

Entry to care assessment service

Introduction

Approximately 2000 Victorian children and young people each year enter the care¹ of the Department of Human Services (DHS) through the intervention of child protection services. Many of these children have been abused and/or neglected and although they have medical and health concerns not unlike other disadvantaged children, the rates of these problems are higher and the dysfunctions are more severe. If these children do not receive significant support at an early stage of their time in care they are at increased risk of poor outcomes, including poor mental health, education and employment deficits, early parenthood, incarceration, homelessness, substance dependency etc. As a result, the department is aiming to implement an improved system for early determination of the health and developmental needs of the children who enter out of home care that will lead to:

- Earlier detection of health and/or developmental problems.
- Improved access to treatment of health and/or developmental problems.
- Improved health advice and support to carers and children/young people.
- Improved recording and sharing of health information to facilitate continuity of care.
- Data gathering to facilitate future policy and program development, evaluation and research.

Health Assessment process

The Royal Australasian College of Physicians' policy document, *Health of children in "out- of- home" care*, released in 2006 recommended that all children entering out of home care should have a comprehensive health assessment by a paediatrician, a General Practitioner (GP), a Nurse Practitioner or an Aboriginal Health worker, appropriately trained and skilled and in a setting that is child-focused and culturally appropriate.

GPs are the largest group of health care professionals providing primary care services, health advice and some population health programs and are skilled in building a composite picture of patients' needs and care planning. Therefore in Victoria, DHS wishes to contract General Practitioners to have a major role in the assessment of the health needs of children and young people when they enter out of home care. Also, it is envisaged that providing these children, who may have had few positive experiences of General Practice, with an experience of a helpful, trustworthy source of health and wellbeing advice and information will encourage them to continue to make use of GP services into adulthood.

Since 1992 GPs have been required by Victorian child protection legislation to make a report to Child Protection if they form a reasonable belief that a child is in need of protection from physical injury or sexual abuse (a mandatory report). GPs may also have been asked by a foster parent or a worker from a residential care establishment to examine a child who had recently been placed in out of home care to see if there are any health issues that need to be dealt with, and would have provided the service normally delivered by a GP to their patients. The entry to care health assessment processes described herein aim to apply a more standardized and comprehensive approach to these examinations, and are not intended to contribute to child protection processes for assessment of risk.

¹ These children are cared for by volunteer carers (foster care, home based care, kinship care), or paid care staff in purpose built or adapted residential accommodation (residential care) funded by DHS and managed by Community Service Organisations (CSO). Many will be placed in the custody and/or guardianship of DHS by children's court, under the provisions of the *Children, Youth and Families Act 2005*.

The Department wishes to establish a new Entry to Care Assessment process that will comprise:

1. An initial health assessment by a GP.
2. A developmental and health assessment by a paediatrician with expertise in assessing the needs of children involved with child protection².
3. A mental health assessment conducted by staff of a newly established Child Health Assessment Team (CHAT) attached to the regional child protection mental health service, Take Two, or a consortium of Take Two and Child and Adolescent Mental Health Services (CAMHS).

Aboriginal children will be assessed by an Aboriginal Health Service whenever possible.

Dental examinations are also required as part of the entry to care assessment process and results should be provided to the examining GP.

CHAT staff will have the additional roles of:

- Gathering background health information.
- Working closely with the GP and paediatrician to synthesize the findings of all assessments into advice for the child's "care team"³ on the child's physical, developmental and emotional health status and treatment needs.

General Practitioner role



The Department of Human Services recognizes that a GP seeing a child for the first time will be assisted by having a medical history for the child and clarity about legal consent for assessment and medical treatment.

Medical history

The GP will be provided with written background information about the child / young person's health and developmental history, along with brief information on why the child has been placed in out of home care.

- Information about the parents' and family's health history will be included whenever possible.
- If the child has had a recent medical examination through the Victorian Forensic Paediatric Medical Service, the outcomes of this examination should be made available to the GP through the child protection case manager.

² GPs are encouraged to refer all children of pre-school age to a paediatrician for a developmental assessment.

³ The "care team" for children in foster care or residential care comprises a CSO worker, the carer, a child protection worker and where possible birth parents/significant adults. The care team shares responsibility for planning and action in relation to the child's day-to-day care needs. The child or young person may have age and developmentally appropriate input to decisions. In the majority of kinship care placements, the care team consists of the child protection worker, the carer and the parent and/or child where appropriate – i.e. there is often no CSO case worker involved in the team.

Research indicates that for many children there may be gaps in knowledge about the medical history, both at the Departmental and family level. Every effort will be made to provide all available, relevant information about the child.

Consent

The Department of Human Services will provide either:

1. Written consent for health assessment and medical treatment from a birth parent
OR
2. Written consent from a named, responsible Department of Human Services staff member where birth parents are not willing to consent and the child is subject to a child protection order.

The Health Assessment

GPs will be asked to:

1. Follow prescribed and standardised frameworks for clinical assessments, one for children 0-11 years, and one for young people 12 years and older.
2. Provide a written summary report including recommendations to the responsible, named child protection staff member in the Department of Human Services.

The assessment framework has been developed with input from GPs and incorporates RACGP guidelines for paediatric screening in general practice.

Remuneration

GPs who conduct health assessments of these children and young people will be remunerated directly by DHS and provided with continuing professional development to equip them and their practice staff with the knowledge and skills required to assess and manage the particular health needs and issues faced by this population group.

It is expected that any follow up health care or care planning by the GP will be bulk billed. The child's medicare number will be provided to the GP with the medical history.

In addition to the core components of the Entry to Care assessment framework, GPs may make or recommend referrals for specific assessments, such as speech and language, education and cognition, sight and hearing.

Who will have access to the GP health assessment summary report?

The responsible Child protection staff member will include the summary report as part of the confidential case notes held on all clients.

The summary report will also be made available to an assessing paediatrician and the CHAT worker for integration with the overall CHAT assessment report that they will provide to the care team. That report will be kept with the Looking After Children records on the child's case file held by the placement agency, which moves with the child if their placement agency changes.

- Depending on their age and understanding, the child/young person will be provided with a copy of the CHAT report.

- Birth parents would also be provided with a copy in most circumstances (a young person of an age to give their own consent to medical treatment might not agree to this).

If the child's GP changes, a copy of the summary report will be passed to the new GP by the placement agency.

GP Referral for treatment

The child's care team, like any good parent, will ultimately take the decisions on which areas of the child's needs should take priority at any given time.

A carer or key worker will accompany the child/young person to all clinical assessments, including any optometry, audiology and dental appointments. If possible a birth parent should also accompany the child to the GP assessment. It is expected that health assessment outcomes would be verbally summarised by the GP for those accompanying the child at the time of assessment wherever this is appropriate.

A number of pathways to treatment are being negotiated with State funded services, including priority access to early childhood intervention services and services provided by community health services. Funds will be available to foster parents to either purchase private services or cover the gap for MBS funded services.

Key contacts in regions

GPs will be asked to work in collaboration with regional networks of community services, DHS staff and other stakeholders involved in planning to meet the health and other care needs of children and young people in out of home care. General Practice Divisions Victoria will assist with the development of professional development for General Practice and liaison with regional offices of the Department of Human Services and out of home care providers. Divisions of General Practice will be asked to play a role in supporting GPs at the local level in this collaboration.

Children and young people will be referred to GPs for assessment by a named, responsible regional child protection manager / placement coordination manager / or placement and support manager.