



Child Health Contacts via Virtual Care Procedure

1. Purpose

The procedure provides guidance to Community Health Nurses providing child health contacts via virtual care modalities.

The Western Australian universal child health service model incorporates flexible service delivery modes, including virtual care, to increase access to services for children and their families.¹

Virtual care is an integral component of a sustainable health system. Virtual care is digitally enabled, consumer focussed, and includes the use of video call, telephone calls, short message service (SMS) and email communication. It connects clients with health professionals to deliver health care when and where it is needed.

Virtual care empowers clients by providing them with more choice about how and where they receive care. It is designed to complement existing services by connecting clients with clinical expertise.² The use of virtual care increases the reach of services and overcomes barriers to care, reduces health inequity, and improves availability, efficiency and quality of care.³

A number of studies have shown that virtual care with children and their families is as effective, or even more effective than traditional in-person interventions.⁴ It is cost-effective for parents as travel costs and time away from the workplace are reduced or avoided. Disruption to family schedules and care obligations for other family members are minimised.

Barriers to virtual care include client access to technology, availability of suitable tools for service delivery, clinician confidence and competence and client preference and eligibility.² Clients can be supported to access virtual care via WACHS Regional Telehealth Program (RTP) and in some areas, through other community-based services, for example Aboriginal Health Services. Individual family support can be provided by Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal Liaison Officers. Clinicians may require support to become confident and competent in the delivery of virtual care.

Virtual care services are an adjunct to in-person services, not a replacement. Some essential services such as immunisation can only be offered via in-person appointments. A hybrid model of care provides flexibility for clients and clinicians.^{4,5}

Client preference should be considered when planning care. Clients may have difficulty participating in virtual care due to physical, mental, social and cognitive barriers.²

Children who are experiencing life circumstances that increase their risk of vulnerability may be best served by delivery of in-person care from a trusted provider whenever possible.

Virtual care is an effective way to safely include parents, co-parents, guardians, carers, additional clinical staff from other agencies, or whoever else may be required to be present during an in-person appointment.

As with in-person appointments, considerations of privacy, confidentiality and individualised care are paramount. Supports such as the use of interpreters should be provided for virtual care.

2. Procedure

2.1 Assessing suitability for a virtual child health service

Families with universal level service needs can be offered the option of universal virtual child health appointment contact for 12 month and 2-year universal contacts in identified regions. If there has been a concern about growth, development or vulnerability, care should be planned in collaboration with suitably skilled clinicians.

The offer of virtual 8-week and 4-month universal contacts should only be considered in consultation with regional Clinical Nurse Managers, where access to in-person services cannot be arranged in a timely manner. Virtual universal 8-weeks and 4-month contacts **must** be delivered in partnership with suitably skilled clinicians. The immunisations and physical assessment components of the check are to be completed by the partner provider, prior to the virtual Child Health Nurse appointment.

2.2 The procedure

1. Preparation	
<p>Preparation for virtual child contact is essential to increase the likelihood of a successful outcome and health benefits for the child and their family. The contact should mirror, as far as possible, an in-person contact.</p> <p>Prepare by:</p> <ul style="list-style-type: none"> considering the most appropriate modality for the contact. Video call should be used in place of telephone where a visual observation of the child or family is required. ensuring that clinical consultations are only conducted via the video call platforms recommended by the WACHS Regional Telehealth program. reviewing the client's clinical record, noting any previously identified concerns and follow-up required. ensuring that parents have been provided with age-appropriate information to prepare for the appointment. providing parents with contact details for troubleshooting and assistance. 	
2. Assessment	Further information
<p>Growth assessment</p> <p>Observe the child's general appearance and discuss usual nutritional intake with parent. Review recent clinical measurements if available.</p>	<p>Holistic assessments of growth include consideration of gestational age and birth weight, previously established rates of growth, feeding or nutritional assessments, physical elimination and health status,</p>

<p>For infants (0-12 Months): Wherever possible, arrangements must be made to have the child's weight, length and, as indicated, head circumference measured prior to the appointment. If this is not possible, arrange to have measurements taken after the appointment and review on receipt.</p> <p>For older children: It may not be necessary to undertake physical assessment if there is no clinician or parental concern, or history of growth concerns. If there is a concern, arrange to have measurements taken after the appointment and review on receipt.</p> <p>BMI assessment at 2 years: When parents of a 2-year-old child are unable to access an appropriately qualified health professional to do a weight and height measurement for assessment of body mass index (BMI), the child health nurse is to provide the parent guidance to complete this at home.</p>	<p>developmental milestones and enquiry about parental stature.</p>
<p>Development assessment Complete the approved age-appropriate screening tool in consultation with the parent, and in accordance with the relevant universal contact guideline.</p> <p>Relevant age-appropriate parenting information and anticipatory guidance should be provided during the contact.</p>	<p>Refer to the CAHS Ages and Stages Questionnaires™ Guideline</p> <p>When it is not possible to assess aspects of a child's health or development using virtual care modalities, and there is a concern, referral pathways should be utilised for additional assessment</p>
<p>Safe sleeping assessment It may not be possible to undertake a visual assessment of the infant's sleep environment in a virtual consultation. However, the key safe sleeping messages should be discussed at every contact up to and including the 12-month contact.</p>	
<p>Perinatal and Infant Mental health Assessment</p> <ul style="list-style-type: none"> Perinatal mental health screening should be undertaken in accordance with the CAHS Perinatal and Infant Mental Health Guideline, if it is safe and appropriate to do so. 	

<ul style="list-style-type: none"> If there are concerns identified, develop a plan in partnership with the parent/s and initiate appropriate referrals. 	
Family and Domestic Violence Screening Family Domestic Violence (FDV) screening should be undertaken in accordance with the CACH Family and Domestic Violence – child and school health procedure .	Special considerations for undertaking FDV in a virtual environment are outlined in Appendix B . ⁸
3. Referral and follow-up	
<ul style="list-style-type: none"> Where other relevant concerns are identified, whilst undertaking the universal contact, appropriate referral should be undertaken. As with in-person appointments, clinicians who have concerns about client care or appropriate plans for future care should discuss with their line manager. 	
4. Completing the contact	
A universal contact is considered completed when: <ul style="list-style-type: none"> there are no identified clinical concerns if concerns have been identified, appropriate referrals have been made and the parents have been provided with a clear plan for follow-up parents have received standardised age-appropriate health information and resources. Documentation of the contact in the Community Health Information System (CHIS) should include: <ul style="list-style-type: none"> mode of delivery details of components of the universal contact provided a plan for completing outstanding components of the universal contact. 	

3. Roles and Responsibilities

All community health staff providing child health services via virtual care to children and families are required to:

- provide child health and development screening, support and education to families as outlined in this procedure
- refer and liaise in partnership with families to access further assessment and care pathways to address gaps and identified issues
- accurately record screening and associated activity in the Community Health Information system (CHIS)
- seek consumer feedback as per regional processes

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Compliant use of the procedure is to be monitored through discussion at the regional child health team meetings, as required during or following client contacts, and through scheduled audits of CHIS records by Clinical Nurse Managers or clinical leads where and when the policy is implemented. This will include review of referrals and outcomes where applicable.

4.2 Evaluation

Evaluation of the procedure will be conducted annually by a Program Officer, Population Health. Evaluation measures will include analysis of service activity data and outcomes, contribution of virtual care to achievement of Community Health dashboard KPIs, client responses to post-service survey and case studies.

5. Compliance

This procedure is aligned to the Health Services Act.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. Government of Western Australia. [Child Health Services Policy](#). Perth WA: Child and Adolescent Health Service, Community Health Nursing Clinical Nursing Manual; 2022 [Accessed: 27 June 2023]
2. Government of New South Wales. [Virtual care in practice](#). St Leonards NSW: Agency for Clinical Innovation; 2021 [Accessed: 27 June 2023]
3. Garber, K, Wells, E., Hale, K, King, K. Connecting kids to care: developing a School-based Telehealth Program. 2021. The Journal for Nurse Practitioners. 17 (2021) 273-278 [Accessed: 27 June 2023]
4. Murdoch Children's Research Institute. [Pushing the boundaries: using telehealth to improve regional access and care](#). Centre for Community Child Health Policy brief. Oct 22, Edn 31 [Accessed: 27 June 2023]
5. New South Wales Health [Internet] St Leonards NSW: 2023; [Guidance for child and family health services - Green, amber and red alerts - Communities of practice \(nsw.gov.au\)](#) [Accessed: 27 June 2023]
6. Healthy Weight, Nutrition, and Physical Activity [Internet] Washington DC: Centers for Disease Control and Prevention; 2021. [Measuring children's height and weight accurately at home](#) [Accessed: 01 December 2022]
7. Government of Western Australia. [Family and domestic violence protocol](#). Perth WA: Child and Adolescent Health Service, Community Health Nursing Clinical Nursing Manual; 2022 [Accessed: 27 June 2023]

8. IRISi [Five Rs of asking about domestic abuse](#). [Accessed: 17 February 2023]

7. Definitions

Term	Definition
Virtual care (Telehealth)	Any interaction between clients and clinicians, occurring remotely with the use of technology, that aims to optimise the quality and effectiveness of client care. It can be used for assessment, intervention, consultation, education and/or supervision.
Universal child Health services	Child health services are offered for all children from birth to 4 years and their families to promote child health and development. Services focus on the early identification of health and development concerns, enhancing parenting and child-parent relationships
Universal child health contact	An age-appropriate holistic child health and development assessment, incorporating aspects of parental health and family wellbeing. Components of each assessment are articulated in the appropriate Universal child health contact guidelines.
Completed universal contact	All components of the universal contact that can be completed via Telehealth have been completed. There are no clinical concerns or there is a documented plan shared with the parents to access additional assessment and referral as required.

8. Document Summary

Coverage	WACHS wide
Audience	Community Health Nurses
Records Management	Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Health (Miscellaneous Provisions) Act 1911 (WA) [Part XIII, Section 335]
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0106/19 Safe Infant Sleeping Policy • Clinical Services Planning and Programs Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Enhanced Child Health Schedule Guideline
Other Related Documents	<ul style="list-style-type: none"> • WACHS Healthy Country Kids Program: An integrated child health and development service strategy 2016-2019 • CACH Family and Domestic Violence – child and school health procedure • CAHS Child Health Services Policy • CAHS Clients of Concern Management Protocol • CAHS Guidelines for Protecting Children 2020 • CAHS Perinatal and Infant Mental Health Guideline • CAHS Universal Contact 0-14 days Guideline • CAHS Universal Contact 2 years Guideline • CAHS Universal Contact 4 months Guideline • CAHS Universal Contact 12 months Guideline • CAHS Universal Contact 8 weeks Guideline • CAHS Universal Plus- Child Health Guideline
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2039
National Safety and Quality Health Service (NSQHS) Standards	1.27, 2.6, 2.10
Aged Care Quality Standards	N/A
National Standards for Mental Health Services	N/A

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	06/09/2023	06/09/2023	<ul style="list-style-type: none"> new procedure
1.01	6 June 2024	06/09/2023	<ul style="list-style-type: none"> minor amendment to remove references to Country Families @ Ngala and CAHS Family Domestic Violence Protocol (replaced by CACH Family and domestic violence – child and school health procedure).

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Chief Operating Officer Executive Director Nursing & Midwifery
Contact	Coordinator of Nursing, Community Health
Business Unit	Population Health
EDRMS #	ED-CO-23-264794
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This document can be made available in alternative formats on request

Appendix A: Conducting an 8-week Universal Contacts in the virtual environment

1. Conducting an 8-week Universal Contacts in the virtual environment

Aim: To provide flexible service delivery options to undertake the Universal 8-week contact in partnership, aligned with The Child Health Services Policy. The ability to offer a virtual child health nurse contact at 8-weeks may assist regions in managing service constraints that may arise as a result of staffing vacancies and or high service demand.

The offer of virtual 8-week universal contact should only be considered in consultation with regional Clinical Nurse Managers, where access to in-person services cannot be arranged in a timely manner. Virtual universal 8-week contact **must** be delivered in partnership with suitably skilled clinicians. The immunisations and physical assessment components of the check are to be completed by the partner provider prior to the virtual Child Health Nurse appointment

Universal contact 8-weeks	In-person with midwife or GP	Virtual Child Health Nurse appointment
Establish rapport	✓	✓
Promote benefits of engaging in child health service	✓	✓
Promote father inclusiveness	✓	✓
Family assessment	✓	May be limited
Observe maternal/paternal/child interaction	✓	✓
Maternal wellbeing	✓	✓
EPDS	✓	✓
FDV screen	If situation allows	If situation allows
Encourage completion of newborn hearing screen if not completed	✓	✓
6-weeks immunisation	✓	✗
Discuss feeding and output	✓	✓
Observe feed	✓	May be limited
Weight, length and head circumference	✓	✗
Physical assessment: red reflex, corneal light reflex, hip examination, testes.	✓	✗
Observe hearing and vision behaviours	✓	ASQ 2 month*
Posture and large movements	✓	ASQ 2 month*
Fine motor movements	✓	ASQ 2 month*
Speech, language, and communication	✓	ASQ 2 month*
Social behaviour and play	✓	ASQ 2 month*
Otoscopy and tympanometry for Aboriginal children	May be limited	✗
Developmental assessment using ASQ3 and ASQ-SE2*	May be limited	✓
Discuss safety including safe sleeping	✓	✓
Observe infant's sleeping situation	✓	May be limited
Anticipatory guidance	✓	✓
Provide Your baby 4-12 months magazine	✓	✓
Provide information about local resources	✓	✓
Care planning including next immunisations	✓	✓
Discuss online parenting information and services e.g. raising children network .	✓	✓

Key

Can be completed in- person and online	Completion may be limited for various reasons	Cannot be completed in online setting
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*ASQ3 and ASQ-SE2 are not routinely offered at the 8-week contact but may be a useful method of assessing child development in the virtual environment

2. Conducting the 4-month Universal Contact in the virtual environment

Aim: To provide flexible service delivery options to undertake the Universal 4 month contact in partnership, aligned with The Child Health Services Policy.

The ability to offer a virtual child health nurse contact at 4 months may assist regions in managing service constraints that may arise as a result of staffing vacancies and or high service demand. The offer of virtual 4-month universal contact should only be considered in consultation with regional Clinical Nurse Managers, where access to in-person services cannot be arranged in a timely manner. Virtual universal 4-month contacts **must** be delivered in partnership with suitably skilled clinicians. The immunisations and physical assessment components of the check are to be completed by the partner provider prior to the virtual Child Health Nurse appointment

The table below highlights the components of the contact that can be completed in a virtual Child Health Nurse appointment, and which components can only be done in person.

Universal contact 4 month	In-person with nurse or GP	Virtual Child Health Nurse appointment
Establish rapport	✓	✓
Promote benefits of engaging in child health service	✓	✓
Promote father inclusiveness	✓	✓
Family assessment	✓	May be limited
Observe maternal/paternal/child interaction	✓	✓
Maternal wellbeing	✓	✓
EPDS	✓	✓
FDV screen	If situation allows	If situation allows
Encourage completion of newborn hearing screen if not completed	✓	✓
4-month immunisation	✓	✗
Discuss feeding and output	✓	✓
Observe feed	✓	May be limited
Weight, length and head circumference	✓	✗
Physical assessment: red reflex, corneal light reflex, hip examination, testes.	✓	✗
Observe hearing and vision behaviours	✓	ASQ 4 month
Posture and large movements	✓	ASQ 4 month
Fine motor movements	✓	ASQ 4month
Speech, language, and communication	✓	ASQ 4 month
Social behaviour and play	✓	ASQ 4 month
Social and emotional development using ASQ:SE2	✓	ASQ:SE 4 month
Otoscopy and tympanometry for Aboriginal children	May be limited	✗
Discuss safety including safe sleeping	✓	✓
Observe infant's sleeping situation	✓	May be limited
Anticipatory guidance	✓	✓
Provide Your baby 4-12 months magazine	✓	✓
Provide information about local resources	✓	✓
Care planning including next immunisations	✓	✓
Discuss online parenting information and services e.g. raising children network .	✓	✓

Key

Can be completed in- person and online	Completion may be limited for various reasons	Cannot be completed in online setting
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3. Conducting the 12-month Universal Contact in the virtual environment

Aim: To provide flexible service delivery options to undertake the Universal 12 month contact in partnership, aligned with The Child Health Services Policy.

Families with universal level service needs can be offered the option of universal virtual child health appointment contact for 12-month universal contacts in identified regions. If there has been a concern about growth, development or vulnerability care should be planned in collaboration with suitably skilled clinicians.

Universal contact 12 month	In- person with nurse or GP	Virtual Child Health Nurse appointment
Establish rapport	✓	✓
Promote benefits of engaging in child health service	✓	✓
Promote father inclusiveness	✓	✓
Family assessment	✓	May be limited
Observe maternal/paternal/child interaction	✓	✓
Maternal wellbeing	✓	✓
EPDS	✓	✓
FDV screen	If situation allows	If situation allows
Encourage completion of newborn hearing screen if not completed	N/A	N/A
12-month immunisation	✓	✗
Discuss nutrition	✓	✓
Weight, length and head circumference	✓	✗
Physical assessment: including indicators for child abuse	✓	✗
Oral health assessment: Lift the Lip	✓	May be limited
Hip assessment	✓	May be limited
Enquire about testicular descent	✓	✓
Observe hearing and vision behaviours	✓	ASQ 12 month
Posture and large movements	✓	ASQ 12 month
Fine motor movements	✓	ASQ 12 month
Speech, language, and communication	✓	ASQ 12 month
Social behaviour and play	✓	ASQ 12 month
Social and emotional development using ASQ:SE2	✓	ASQ:SE 12 month
Otoscopy and tympanometry for Aboriginal children	May be limited	✗
Discuss safety; injury prevention- emerging skill development	✓	✓
Anticipatory guidance	✓	✓
Provide Your toddler 1-2 years magazine	✓	✓
Provide information about local resources	✓	✓
Care planning including next immunisations	✓	✓
Discuss online parenting information and services e.g. raising children network .	✓	✓

Key

Can be completed in- person and online	Completion may be limited for various reasons	Cannot be completed in online setting
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4. Conducting the 2-year Universal Contact in the virtual environment

Aim: To provide flexible service delivery options to undertake the Universal 2 year contact in partnership, aligned with The Child Health Services Policy.

Families with universal level service needs can be offered the option of universal virtual child health appointment for 2-year universal contacts in identified regions. If there has been a concern about growth, development or vulnerability care should be planned in collaboration with suitably skilled clinicians.

Universal contact 2 years	In-person with nurse or GP	Virtual Child Health Nurse appointment
Establish rapport	✓	✓
Promote benefits of engaging in child health service	✓	✓
Promote father inclusiveness	✓	✓
Family assessment	✓	May be limited
Observe maternal/paternal/child interaction	✓	✓
Maternal wellbeing	✓	✓
Enquire about immunisation status	✓	✗
Discuss nutrition	✓	✓
Weight, length and BMI	✓	✗
Physical assessment: general appearance and skin integrity; recognise indicators for child abuse.	✓	May be limited
Oral health assessment: Lift the Lip	✓	May be limited
Hip assessment	✓	May be limited
Enquire about testicular descent	✓	✓
Observe hearing and vision behaviours	✓	ASQ 24 month
Posture and large movements	✓	ASQ 24 month
Fine motor movements	✓	ASQ 24 month
Speech, language, and communication	✓	ASQ 24 month
Social behaviour and play	✓	ASQ 24 month
Social and emotional development using ASQ:SE2	✓	ASQ:SE 24 month
Otoscopy and tympanometry for Aboriginal children	May be limited	✗
Discuss safety; injury prevention- emerging skill development	✓	✓
Anticipatory guidance including school readiness	✓	✓
Provide Your toddler 2-4 years magazine	✓	✓
Provide information about local resources	✓	✓
Care planning including next immunisations	✓	✓
Discuss online parenting information and services e.g. raising children network .	✓	✓

Key

Can be completed in- person and online	Completion may be limited for various reasons	Cannot be completed in online setting
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Appendix B: Considerations for family domestic violence screening

Family domestic violence (FDV) is usually discussed at universal child health contacts, as part of the family wellbeing assessment. Women are advised that pregnancy and the early months of parenting a child are stressful, and there is increased risk of FDV during this period. FDV screening is offered when it is safe and appropriate to do so, specifically when the woman is alone and able to answer freely, and there are no children aged 2 years or older present.⁷

Providing virtual services may increase risk for victims living with their abuser.⁸ Clinicians must proceed with caution when offering FDV screening during virtual contacts. If clinical staff providing virtual care are unable to ascertain the client is alone in the home, they should not proceed with FDV screening. However, information about healthy relationships should be included in every parent's pre-appointment information pack.

Assessment of situation

- Assess the client's situation by asking the client who else is home today and/or with the client.
- Do not ask FDV screening questions if a partner, family member or child aged 2 years or over is present.⁷

Assessed safe to proceed with screening

- Follow the organisational FDV Protocol.⁷
- When introducing the FDV screening questions – check with the client that they consent to the questions being asked. For example, a clinician might say “As part of this assessment we ask about your safety in relationships. Are you okay if I ask you these now?”
- Advise the client that they can stop the conversation at any time by protectively interrupting.

Assessed not safe to proceed with screening

If it is not safe to undertake FDV screening undertake the following:

Introduce topic:

“Having a new baby can be stressful on everyone in the family. Research shows that this can be a time of increased risk for intimate partner violence either beginning or the violence escalating. When a person chooses abusive behaviours, it directly affects the health & wellbeing of the whole family. This is why as part of this assessment we provide the following information to all parents.”

Provide information:

- [Age-appropriate magazine](#)- in the Family/Safety section
- 24 hour/7 days a week helpline for both men and women - [1800 RESPECT](#), the Women's Domestic Violence Helpline and Men's Domestic Violence Helpline.
- Online directory for FDV support services in regions - csw.org.au/directory
- 000 for immediate assistance.
- Relationship concerns- encourage contact with a specialist help service or health professional to discuss.

Additional information:

- Consider sharing the [PANDA](#) Mental Health Checklist link with clients, outlining they will receive a results summary they can choose to share with their health professional, and useful links to resources.
- Further resources including information sheets for clients on what a healthy relationship looks like and referral pathways, can be found in the WACHS [Family and Domestic Violence toolbox](#).
- If you are concerned for the safety of your client, refer to the FDV policy and take appropriate action commensurate with level of concern. Consult with you line manager and/or CNS to discuss care planning.

Virtual care provided to clients outside of your region who are requiring referral, or who you have concerns about, require consensual clinical handover to relevant staff, ensuring appropriate transition of care.