Enhanced Child Health Schedule Guideline

1. Guiding Principles

Western Australian (WA) Child Health Services offer children and families a comprehensive service based on a model of progressive universalism. Two (2) key policy documents guide child health services in WA, the WA Country Health Service (WACHS) Healthy Country Kids Program: An integrated Child Health and Development Service Strategy 2016-2019 and the Child and Adolescent Health Service (CAHS) Child Health Services Policy. Both documents describe levels of service offered within a model of progressive universalism: Universal services which are offered to all children and families; Universal Plus services which are offered to those requiring assistance with an identified child health or development issue or a parenting issue impacting on the child, and; Partnership services which are offered to children and their families with complex health and developmental needs requiring intensive support.

The importance of the first 1000 days of life from conception to the end of the second year has been widely acknowledged and is stated in the Sustainable Health Review final report.[1] Positive and negative experiences during this critical period strongly influence the health, growth and neurodevelopment of individuals with significant impact on the life course.[1]

Social factors and inequalities are strongly linked to health, including many communicable and non-communicable diseases.[2] The World Health Organisation stated that health inequalities arise because of the circumstances in which people live, work, grow and age. Differences in access to healthcare, schooling, conditions of work and leisure, home environments and communities lead to a marked variance in the chances of living a 'flourishing life'.[3] Recent research shows that social disadvantage, socioeconomic inequality and racial discrimination are associated with chronic stress that acts on a range of biological pathways, resulting in early and rapid progression of chronic illnesses.[4]

The links between social determinants and poor health are complex and difficult to address, however, child and family health services are important places where trajectories of inequality can be disrupted.[4] Recently, the WA Commissioner for Children and Young People[5] suggested… *Early identification of vulnerability among children, young people and families is critical in order to target strategies that prevent risks from escalating and accumulating. High quality early childhood programs that focus on maternal and child health, early learning and positive parenting are particularly important as they can build strong foundations for children's wellbeing early on and prevent or mitigate the need for more intensive support services later in their lives*. (p22, 2019)[1]

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In order to optimise the health, development and wellbeing of vulnerable children, the Enhanced Child Health Schedule (ECHS) has been developed to assist families who require Universal Plus and/or Partnership levels of service. Vulnerable populations may include; Aboriginal families, refugee families, children of teenage parents, children of parents with mental illness, children of parents affected by drugs and alcohol, or children with disabilities. Consideration should also be given to offering the ECHS to children with an active WebPAS Child at Risk alert.

The ECHS builds on the first enhanced schedule in WA released in 2012. The original Enhanced Aboriginal Child Health Schedule (EACHS) was adapted from the Northern Territory Health Department Healthy Under 5 Kids program and implemented for Aboriginal children and families in WA. The ECHS supersedes the previous EACHS program, and is adapted for the WA context from the Northern Territory's Partnering with Families program. Further, the ECHS has been developed in consultation with Aboriginal health staff, refugee health staff, internal and external health experts.

The scope of the ECHS has been widened to include children and families from any community who are experiencing poor social determinants and who require additional support. It is acknowledged that many Aboriginal families and parents are strong, well supported and do not need services additional to the Universal contact schedule. However, Aboriginal families facing disadvantage are likely to benefit from the additional support provided by ECHS, and Aboriginal children remain a key focus.

The ECHS offers scheduled contacts with children and families, including the six Universal child health contacts and an additional ten contacts to provide extra support and monitoring. It supports families to raise healthy children with optimal development and wellbeing who are ready to commence school.

The ECHS focusses on issues which commonly arise in circumstances of poor social determinants, including; ear, eye, oral, respiratory and skin health, and nutrition, especially iron deficiency. Regular developmental assessments provide the opportunity for supporting good development, and enabling early detection and intervention for children with developmental concerns. Refer to the ECHS Practice Guide and ECHS 0-5 Activity Summary for details about the enhanced schedule.

When a child has been identified as being at risk of vulnerability, the ECHS schedule is to be activated and maintained in the Child Health Information System (CHIS). Services are then to be offered in response to need. This may range from a short period of engagement with brief interventions for specific issues (Universal Plus), through to prolonged engagement (ECHS). The ECHS is a structured Universal Plus schedule (. For those families considered to have high needs, additional home visiting contacts may be offered. If issues are resolved or require less intensive support, a family may be returned to the Universal schedule. However, families remain activated on CHIS to enable the additional ECHS contacts if support is necessary in the future.

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2. Guideline

Key Points

- The child is the primary client and remains at the centre of care.
- Family Partnership principles, family-centred and strength-based approaches are critical to supporting and empowering clients.
- Central to care is the development of, review and responsiveness to family goals.
- The ECHS may be provided in response to an expressed need by the client, or may be offered to address a vulnerability identified by members of a WACHS multidisciplinary team.
- The ECHS is to be delivered with flexibility to support client needs. Contacts may be conducted over one or more sessions, may be delivered by members of a multidisciplinary team, and in settings which are most suitable for the family,
- In addition to the enhanced schedule, extra contacts for goal-focused, brief interventions can be provided, for example; assistance with establishing breastfeeding or growth assessments.
- Families are to receive services that suit their changing needs. If issues resolve, families can move to Universal service level. If requiring more intensive support, Partnership services can be provided.
- Service delivery is culturally secure, ensuring cultural diversity, rights, views, values and expectations of Aboriginal people and those of other cultures are honoured.
- A flexible approach is required for delivery of ECHS services for children who are old enough to start school (between 3.5 – 5 years).
- Clinical handover from child health to school health services using ISOBAR is essential once children are transitioning to compulsory education.
- If children are in care of the Department of Communities, appropriate Children in Care (CIC) comprehensive health checks are required to be completed as per policy. CIC assessments can be completed concurrently with ECHS checks to eliminate duplication of effort.
- If a family returns to the Universal level of service it is important to maintain the ability to offer appointments at ECHS contact times. Families are to remain active in CHIS to enable the offer of an ECHS recall if necessary.
- If a family declines an ECHS contact this must be recorded in CHIS.

Domains of activity

Each ECHS scheduled contact includes seven domains of activity with emphasis on family goals:

1. Review of information
2. Family health and wellbeing
3. Maternal health and wellbeing
4. Child health, development and wellbeing
5. Child Safety
6. Capacity building and parent education
7. Care planning

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Universal Contact & Enhanced Child Health Schedules

Contact	**Universal Schedule** Refer to links below	**Enhanced Child Health Schedule** Refer to ECHS Practice Guide
Who?	To be completed by Child Health Nurses, Registered Nurses, Clinical Nurses or Clinical Midwives with a post-graduate Child and Adolescent Health qualification. Captured in CHIS as Universal contact	To be completed by members of the community health multidisciplinary team including; Aboriginal Health Workers, Remote Area Nurses, Registered Nurses, Midwives, Clinical Nurses and Graduate Nurses. Captured in CHIS as ECHS contacts or ECHS Plus if outside of ECHS contact times Additional to Universal contact - optional and flexible delivery dependant on family needs
Antenatal		✓
0-14days	Universal contact 0-14 days	✓
4 weeks		✓
8 weeks	Universal contact 8 weeks	✓
4 months	Universal contact 4 months	✓
6 months		✓
9 months		✓
12 months	Universal contact 12 months	✓
18 months		✓
2 years	Universal contact 2 years	✓
2½ years		✓
3 years		✓
3½ years		✓
4 years	Universal contact 4 years (School Entry Health Assessment)	✓
4 ½ years		✓
5 years		✓

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3. Definitions

Family partnerships	An evidence-based approach to providing care that involves helping processes to enable parents and families to overcome their difficulties, build strengths and resilience, and fulfil their goals.
Social determinants of health	The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
Vulnerable	At higher risk of poor developmental, physical or mental health due to circumstances of child, parents, family and/or community.
Universal child health services	Child health services offered for **all** children birth to 4 years and their families to promote child health and development. Services focus on the early identification of health and developmental concerns, enhancing parenting and child-parent relationships.
Universal Plus child health services	Child health services provided in addition to Universal services for families requiring assistance with child health or development issues or a parenting issue impacting on the child.
Partnership child health services	Child health services providing intensive support to assist parents to establish parent-child attachment and to optimise the development, health and wellbeing of children at significant risk. Services are tailored to address the needs of the child and family.

4. Roles and Responsibilities

All staff delivering the ECHS are required to:

- identify children and families who are at risk due to poor social determinants and personal circumstances that increase vulnerability of a child and family
- prioritise, plan and deliver child health services that meet the needs of vulnerable children and families be competent to deliver the services, as per Appendix 1.
- take action to follow-up on vulnerable children and carers who do not attend a child health appointment as per Appendix 2.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) 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 is mandatory.

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6. Records Management

All WACHS child health service activity will be recorded in the Community Health Information system (CHIS). Age appropriate ECHS contacts will be recorded in CHIS using ECHS clinical items. ECHS contacts outside of the age appropriate contacts will be recorded in CHIS using ECHS Plus clinical items.

7. Evaluation

From July 1, 2019 monitoring of compliance with this document is to be carried out by Area Director, Population Health quarterly in collaboration with regional Population Health Directors.

8. Standards

National Safety and Quality Health Service Standards – 1.15, 2.11

9. Legislation

Section 335 of the Health (Miscellaneous Provisions) Act 1911 (Part XIII).(WA)

10. References

1. Sustainable Health Review (2019), Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia.
2. Marmot, M. Social determinants of health inequalities. The Lancet; 2005, 365 (March): 1099-1104.
3. World Health Organization, Commission on Social Determinants of Health, Final Report. Closing the Gap in a Generation: Health equity through actions on the social determinants of health. 2008, WHO, Geneva.
4. Notterman DA and Mitchell. Epigenetics and understanding the impact of social determinants of health. Pediatric Clinician North America 2015; 62(5): 1227-1240.
5. Commissioner for Children and Young People 2019, *Improving the odds for WA's vulnerable children and young people*, Commissioner for Children and Young People WA, Perth.
6. Rossiter C, Fowler C, Hopwood N, Lee A and Dunston R. Working in partnership with vulnerable families: the experience of child and family health practitioners. Australian Journal of Primary Health, 2011;17(4): 378-83

11. Related Forms

Nil

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12. Related Policy Documents

CAHS Child Health Services Policy
CAHS Growth Birth to 18 Years Guideline
CAHS Hearing Guideline
CAHS Oral Health Examination Procedure
CAHS Overweight and Obesity Guideline
CAHS Universal Contacts guidelines (multiple) – 14 Days; 8 weeks; 4 months; 12 months; 2 years; Universal contact 4 years (School Entry Health Assessment)
CAHS Vision Guideline
CAHS Vulnerable Populations Policy
WACHS Child Health Clinical Handover of Vulnerable Children Procedure
WACHS Maternity and Newborn Services
WACHS WebPAS Child at Risk Alert Procedure
WACHS Enhanced Child Health Schedule Practice Guide
WACHS Enhanced Child Health Schedule Activity Summary
WACHS Enhanced Child Health Schedule Toolkit for Resources and Families
WACHS Healthy Country Kids Strategy 2016-2019
WA Aboriginal Health and Wellbeing Framework 2015-2030

13. Related WA Health System Policies

CAHS Guidelines for Protecting Children 2020
MP0106/19 Safe Infant Sleeping Policy

14. Policy Framework

Clinical Governance, Safety and Quality

This document can be made available in alternative formats on request for a person with a disability

Contact:	Senior Policy Officer Population Health		
Directorate:	Health Programs	EDRMS Record #	ED-CO-19-74301
Version:	4.00	Date Published:	21 September 2021

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Appendix 1 - Qualifications and Workforce Skills

Staff must have the relevant knowledge and skills to work with vulnerable children and families in both primary prevention and clinical contexts. Staff must be competent in the identification and assessment of health and developmental issues, delivery of culturally appropriate health information, and provision of guidance and support for decision making using a family-centred approach.

Multidisciplinary team members may include; community health nurses, Aboriginal health workers, ethnic health workers, remote area nurses, generalist nurses, registered nurses, midwives, graduate nurses and enrolled nurses, and others deemed competent to provide aspects of the enhanced schedule as per their scope of practice and competencies.

The role of the Child Health Nurse is to complete Universal assessments, provide care coordination for the family, and consultancy with the team. A Child Health Nurse is a registered nurse and/or midwife with an additional qualification in child and family health.

Activities performed by team members may include (team members are required to be deemed competent where relevant).

- Family assessments
    - Genograms
    - Indicators of Need
    - Identification of signs and symptoms of child abuse and neglect
    - Family Domestic Violence Screening (FDV)
- Family goal setting
    - Working in partnership with families
- Physical assessment of infants and young children
    - Hearing and ear health – otoscopy, audiometry, tympanometry
    - Vision and eye health – cover test, red reflex test, corneal light reflex test, Lea Symbols Chart test
    - Oral health – “Lift the Lip”, oral disease
    - Skin
    - Respiratory
    - Hips
    - Haemoglobin (Hb) monitoring
- Nutrition and Growth Assessment
    - Height, weight, head circumference
    - Body Mass Index
    - Nutrition
    - Bladder and bowel output

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- Developmental Assessment and parenting education to enhance development
  - ASQ-3
  - ASQ:SE-2
  - ASQ-TRAK
- Safe Sleeping assessment
- Detection of Perinatal Anxiety and Depression
  - Edinburgh Postnatal Depression Scale (EPDS) or Kimberley Mums Mood Scale (KMMs) in regions endorsed for use.
- Service planning
  - Community Health Acuity Tool (CHAT)

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Appendix 2 - Vulnerable children – Do not attend child health service appointment

When a vulnerable child and carer do not attend a child health service appointment, it is possible that the child may be at increased risk. The following actions are required **on the same day as missed appointment.**

1. Attempt to contact the parent or carer by phone call or text.
   - If contact is made, rebook appointment as appropriate to client needs.
2. If there is no response from parent or carer;
   - Discuss with Clinical Nurse Specialist, Clinical Nurse Manager or other delegated senior staff.
   - Attempt to contact next of kin and/or General Practitioner or local doctor.
3. Assess risk to child(ren) by relevant means, which may include;
   - Check WebPAS or other relevant records for Alerts and recent health service activity.
   - Check with relevant health service contacts e.g. Mental Health Service, Aboriginal Medical/Health Service for recent activity.
   - Check other health service records, as available.
   - Contact with Department of Communities, Child Protection and Family Services, as appropriate.
4. Take action to protect child
   - Consider two-person drive-by or drop-in visit to the home, as per local occupational safety and health procedures.
   - Contact WA Police if indicated.
   - Raise case at next Child at Risk meeting.
5. Plan ongoing child health service to address child and family need.
6. Document all observations, plans, actions and outcomes in CHIS.

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Appendix 3 – Clients of Concern – Non-engagement

When a client of concern and family are no longer engaged with child health services, the following process is to be undertaken.

1. Identify a vulnerable child who is not engaged with the child health service
   - Child has Child at Risk (CAR) Alert OR is on the client of concern list OR is registered for ECHS.
   - Monthly reviews between Child Health Nurse and Clinical Nurse Specialist identifies that child health services have lost contact with the family.
2. Attempt to contact family
   - Phone or SMS parents
   - Send pack with letter and relevant material. Consider ASQ3 and ASQ:SE2.
   - Allow adequate time for family to respond. Consider level of concern.
   - Consider two-person drive-by or drop-in visit to the home, as per local occupational safety and health procedures.
3. No contact made with family
   - Check WebPAS or other relevant records for recent health service activity.
   - Check with relevant health service contacts for recent activity e.g. Mental Health Service, Aboriginal Medical/Health Service.
   - Contact the Department of Communities, Child Protection and Family Services, informing of family non-engagement, the last date of contact, concerns and contact attempts made.
   - Raise case at next Child at Risk meeting.
   - If General Practitioner or medical service is known, send email informing of non-engagement and concerns.
4. Actions for ongoing non-engagement
   - Cease monthly client of concern review.
   - Retain CAR Alert. Note; location, safety and welfare of child is unknown.
   - Consider need for referral to Department of Communities, Child Protection and Family.
5. Document all observations, plans, actions and outcomes in CHIS.

Family re-engages with child health service

- Plan ongoing child health service to address child and family need.
- Review CAR Alert and restart regular reviews as required.

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