3.5.2 Guidelines for the Enhanced Aboriginal Child Health Schedule

3.5.2.6 12 Month Contact

Background

The 12 month contact can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by child health nurse, community nurse generalist, enrolled nurse and remote area nurse. The contact involves an assessment of the infant’s physical, emotional and social development, risk factors for hearing loss and vision problems, parental mental health as well as ongoing assessment of risk and protective factors of the family.

General Principles

Accessing parents and caregivers at this key developmental stage enables the health staff to:

- Continue the helping relationship with the family
- Promote positive carer-child interaction
- Deliver key messages about parenting and health promotion
- Identify mental health needs
- Identify those families at increased risk and who may require extra services or support
- Check the list of risk factors for hearing loss and vision problems and
- Discuss responses to the parents/carers questions in the PHR related to the infant's developmental status.
- Check risk factors associated with Sudden Unexpected Death in Infancy (SUDI)
This assessment should be delivered as an individual face to face contact, and can either be conducted as a home visit, in the child health centre or at another community location.

**Role of the Community Health Staff**

1. Health and lifestyle education

   The following provides cues for providing health information which could be addressed as appropriate (via verbal, audiovisual, electronic or written material):

   **Nutrition**

   Progression to family diet:
   - Texture, variety and amount of food
   - Feeding problems and solutions
   - Ceasing bottles and introducing a cup for all fluids
   - Avoid tea, soft drink, flavoured milk and water, cordial and fruit juice
   - Establishing a healthy, nutritious and varied diet

   **Breastfeeding**

   - Appropriate breastfeeding beyond 12 months

   **Infant formula**

   - Cessation of formula at 12 months for healthy children

   Toddler milk is not necessary for healthy children

   **Prevention**

   Parents/Carers support and child development:
   - Sensitive parenting
   - Parent/Carer-child relationship - social emotional needs
   - Sleeping - the importance of bedtime routines
   - Development strategies - language, motor skill development and sensory movement play
   - Expected behaviour and needs - anticipation of new development and play
Injury

- Safety/Injury prevention, specifically strategies for safety in the home, and around water and fires and near roads
- Safe sleeping strategies
- Increasing mobility demands close supervision and a safe environment
- Knowledge and use of vehicle child restraints

Infection and other

- Immunisation schedule
- Dental health - ‘Lift the Lip’

Parental Health

- Social support
- Social and emotional wellbeing (EPDS if necessary)

Family Health

- Parents/carers - emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a varied and nutritious diet.
- Smoking, drugs, alcohol and family domestic violence.

2. Parenting

Accessing parents and caregivers at this key developmental stage enables health staff to deliver key messages about parenting and health promotion, assess risk for postnatal depression, anxiety or other mental health needs, and conduct a physical examination. Increasing mobility of the baby changes the focus of parenting concern to safety issues, because of their curiosity and exploration of their immediate environment. The challenge many carers face is finding the balance between allowing their child to explore the environment and maintaining close contact with them. It may be necessary to provide guidance regarding these concerns.

3. Family History
Continue the collection of demographic data, including a Genogram and Indicators of Need assessment if not already completed. Ask if there have been any changes in the family since the last contact.

Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool.

4. Child Assessment
Parents/Carers should be encouraged to take their child to a doctor for the annual health check.

Physical Assessment (see Guide to Completing a Physical Assessment in resource section).

The 12 month meeting includes a physical assessment of the baby, and will include:

| Vision          | • Observation of eyes  
|                 | • Vision behaviours  
|                 | • Review vision risk factors in PHR  
| Hearing         | • Ear examination and observation of hearing behaviours  
|                 | • Tympanometry  
|                 | • Review hearing risk factors in PHR  
| Growth          | • Measure and chart weight for all children  
|                 | • Measure and chart length and head circumference if indicated by the child’s history, or if there is an expressed parental or professional concern  
| Skin            | • Inspect the child’s skin  
| Oral assessment | • ‘Lift the lip’ examination  
| Anaemia         | • Haemacue “as per local protocol”  
| Development     | • Observational age appropriate assessment for physical social and emotional development.  
|                 | • PEDS  

5. Developmental assessment
Assessment also includes reviewing parental responses to the PEDS screening tool. Prompts for staff to use with PEDS are included in Attachment 1. Refer to PEDS guidelines.
The Ages and Stages and Ages and Stages Social Emotional questionnaires can also be used if indicated by referral pathway.

**Documentation**

All relevant findings are to be recorded in the 12 month checklist, PHR and relevant scoring or summary sheets for the screening tool used.

An additional medical officer checklist is available for use by medical staff working within or for the community health service. This form is used in conjunction with the 12 month assessment and examination form. Where the community health service does not have a medical officer available, parents/carers should be encouraged to attend local medical services for the child’s annual Medicare funded assessment and examination.

**Follow up and Service Planning**

Once an assessment is made, the health staff, together with the parents/carers, will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in developing the plan where necessary.

For those families currently considered at higher risk, either additional contacts or a more intensive home visiting program should be offered as appropriate and where resources are available.

**Useful Resources**

- Child Health Services - Birth to School Entry - Policy for Universal Child Health Services in Western Australia (2010)
- Circle of Security website - http://www.circleofsecurity.org
- Community Health Services: Health Information and Handouts and Community Health Service Universal Child and School Health Schedule


• Western Australian Vaccination Schedule Department of Health Western Australia (2009).


### PEDS TIPSHEET -Key Ages and Stages 12 Months

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 6</th>
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</thead>
<tbody>
<tr>
<td>Please list any concerns about your child’s learning, development and behaviour</td>
<td>Do you have any concerns you have about how your child behaves?</td>
</tr>
<tr>
<td>• opens a discussion in all areas</td>
<td>• sensitive to approval/ disapproval</td>
</tr>
<tr>
<td></td>
<td>• reacts and moves to music</td>
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<table>
<thead>
<tr>
<th>Question 2</th>
<th>Question 7</th>
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</thead>
<tbody>
<tr>
<td>Do you have any concerns about how your child talks and makes speech sounds?</td>
<td>Do you have any concerns about how your child gets along with others?</td>
</tr>
<tr>
<td>• may say 1-3 clear words</td>
<td>• enjoys cuddles</td>
</tr>
<tr>
<td>• multiple syllables and word babble e.g. dada, mum</td>
<td>• eye contact with carer</td>
</tr>
<tr>
<td></td>
<td>sensitive to approval/ disapproval</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Question 3</th>
<th>Question 8</th>
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<tbody>
<tr>
<td>Do you have any concerns about how your child understands what you say?</td>
<td>Do you have any concerns about how your child is learning to do things for him or herself?</td>
</tr>
<tr>
<td>• understands simple instructions i.e “give me”</td>
<td>• helps with dressing- holds foot or arm out</td>
</tr>
<tr>
<td>• sensitive to approval/ disapproval</td>
<td>• holding spoon, but cannot use it yet</td>
</tr>
<tr>
<td>• knows and turns to own name</td>
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</table>

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<thead>
<tr>
<th>Question 4</th>
<th>Question 9</th>
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</thead>
<tbody>
<tr>
<td>Do you have any concerns about how your child uses his or her hands and fingers to do things?</td>
<td>Do you have any concerns about how your child is learning pre-school or school skills?</td>
</tr>
<tr>
<td>• bangs blocks or toys together</td>
<td>• Opportunity to discuss reading, talking, interacting and play</td>
</tr>
<tr>
<td>• Precise finger grasp - small objects- pincer</td>
<td></td>
</tr>
<tr>
<td>• points purposely with index finger</td>
<td></td>
</tr>
<tr>
<td>• uses both hands freely</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 5</th>
<th>Question 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns about how your child uses his or her arms and legs?</td>
<td>Please list any other concerns</td>
</tr>
<tr>
<td>• crawls</td>
<td>• Possible categories of concern- global, behavioural and language</td>
</tr>
<tr>
<td>• may stand alone</td>
<td></td>
</tr>
<tr>
<td>• May walk alone</td>
<td></td>
</tr>
<tr>
<td>• Pulls to stand holding furniture</td>
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**Date Issued:** 2012  
**Date Reviewed:** 2013  
**Review Date:** 2015  
**NSQHS:** 1.7, 1.8  
**Guidelines for the Enhanced Aboriginal Child Health Schedule**  
**12 month contact**

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This tip sheet has been compiled to offer the CHN some prompts, if necessary, for further discussion with parents/carers when completing the PEDS screen. This tip sheet and is to be used as a guide only.

Professional judgement must always be applied when interpreting parental responses.