.

## Background

'Child development' is a term used to describe a child's progressive acquisition of skills and abilities as they grow (through infancy, childhood and adolescence)<sup>1</sup> and the functional application of these skills and abilities in everyday life. Children are expected to acquire certain communication, physical, cognitive and socioemotional skills and abilities by a particular age range. It is important for children to meet these milestones within a reasonable timeframe because earlier skills and abilities will lay the foundation for more sophisticated ones.<sup>2</sup> Child development services are the interventions that can be provided for a child showing signs of developmental delay or difficulty to ensure they reach their maximum potential.<sup>2</sup>

Within regional Western Australia (WA), WACHS is the primary provider of publicly funded child development services, which encompasses prevention, assessment, intervention and management of developmental delay or difficulty in children. Services focus on early intervention for children and their families at risk of or presenting with a delay in developmental milestones.

Regional WA is home to around 131,000 children aged between 0-17 years, of whom most are healthy and developmentally on track. Approximately one fifth of WA children (20.3%) are developmentally vulnerable in one or more domains. Across WA 24.2% of children living in very remote areas are developmentally vulnerable on two or more domains compared to 9.4% of children who live in the metropolitan area.<sup>3</sup>

Child Development Services (CDS) constitute a core program delivered by WACHS via 20 service hubs. The services are block-funded, in contrast and substantially different to acute inpatient and outpatient paediatric services which attract activity-based funding.

## 2. Policy

### 2.1 Service Principles

In addition to the WACHS values [WA Country Health Service - Vision and values](#) governing all services, the following key values underpin all aspects of CDS, from the way individual health professionals practice to the way families and stakeholders engage with services, as well as the design, development and delivery of services.

## **Child and Family Centred**

Family is the constant in a child's life and are acknowledged as the experts in relation to their child's needs and abilities. CDS adopts a family-centred approach to build on family strengths and acknowledges that each family is unique with differing priorities, expectations and abilities. Families must be empowered and integrally involved in setting and working towards achieving goals for their children. CDS focuses on routine-based interventions and natural environments where children play and learn and in addition to supporting families to develop their own networks of resources – both informal and formal.

## **Clinical excellence**

CDS strives to improve health equity and outcomes for our clients, improve client experience, improve workforce experience and deliver sustainable healthcare. Services are evidence informed and each discipline applies clinical standards of practice for assessment and intervention. CDS is also committed to continuous quality improvement; using the latest information to design, develop and review services.

## **Early childhood intervention and coordinated care**

CDS recognises the importance of intervention that is early in life, seeking to provide timely support to optimise development, learning and life outcomes. CDS clinicians work as a team around the child which includes the parent and family, sharing information, knowledge and skills. One team member is identified as the central point of contact for each family to support co-ordinated care and system navigation.

## **Equitable, accessible and timely services**

Service responsiveness and accessibility for families is central to effective care, involving easy access and flexible service delivery that considers the circumstances of clients. CDS applies the principles of progressive universalism to prioritise services for those who need it most and provide services proportionate to client need.

## **Prevention and capacity building**

CDS works with key stakeholders to enhance their knowledge and skills so that they may support children's growth and development. Partnerships are also developed with external services to provide wrap around support for families, including but not limited to schools, child parent centres, Aboriginal medical/health services and other health service providers. Strong internal partnerships also exist between community health and mental health services.

## **Culturally responsive services**

Service planning and delivery is accessible, high-quality, culturally safe and responsive, ensuring the rights, views, values and expectations of Aboriginal people and those of other cultures, are recognised and respected.

CDS staff respectfully engage with Aboriginal people to ensure an Aboriginal cultural lens is applied throughout service design and delivery. The right to self-determination and cultural authority in decision-making will also be upheld with Aboriginal children and

families. CDS apply the principles and practice outlined in the [WACHS Cultural Governance Framework](#).

## Child safeguarding

All CDS staff support the [National Principles for Child Safe Organisations](#). They observe and listen to children and young people, responding to protect them from harm as needed. When planning and implementing care, CDS staff inform and involve children and young people as appropriate to their age and understanding.

## Trauma informed

Services aim to deliver nurturing care and apply trauma-informed approaches to their interventions. Care is delivered with understanding of trauma and of its impact upon a clients physical, emotional and mental health, which may impact their ability to engage with services.

## 2.2 Service Eligibility and Scope

WACHS CDS provides a range of assessment, intervention and capacity building services to children and their families with developmental difficulty or delay. The service provides assessment and intervention across multiple developmental domains including communication, fine motor, gross motor, cognition and social/emotional with a view to improving function, participation and the parent/child relationship. The service aims to support:

- the child to develop skills and abilities so they can participate in daily activities to achieve good outcomes in early childhood. This gives them a strong foundation for a happy, healthy and productive life.
- families to develop the skills, capabilities and resources they need to support their child to thrive. This includes developing strong and secure relationships with their child, and participation in their local community.
- the local community to acknowledge the child's unique strengths and develop the knowledge and skills to support inclusive participation in community activities.

CDS will offer services to children who meet the eligibility criteria outlined in the [WACHS Child Development Service - Eligibility and Access Procedure](#). In summary, to be eligible for free services through WACHS CDS the child must meet the following criteria:

- live in a WACHS region see [Child Development Services Directory](#)
- be under the age of 16 years at the time of referral, active clients may receive services until their 18<sup>th</sup> birthday
- be eligible for Medicare.

Each local intake team assesses the child's referral against the eligibility criteria. Once eligibility is determined, access to CDS services will be based on the presenting concerns and in collaboration with the family. The scope of the CDS program is detailed in the Service Eligibility and Access Procedure.

## 2.3 Workforce

CDS staff include speech pathologists, occupational therapists, physiotherapists, social workers, dietitians, audiologists, psychologists, Aboriginal health workers and allied health

assistants. Paediatricians and child/school health nurses in WACHS are also closely aligned with CDS teams. Where possible, Aboriginal staff are employed to enhance provision of culturally relevant support to address the needs of Aboriginal families.

Frequently, these clinicians are employed in generalist roles and are responsible for the delivery of services across the continuum of care, including inpatient, outpatient and community clients and across all ages from paediatrics to adults and aged care. In some larger districts clinicians may be employed to work specifically in the CDS.

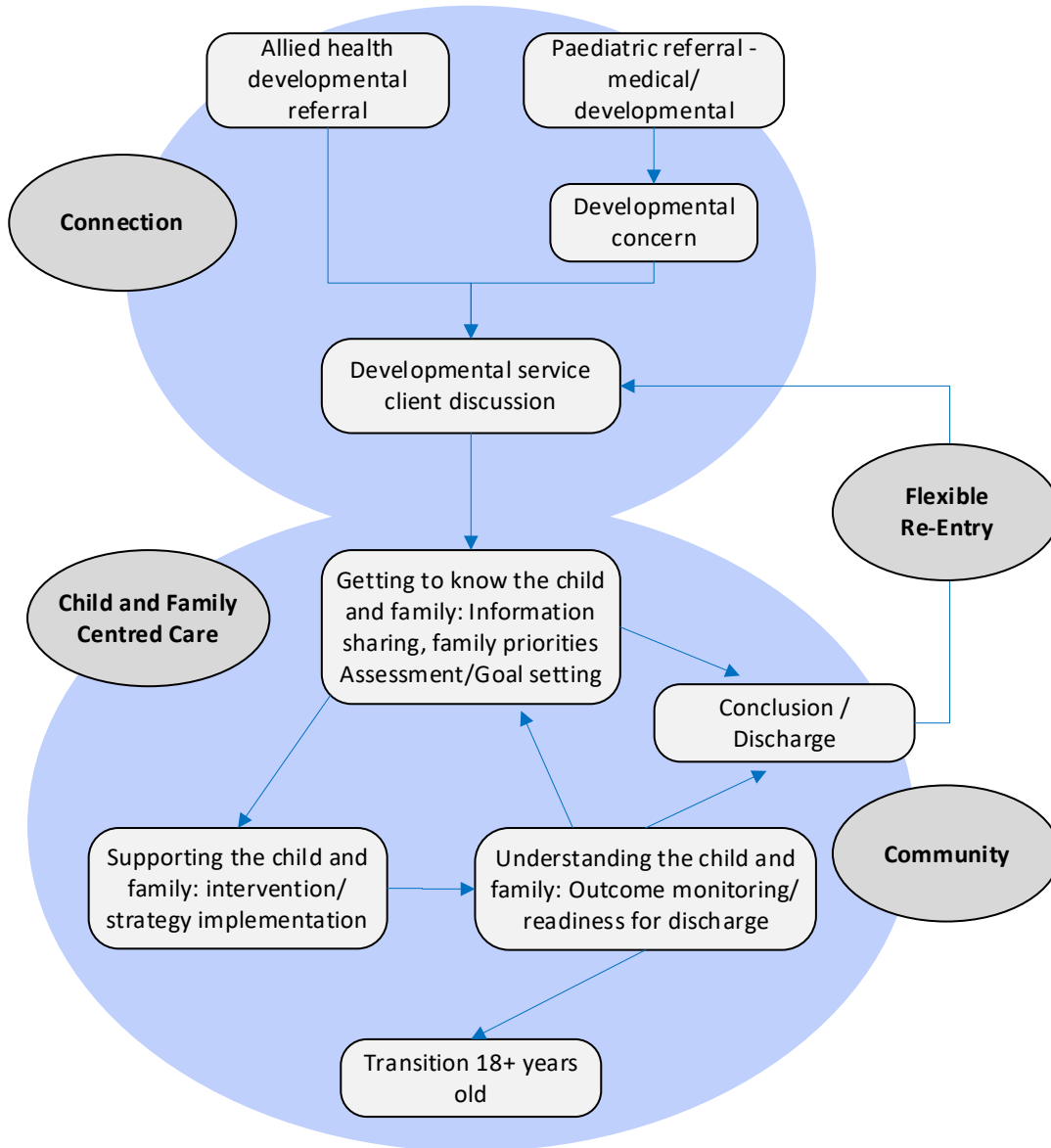
Staff strive to address competing demands with use of allied health prioritisation guidelines to enable early intervention for children with developmental difficulties and delays. CDS program performance indicators are monitored to support ongoing workforce allocation.

WACHS also contracts a range of external providers to deliver services to the regions using telehealth, drive in drive out and fly in fly out models.

## 2.4 Service Model

The graphic below broadly represents WACHS CDS service delivery, based on National and State best practice models.<sup>4,5</sup>

**Figure 1: Child Development Service Model**



**Note:** It is acknowledged that in many Aboriginal families, children may be cared for by several adults, including grandparents, aunts, uncles, and older siblings. These key family members may have caregiving responsibilities for the child. Such relationships are important in Aboriginal families and communities and should be respected as central to a family-centred approach to care. In engaging with families, CDS staff should seek to understand about the family members who will be involved in a child’s care, and who can provide consent.

## Referral (Connection) to the service

Simplified referral processes aim to limit the barriers to accessing services. CDS considers referrals from anyone who is concerned about the child's development if the family has consented to a referral. Most referrals are received from community health nurses, doctors, schools and families. A referral form is available on the internet for public use, [WA Country Health Service - Child Development Services](#) and on the intranet [Child Development Services \(sharepoint.com\)](#). A function in the Community Health information System (CHIS) can be used for (WACHS internal) community health referral. CDS will also accept referrals over the phone or in alternate written format e.g. a letter.

CDS will respond promptly to families and referrers to advise them as to the status of the referral and provide service contact details.

## CDS Intake

Management of referrals to CDS occurs during a local intake process involving both clinical decision making and administrative processes. Representatives from the multidisciplinary team review the referral documentation to determine if the child is eligible for CDS and if CDS is the most appropriate service for the child's presenting concerns. The team will also seek further information from the family or referrer if insufficient information was provided on the referral.

Based on the referral information provided the intake team considers which CDS services may be useful for the family, determines the CDS disciplines initial priority level(s) and identifies the primary contact to be involved in the care of the child. Children in Care with the Department of Communities are prioritised for all services once they are in stable accommodation.

All decisions regarding prioritisation are informed by evidence-based practice, clinical judgement, available research, and the family context. WACHS has a suite of documents which support prioritisation decisions. These are as follows:

- [WACHS CDS Prioritisation Guide](#)
- [Allied Health Clinical Prioritisation Framework](#)
  - [Speech Pathology Guide](#)
  - [Occupational Therapy Guide](#)
  - [Physiotherapy Guide](#)
  - [Social Work Guide](#)
  - [Audiology Guide](#)
  - [Dietetics Guide](#)

## Information sharing, assessment and goal setting

The primary CDS contact gathers further information from the family to determine the most suitable service pathway for the child and family. The Entry to Service Procedure (under development) outlines the key principles underlying the practice of contacting families as early as possible following the acceptance of a referral to the CDS.

Information sharing and assessment can be undertaken in a range of ways, including telephone consultation, family discussion, informal assessment through to formal/standardised assessments. Decisions regarding intervention pathways are informed

by the information sharing stage, research-based and practice-based evidence, family goals and the capacity of the service. Services are individualised for the child and family circumstances and context.

For children with social and communication delays, WACHS partners with the Department of Communities - Neurodevelopmental Disability Assessment Service (NDAS) to provide relevant assessment for country families.

Clinicians discuss the options that are available for families, including the expected period of involvement, expected outcomes, and the important role the families play in supporting their child).

CDS clinicians collaborate with the family to develop an individual family service plan which is documented and agreed by the family and includes identified goals, strategies, timeline and plan for review.

The family communication style and other support needs are identified, considered, and addressed. This may include using an interpreter, advocate, or support person. Language and terminology are tailored to the family to ensure information is easily understood, relevant and meaningful.

### **Intervention, strategy implementation**

Intervention commences when collaborative goals have been established in a family service plan. Most effective interventions involve building capacity which empowers families to support their child's development utilising activities which focus on fun to engage the child. Goals established with families are updated, with active participation from the family. It is important to recognise and celebrate achievements and discuss ways to consolidate progress at home and in other community settings e.g. school, play group, child care).

Greater amount/intensity of services is generally prioritised for younger children and those with greater developmental needs/concerns. The family and child vulnerability and key life transition points are also considered when prioritising services.

Some children have a functional impairment that is easily diagnosed and have clear treatment pathways. Other children have challenges that cross multiple developmental domains, reflect intersecting vulnerabilities and/or significantly impact on functional participation in everyday contexts. These children require integrated multidisciplinary assessment, diagnosis and individualised treatment planning, often across sectors.

### **Service Options and Environments**

Working with families and children to positively improve child developmental outcomes across one or more developmental domains takes time. Children accessing CDS may require services from a single discipline or from a multi-disciplinary team.

CDS offers a range of flexible service options to meet family needs and promote engagement. Wherever possible, services are provided close to the family's home and community. Based on the information from the referrer and discussion with the family, the CDS clinician/team partners with the family to establish the most appropriate services to support the family and the child's development. This may include one or more of the following intervention types and service environments.

Intervention Types	Service Environments
<ul style="list-style-type: none"> <li>• Parent/family workshops</li> <li>• Group programs</li> <li>• Individual appointments</li> <li>• Advocacy and liaison</li> <li>• Capacity building with others supporting the child</li> </ul>	<ul style="list-style-type: none"> <li>• Clinics</li> <li>• Family homes</li> <li>• Childcare or school</li> <li>• Community settings</li> <li>• Virtual Care (i.e. Telehealth)</li> <li>• In-reach visits to remote communities</li> </ul>

**Discharge and transition**

CDS facilitates the conclusion of service provision to families based on the following indicators:

- The child has developed or has made progress towards achieving skills and abilities expected for their age/capability so they can participate in everyday activities.
- The family has, or has made progress towards achieving the skills, capabilities and resources to support their child to engage in the local community and thrive.
- The family transitions to an alternative service provider e.g. private provider, National Disability Insurance Service (NDIS) provider, Metropolitan Child and Adolescent Health Services - CDS.

Following service conclusion, if a family identifies further needs related to their original goals, meet eligibility criteria and wish to access services again, they have the option for flexible re-entry. Refer to WACHS [Child Development Service Flexible Re-Entry Procedure](#).

Children are no longer eligible for the CDS program once they turn 18. Transition planning with the adolescent, the family, General Practitioner (GP) and other service providers must commence as early as possible to prepare the adolescent for adult services, as appropriate.

A clinical handover will be completed in accordance with MP 0095/18 [Clinical Handover Policy](#) and WACHS [Allied Health Clinical Handover Policy](#) where a client is transitioning from active management with one service to active management with another.

**Documentation**

Medical records form a permanent account of the care a client has received and is a fundamental part of a clinician’s responsibility. The governance, management creation, content, filing, accessibility, storage and disposal of health records is outlined in the WACHS [Health Record Management Policy](#).

WACHS [Community Health Information System Data Entry Standards](#) provide clear direction for clinicians recording activity in CHIS.

All corporate records must be stored in the approved Electronic Documents and Records Management System as per the WACHS [Corporate Recordkeeping Compliance Policy](#).

## 2.5 Consent and Information sharing

### Consent for referral

CDS require consent from a child's parent or legal guardian. A referral cannot be accepted without appropriate consent.

### Consent for services

Consent for CDS is implied when clients indicate through their actions that they are willing to proceed with an aspect of their care. Implied consent does not require a signed consent form. In instances where a parent or guardian is not present with the child for a service, explicit consent must be provided either verbally or in written form, for an alternative person to be present, before proceeding.

### Consent to share information

Health professionals have a duty of care to maintain the confidentiality of all information obtained in the course of providing health care to clients. This duty means that information cannot generally be released to others without the client's consent. Refer to the [WACHS Consent for Sharing of Information: Child 0-17 years Procedure – Population Health](#).

### Children in Care

Where children are in care, the Department of Communities Child Protection and Family Services (Communities) Chief Executive Officer (CEO) assumes parental responsibility for most children as described in the [Children and Community Services Act 2004](#) (WA). This means that for those children, the CEO delegates authority to a case manager, in lieu of a parent, to provide consent. Clinicians must inform Communities, via the relevant case manager, regarding any concerns, decisions and/or consent for referrals, and provide all relevant information pertaining to the child's assessment and service planning.

## 3. Roles and Responsibilities

The **Executive Directors** are responsible for maintaining oversight and advocacy for CDS at the WACHS Executive level, and KPI monitoring and reporting.

The **CDS Leadership Group** is responsible for:

- providing expert oversight and strategic leadership for CDS WACHS-wide.
- assisting in implementing, monitoring and evaluating the WACHS CDS Policy and service model.
- facilitating effective partnerships, collaboration and communication between stakeholders across WACHS.
- Working in close collaboration with the Paediatrician lead (Developmental) to ensure Allied Health and Paediatrician services are seamless in developmental service delivery.

The **Professional Leads and Networks** are responsible for:

- providing leadership and coordination WACHS-wide for each CDS discipline
- providing reference for clinical practice, scope and priorities for each CDS discipline

- dissemination of information across disciplines regions/district for local implementation
- consistency across WACHS sites for CDS disciplines

The **Regional/District managers and directors** are responsible for:

- planning, implementing, monitoring and evaluating delivery of CDS at the regional/district level
- ensuring staff compliance of WACHS CDS Policy and procedures
- ensuring staff are allocated to form local multidisciplinary CDS teams to address child, family and community needs
- ensuring CDS teams maintain appropriate budgetary (including FTE) resourcing.
- identifying and escalating risks impacting the delivery of CDS
- collaborating with other agencies and stakeholders as needed to ensure a coordinated delivery of CDS and associated services
- advocating for community-based services for early years, early intervention and supporting children and families to enhance child health, development and wellbeing.

The **Managers** of local CDS program delivery are responsible for:

- ensuring staff compliance of WACHS CDS Policy and procedures
- implementing and monitor operational delivery of CDS at the local level
- implementing continuous improvement initiatives to improve service efficiency and patient outcomes
- ensuring safe and effective CDS services, including adherence to clinical guidelines and evidence-based practice
- identifying and escalate risks impacting the delivery of CDS
- ensuring suitable multidisciplinary staff are recruited to provide local CDS services
- identifying ongoing staff training needs to deliver CDS program and support staff to meeting training needs.

The **Clinical CDS staff** are responsible for:

- working collaboratively with families to deliver services for children and families as per the policy, procedures and discipline-specific guidelines
- creating and maintain a safe, welcoming environment for children and families to enhance service engagement
- understanding the reporting responsibilities and communicate any concerns about a child's safety or well-being to the appropriate staff member
- engaging in recommended training and develop clinical skills and competencies to effectively deliver effective services for children and families
- adhering to obligations regarding consent, information sharing and record keeping, maintaining standards of confidentiality and accuracy.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring of this policy will be led by the Senior Program Manager – CDS and jointly managed by the CDS Leadership Group and managers of CDS services. Information and reporting used to provide assurance of compliance with this policy may include:

- service audits to assess and monitor implementation of the CDS Policy and service model
- process measures such as, DNA rates, referrals accepted/declined, wait times from referral – first contact – intervention, KPIs etc as per the CDS dashboard
- clinical audits (e.g. documentation)
- other measures of intervention outcomes
- consumer feedback.

Evaluation of this Policy will be led by the Senior Program Manager – CDS and managed and overseen by the CDS Leadership Group, with reference to the measures listed above, regular review of relevant research literature and survey of WACHS CDS managers and staff.

## 5. References

1. [Child development in Queensland Hospital and Health Services. 2 Act Now for kids 2morrow: 2021 to 2030 Queensland Health](#)
2. [Child Development Services in Western Australia: Valuing our children and their needs](#) WA Parliamentary Standing Committee 2024
3. Commissioner for Children and Young People WA 2024, [Profile of Children and Young People in WA – 2024](#), Commissioner for Children and Young People WA, Perth
4. [Emerging Trends in Early Intervention and CDS Service Delivery \(2014\)](#) ([health.wa.gov.au](http://health.wa.gov.au))
5. [National Guidelines: Best practice in Early Childhood Intervention 2016](#)
6. National Disability Insurance Scheme [Glossary | NDIS](#) accessed June 2024.
7. Budinski M. & Gahan L. 2023. What is family? Australian views on what makes a family. Melbourne: [Australian Institute of Family Studies](#).

## 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>Capacity building</b>	Capacity building involves community and workforce development. It connects with existing abilities of individuals, communities, organisations, or systems to increase involvement, decision-making and ownership of issues. Capacity building incorporates advocacy and relies on partnerships.
<b>Child</b>	The term child includes infants and young people aged 0 to 18 years
<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>Child Safeguarding</b>	Child safeguarding is the action taken to promote the wellbeing of child/ren and protect them from harm.
<b>Child Safe Organisation</b>	A child safe organisation consciously and systematically: <ul style="list-style-type: none"> <li>• creates an environment where children’s safety and wellbeing is at the centre of thought, values and actions</li> <li>• places emphasis on genuine engagement with and valuing of children and young people</li> <li>• creates conditions that reduce the likelihood of harm to children and young people</li> <li>• creates conditions that increase the likelihood of identifying any harm</li> <li>• responds to any concerns, disclosures, allegations, or suspicions of harm.</li> </ul>
<b>Early childhood intervention</b>	Early childhood intervention services and supports that children with developmental difficulty, delay or disability and their families receive during the early years, when the child is developing most rapidly. Early childhood intervention supports children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life. <sup>6</sup>
<b>Early intervention</b>	Early intervention involves providing support to a person, either a child or an adult, as early as possible to reduce the impacts of disability, developmental difficulty or delay and build skills and independence. <sup>6</sup>
<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

	<p>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’.<sup>7</sup></p>
<b>Intervention</b>	<p>Intervention refers to any measure undertaken with a purpose of improving the health and development of the individual. This may include individual actions or actions taken in partnership with others to influence the child’s environment or experience, or to assist with improving and/or altering the course of the presenting concern/s. Intervention may or may not involve direct therapy service provision and could be described in the following ways:</p> <p>a) Stabilising interventions - to clarify the developmental presentation or support function following an ‘acute’ event (where ‘acute’ in this context may relate to an unexpected, recent event such as an unexpected diagnosis or deterioration in function post illness) where comorbid developmental disability plays a contributing factor</p> <p>b) Transitional interventions - to assist children and families to clarify their short- and long-term goals in order to access the right services and supports from disability, education and other community sectors.<sup>1</sup></p>
<b>National Disability Insurance Scheme</b>	<p>The National Disability Insurance Scheme (NDIS) is a scheme for people with disability, administered by the National Disability Insurance Agency (NDIA).</p> <p>The NDIS provides funding to eligible Australians with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.<sup>6</sup></p>
<b>Parent</b>	<p>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.</p>
<b>Primary prevention</b>	<p>Primary prevention, in the context of this policy, is action to prevent disease or injury before it ever occurs.</p>
<b>Secondary prevention</b>	<p>Secondary prevention, in the context of this policy, involves screening and early detection of disease or injury so action can be taken to prevent it getting worse.</p>

<p><b>Tertiary prevention</b></p>	<p>Tertiary prevention, in the context of this policy, involves actions that lessen the impact of existing disease and injury, to minimise prospect of co-morbidities and/or clinical sequelae.</p>
<p><b>Trauma informed care</b></p>	<p>Trauma informed care is care that is delivered from a standpoint of understanding the prevalence of trauma and its impact upon a person’s physical, emotional and mental health. This can impact an individual’s behaviour and ability to engage with services, understanding that their response to this and some interventions can re-traumatise the individual.</p>

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All WACHS CDS staff, managers and contracted services
<b>Records Management</b>	<a href="#">Corporate Recordkeeping Compliance Policy</a> <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Children and Community Services Act 2004</a> (WA) <a href="#">Health Services Act 2016</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	MP 0051/17 <a href="#">Language Services Policy</a> MP 0095/18 <a href="#">Clinical Handover Policy</a> MP 0124/19 <a href="#">Code of Conduct Policy</a> MP 0176/22 <a href="#">Working with Children Check Policy</a> MP 0071/17 <a href="#">Aboriginal Health and Wellbeing Policy</a> MP 0166/21 <a href="#">Mandatory Reporting of Child Sexual Abuse Training Policy</a> MP 0190/25 <a href="#">Aboriginal Data Governance Policy</a>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Clinical Handover Policy</a></li> <li>• <a href="#">Allied Health Professional Supervision Policy</a></li> <li>• <a href="#">Child Safety and Wellbeing Policy</a></li> <li>• <a href="#">Consent for sharing of information - Child 0-17 years Procedure - Population Health</a></li> <li>• <a href="#">Engagement procedure</a></li> <li>• <a href="#">WebPAS Child At Risk Alert Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• CAHS <a href="#">Guidelines for Protecting Children 2020</a></li> <li>• <a href="#">National Aboriginal and Torres Strait Islander Early Childhood Strategy (niaa.gov.au)</a></li> <li>• ECIA <a href="#">National Guidelines: Best practice in Early Childhood Intervention 2016</a></li> <li>• <a href="#">Strategic (Level1) MOU between Department of Health and Department of Communities</a></li> <li>• <a href="#">Early Years Strategy 2024-2034   Department of Social Services (dss.gov.au)</a></li> <li>• <a href="#">WACHS Allied Health Clinical Prioritisation Framework</a></li> <li>• <a href="#">WACHS Cultural Governance Framework</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">Family Service planning and Goal setting Tools</a></li> <li>• <a href="#">Connection and Referral Resources</a></li> </ul>
<b>Related Training Packages</b>	Available from <a href="#">MyLearning</a> : <ul style="list-style-type: none"> <li>• Family Centred Practice</li> <li>• Parent Coaching</li> <li>• Collaborative Goal Setting with Families</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3753
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.01, 1.02, 2.01, 2.05, 2.06, 2.07, 2.08, 2.10 5.01, 5.03, 5.04, 5.05, 5.06
<b><a href="#">Aged Care Quality Standards</a></b>	Nil

<b><u>Chief Psychiatrist's Standards for Clinical Care</u></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	05 February 2025	05 February 2025	<ul style="list-style-type: none"> <li>New policy</li> </ul>
1.01	14 July 2025	05 February 2025	<ul style="list-style-type: none"> <li>Minor amendment to section 1 to reflect MP 0190/25 <a href="#">Aboriginal Data Governance Policy</a> requirements.</li> </ul>

## 9. Approval

<b>Policy Owner</b>	Executive Director Clinical Excellence
<b>Co-approver</b>	Nil
<b>Contact</b>	Senior Program Manager, Child Development Service
<b>Business Unit</b>	Population Health
<b>EDRMS #</b>	ED-CO-24-503338
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