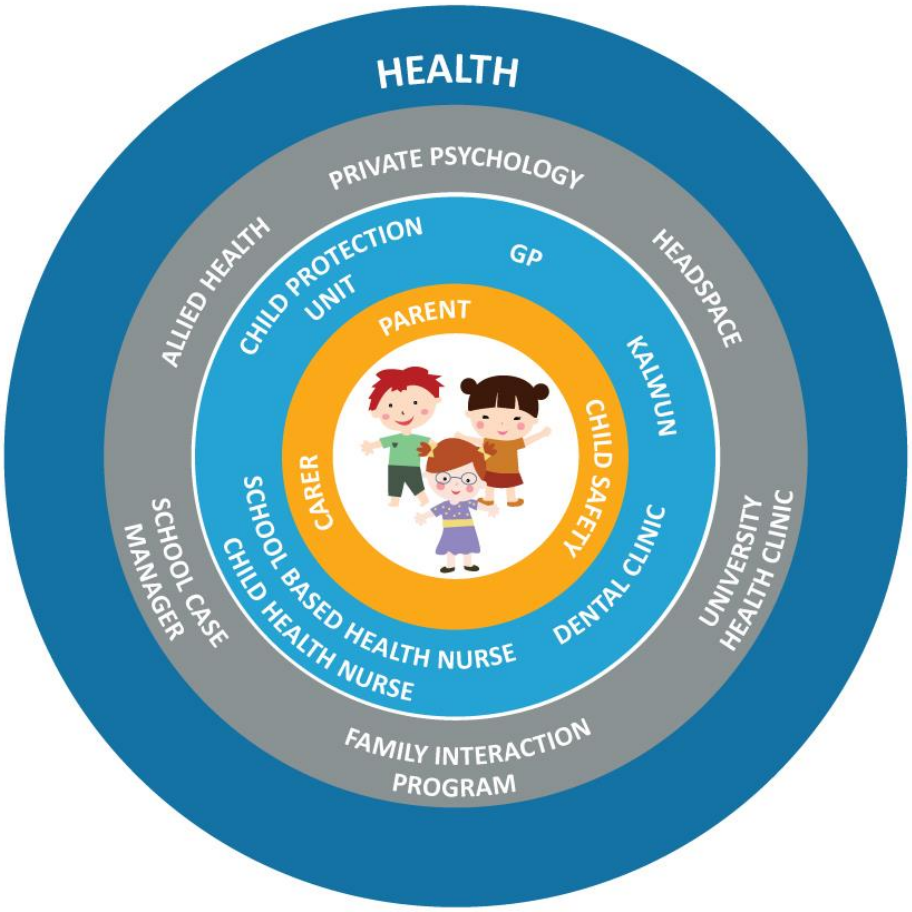
Health Assessment Pathway for Children and Young People in Care – Gold Coast

Providing consistent and quality health assessments for all children and young people entering into care.



This package is for Department of Children, Youth Justice and Multicultural Affairs (DCYJMA), Gold Coast Health and Hospital Service, Gold Coast Primary Health Network, General Practices, Kalwun Development Corporation, Allied Health/Private providers, Foster and Kinship Care Agencies, Department of Education and relevant community based services.

Separate tools are available for carers and parents.

More information including clinical standards of care and referrals is available on www.gcphn.org.au/childrenincare

For more information, contact:

Child Safety Officer - Health Liaison (SEQ region)
Department of Children, Youth Justice and Multicultural Affairs
GoldCoastHLO@cyjma.qld.gov.au

Acronyms:
CSO: Child Safety Officer
CYP: Child or young person
CHN: Child Health Nurse
OoHC: Out-of-Home care
SEWB: Social and emotional wellbeing

Queensland Government

The Child's Journey

Many children may have a history of abuse or neglect and limited access to health care

Some would have undergone a medical examination during Investigation and Assessment process

Some enter into care at birth, and may have significant health issues

They all require a coordinated health assessment across physical, developmental and mental health domains

Behaviours may be due to transition to care or continuing psychopathology (trauma). Misdiagnosis of dev delays, behaviours (ADHD), may be due to trauma

The relationship between carer and CYP is developing and carer may not know medical/ developmental concerns and history

CYP should participate in decisions affecting them

CYP have better health outcomes when the parents/family is involved in their lives

CYP may have had multiple placement changes on their care journey

Trauma-informed care and rapport is critical

YP may have service fatigue and disengagement through disempowerment

CYP: Child Young Person

Aboriginal & Torres Strait Islander Children and Young People

Aboriginal and Torres Strait Islander children:

- have higher representation in care and youth justice compared to non-Indigenous peers
- twice as likely to be developmentally vulnerable
- higher incidence of hearing issues and diabetes
- higher rate of mental health issues in particular complex trauma
- require extra immunisations

Some of the underlying causes for over-representation in child protection are:

- legacy of past policies of forced removal and cultural assimilation
- intergenerational effects of forced removals
- cultural differences of child-rearing practices

For Aboriginal and Torres Strait Islander children, connections to their family, community and culture are critical to their wellbeing, positive self-identity and healthy development. Culture is a protective factor.

For many Aboriginal people, health is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. It is often linked to spirituality, connection with land and the harmony of interrelating factors. There is a unique need for healing supports to address the impacts of intergenerational trauma on families that go beyond just satisfying the basic structural, materialistic needs such as housing, finances and schooling.

Health for Aboriginal people is also about self-determination. The family should decide if their children accesses an Aboriginal Medical Service or a mainstream GP. However, accessing Kalwun Health Service has many benefits. We can support families and children to reach developmental milestones, by increasing access to culturally responsive services.

Cultural safety identifies that people are safest when health professionals have considered power relations, cultural differences and patients' rights.

Part of this process requires health professionals to examine their own realities, beliefs and attitudes.

It is important that Aboriginal and Torres Strait Islander peoples and organisations participate in and have control over decisions that affect their children.

NACCHO RACGP National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People is a practical resource intended for all health professionals. It includes sections on children and young people and easy to use charts indicating the recommended screening by age.

Health Assessment Pathway for Children in Care - Gold Coast

This is to be used as a guide only. Every child is different.

PRELIMINARY HEALTH CHECK — WITHIN 30 DAYS

Child Safety

Carer

Parent

GP

Aboriginal and Torres Strait Islander Children and young people

COMPREHENSIVE HEALTH & DEVELOPMENT ASSESSSMENT — WITHIN 90 DAYS

HEALTH MANAGEMENT PLAN

General

Child Health Nurse or School Based Youth Health Nurse

Complex

Child Protection Unit

Kalwun Health Service

GP

Child Safety

School Case Manager

TARGETED SERVICES INTERVENTION — AS NEEDED

Mental Health & behavioural Needs

Private Psychologists & Allied Health
Headspace
Paradise Kids
Bravehearts
HOPES Counselling
Family Interaction Program
NewAccess Coaching

Complex:
Evolve hYEPP CNAPY
Lighthouse

Physical Health & Disability Needs

NDIS Early Childhood Early Intervention (UnitingCare)
Allied Health
School
Private Paediatrician
University Health Clinics

Complex: Child Development Service (Gold Coast Health)

Developmental / Learning Needs

Dental

Gold Coast Health Oral Health Services (school dental vans)

Kalwun Health Service

GP and Health Worker
Paediatrician
Social Health Team (Mental Health, AoDs)
Psychologist
Speech Therapy
Occupational Therapy
Dental
Family programs
Psychiatry (one-off)
Care Coordination and Supplementary Services
Complex Needs Assessments Panel

FOLLOW-UP/ REVIEW — ANNUAL / 6 MO

GP

Child Safety

GPs with SPECIAL INTEREST IN CHILDREN & YOUNG PEOPLE IN CARE

Dr Kristy Bayliss Hinterland Medical Centre Nerang 5578 2199	Dr Lisa Beecham Robina Town Medical Centre 5578 9000	Dr Ka-Kiu Cheung Broadbeach Medical Centre 5531 6344	Dr Roslyn Louden Treetops General Practice Burleigh Waters 5593 7955	MedCentre Pacific Pines 5596 8400	Dr Corey Butler Tweed Health for Everyone Super Clinic 5589 7555	Kalwun Health Services Bilinga 5589 6500 Coomera 5514 7100 Miami 5526 1112

Health Assessment Process Details

Child Safety

Carer/parent is advised of the health assessment pathway and **preferred GP** is discussed (existing, special interest GP or Kalwun Health Service).

Initiating Child Information Form and **Child Health Passport** process, CSO obtains key health information from family, ICMS, health providers and school to provide to Carer, GP, Child Health.

Parent

CSO, alongside carer and CYP, provides opportunities for parents to be involved in different ways.

Carer

Carer makes health assessment **appointments** as per below in consideration of child's schooling/other needs, parent's involvement and Indigenous status. Child Health Passport is taken to every appointment.

Required Key Health Information

- Medicare & Health Care Cards, Child's Development 'Red Book'
- Existing GP & other health providers incl. Hospital & Health Services records
- Medical, birth & family history
- Medications & dosages, allergies, diagnoses
- Reasons for entry into care, information about trauma or abuse
- School/Child Care Questionnaire

*GPs may be able to access Medicare number & immunisation records through PRODA

*CSO to link to the child's My Health Record as an authorised representative to view existing records

PRELIMINARY HEALTH CHECK WITHIN 30 DAYS

1. **GP: 20-30min appt. for preliminary health check** with child's regular GP or special interest GP advising reception to alert GP it is for an Out-of-Home Care (OoHC) health assessment. **WITHIN 30 DAYS**
2. Child Health Nurse (CHN) Clinic: Developmental Assessment for children under school age or High School Based Youth Health Nurse: HEEADSSS assessment. **SHORTLY AFTER INITIAL GP APPT.**
3. **GP: Subsequent 45min appt. for comprehensive** Out-of-Home Care assessment, health management plan and referrals. **WITHIN 90 DAYS**

GP

GP reviews Child Health Passport and conducts the **Preliminary OoHC Health Check** using age based template responding to immediate health issues.

Parent/Carer completes screening tools

Age 0-8	9-11	12+
PEDS	SDQ	HoNOSCA

Referral made by GP for further screening/assessment based on age and complexity. Next GP appt is booked allowing time for step 2.

Aboriginal health assessment template with a Social and Emotional Wellbeing screening tool can be used instead of OoHC templates

General

Child Health Nurse or School Based Youth Health Nurse

Home Visiting Program: Newborn to under 1 year. MDT with CHN lead.

Child Health Nurse Clinic: Under School Age. Conducts developmental screening PEDs, ASQ-3 and ASQ:SE-2.

School Based Youth Health Nurse: High schools. Conducts HEEADSSS assessment and other health support.

See GCPHN for referral templates.

Complex

Child Protection Unit

One-off Paediatric review for complex cases only.

Both Community Child Health and the CPU may arrange direct referrals to intervention services and will include this in report to GP, CSO and carer/parent (for Child Health Passport) on outcomes of the assessment and recommendations.

Aboriginal and Torres Strait Islander Children

Kalwun Health Service provides culturally safe integrated services including medical, dental, allied health, specialists, community health and family programs. Clinics at Coomera, Miami, Bilinga.

The Social Health Team will provide care coordination support for children and young people in care and parents with consent. *Note, if parents/family prefer a mainstream GP follow general pathway.*

1. Appointment made for 45 minute health check and meet and greet with social health team
2. Appointment made for follow-up GP appointment for stakeholder meeting to develop shared health management plan and referrals

GP and Aboriginal Heath Worker reviews Child Health Passport and conducts the Aboriginal Health check (if the 715/228 MBS item has recently been used, use other MBS billing items, and continue assessment if needed, or provide Health Management Plan to CSO). Further recommended screening in the National Guide Child and Young People Life Cycle Chart are useful.

Stakeholder meeting held with internal and external health care team, CSO, Child Safety Cultural Advisor, carer/parent. Social Health team can support coordination. See case conference process below for more info.

If unable to access Kalwun Paediatrician in timely way, complex cases can be referred to the Child Protection Unit for one-off Paed review. Social Health team can work alongside specialist mental health services as required. See following pages for more referral options.

COMPREHENSIVE HEALTH & DEVELOPMENT ASSESSMENT WITHIN 90 DAYS

GP

Age 0-6	7-11	12+
ASQ -3 ASQ:SE-2	SDQ	HEEADSSS

GP completes remaining screening and the **Comprehensive OoHC Health & Developmental Assessment** using age based template (45 min appt. suggested). Case conference consent signed by carer at this appointment.

Identify and plan for specialist assessments or multidisciplinary clinical services. **Most children and young people will require some type of mental health intervention.** See next page for referral options.

$$: see MBS Items for OoHC for full range of billable items, incl. GPMP item numbers.

Case Conference arranged between health care team and CSO, with carer/parent/school/Foster Kinship agency to be involved where possible. Practice staff to coordinate health professionals, Child Safety to set up video conference link and other stakeholders. Case conference/Health Management Plan templates are available from PHN. Consent can be signed by carer at health assessment appointment. CSO to provide verbal consent to proposed actions/plan.

$$: Allied Health may be financially remunerated by Child Safety to participate.

HEALTH MANAGEMENT PLAN

GP

Based on findings from assessment and case conference, GP finalises shared **health management plan** template with CYP, family, carer and CSO and provides to all stakeholders.

Child Safety

Submit Child Related Costs (CRC) form with Health Management Plan for any expenditure approval. Upload Health Management Plan to Carer Connect and provide to parents. Integrate into child's case plan, placement agreement, cultural support plan. If placement changes, provide new carers a copy.

CSO provides school Case Manager with assessment and the health management plan, clearly indicating if an intervention by the school is proposed. Education Support Plan is developed/updated.

School Case Manager

INTERVENTIONS

TARGETED SERVICES FOR INTERVENTIONS

Referral Criteria Priorities for services:
1. Timeliness
2. Low cost
3. Trauma-informed practice/rapport with CYP
4. Convenience for CYP and carer/parent

Dental Clinic

Checks required every 6 months from first teeth
CYP in OoHC age 0 – grade 10 are eligible for Gold Coast Health Oral Health Services

Mental Health & Behavioural Needs

All children entering care, including infants, should be considered for trauma-informed mental health assessment and interventions based on their needs. Options include:

Physical Health & Disability Needs

Developmental / Learning Needs

General

Grief and loss counselling: Paradise Kids

HOPES Uniting Care and Sexual Abuse Counselling Service Act for Kids (Child Safety funded): Therapy interventions for abuse, neglect or problem sexual behaviours. Free long term support, outreach also available. GP to advise CSO to refer.

Family Interaction program (Child Safety funded): Parent-child Interaction Therapy, Circle of Security, Regulating Overload and Rage. Griffith university: age 0-12. Child Safety clients prioritised

NewAccess (PHN funded): Low intensity mental health coaching program for age 12-25

Allied Health: Trauma-informed Psychologists, Social Workers, OTs, Speech Pathologists: MBS Chronic Disease Management Plan for Allied Health.
MBS **Better Access** or PHN-funded **Psychological Services Program** (combined, this will enable 16 sessions if provider of both streams) This includes **headspace** for 12+.
Contact PHN for specialist and bulk billing providers.

Complex

Child Youth Mental Health Service Gold Coast Health

Evolve (Child Safety funded): GP to advise CSO to refer when there are highly complex mental health concerns that could benefit from a MDT approach

headspace Early Psychosis (PHN funded): age 12+ and at risk or first episode of psychosis

Lighthouse (PHN funded): age 12-18. complex trauma therapy service

Complex Needs Assessment Panel for Young people: age 0-18. Where current service system has been unable to meet needs and a collaborative multi-agency approach is req'd

General

Allied Health Pool: practice based, private and University student clinics specialising in children and trauma-informed practice. Preferred suppliers will work under Service Expectations (TBD) in line with Health Management Plan and case conference outcomes. Low to no cost services to be prioritised e.g. Medicare funded; NDIS package.

NDIS ECEI UnitingCare: age 0-6 support for disability and developmental delay, including short term early intervention and NDIS access

School Targeted Intervention & Support: Case Manager and school MDT panel assess need for psychoeducational assessments, OT, Physio, Speech therapy, nurses, support teachers, guidance officers. Assessments from health providers to be provided to School Case Manager.

Complex

Specialist Services Team (Child Safety funded): GP to advise CSO to flag child with the team when there is one or more disabilities including intellectual, mental health, cognitive, neurological, sensory or physical impairments that require intensive or specialist supports due to the functional impact of their diagnosis including challenging behaviour.

Gold Coast Health Services:
Child Development Service Paediatric Outpatients
Neurodevelopment Exposure Disorder Service (FASD)
All referrals triaged by CDS - Due to wait times, refer only when concerns cannot/have not been successfully treated at low cost to DCSYW in primary and secondary care.
*Mental health/ behavioural/trauma/attachment issues benefit more from Psychologist intervention. CYP in OoHC may be prioritised, identify this in referral.

Private Paediatrician: preference for bulk billing

Carer Mental Health Support: NewAccess (PHN funded):
Beyond Blue developed free mental health coaching program for anyone who is feeling stressed, anxious or overwhelmed.

TARGETED SERVICES FOR INTERVENTIONS – Aboriginal and Torres Strait Islander specific services

INTERVENTIONS

Kalwun Aboriginal Medical Service: Multidisciplinary free services covering all ages. Must be a Kalwun GP patient for all services but Social Health program and CNAP.

- dental, speech and occupational therapy, social and emotional wellbeing (Care Coordinator, Counsellor, child Psychologist, Alcohol and other Drugs Counsellor), paediatrics, psychiatry (one-off), and family programs.
- NDIS planning and support staff
- Complex Needs Assessment Panel (CNAP)

Gold Coast Health Aboriginal and Torres Islander Health service: services that support children include dietician and Yan-Coorara mental health has a child and youth worker.

Psychological Services Program: PHN-funded psychologists under the Aboriginal and Torres Strait Islander stream can provide extra free sessions in addition to Better Access.

Community Education Counsellors: within the school system (TBC)

FOLLOW-UP MONITORING

GP

Respond to new and emerging issues.
CSO and Care Agency supports carers and parents to implement recommendations from health professionals and health management plan

Child Safety

GP/CSO arranges annual review (assessment using **Comprehensive OoHC Health & Developmental Assessment** and review of Health Management Plan), or six monthly for under age 5.
Dental review is 6 monthly
Other events may trigger a review e.g. change in placement, health condition of emerging concern

REVIEWS YEARLY

INFORMATION SHARING & COMMUNICATION PROCESSES

- Continued communication to occur with GP/Health professionals and CSO. Minimum 6 monthly reports back to Child Safety via CSO or HLO email.
- Detailed clinical information sent securely between health professionals via referral or Medical Objects.
- Child Safety can securely email using [SEC=SENSITIVE] in the subject line.
- Carer to be provided with printed summaries of reports and recommendations for Child Health Passport.
- CSO to be included in all communications. Ask carer for CSO email or call the Child Safety Centre if contact is not in Child Health Passport.

My Health Record:

1. Shared Health Summary is uploaded by GP after comprehensive HA completed
2. Event Summary* is uploaded by GP with the title *Health Assessment OoHC*, and notes with recommendations/provisional diagnosis and referrals made and pending. Event Summary also uploaded with Health Management Plan summary

Allied health/Mental health upload Event Summary* when:
- Assessment outcome summary
- At review when longer treatment period
- End of therapy
- Or when clinical decision made and useful to share

**Same content as printed for Child Health Passport*

SUPPORT & ADVICE

General Health & Child Protection
Child Protection Unit Paediatrician
CPU-GoldCoast@health.qld.gov.au
5687 1375

Mental Health
Evolve
5687 9300

Department of CYJMA
Child Safety Officer (specific to case): Call CSSC
Health Liaison Officer (Broader enquiries re: processes, system, complaints, uncertainty around CSO): 0436 653 764
GoldCoastHLO@cyjma.qld.gov.au

Aboriginal & Torres Strait Islander Needs
Social Health team
socialhealth@kalwun.com.au
5526 1112