GOVERNMENT OF WESTERN AUSTRALIA

Department for **Child Protection** and **Family Support**

Department of **Health**

SCHEDULE

BETWEEN

THE DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT

AND

WA HEALTH[1]

HEALTH CARE PLANNING FOR CHILDREN IN CARE

(January 2015)

[1] WA Health means the Department of Health, the Metropolitan Health Services, WA Country Health Service, and Peel Health Services and their successors.

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SCHEDULE BETWEEN
THE DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT
AND
WA HEALTH
FOR HEALTH CARE PLANNING FOR CHILDREN IN CARE

1. PURPOSE

1.1 The Health Care Planning for Children in Care pathway (the pathway) is a community based model for assessing the health and developmental needs of a child in the Chief Executive Officer's (CEO's) care. Service providers include private and not for profit community medical services such as general practitioners (Medicare locals), paediatricians and dental health services, as well as government and government funded service providers.

1.2 The purpose of this schedule is to outline the joint processes and procedures between the Department for Child Protection and Family Support (CPFS) and WA Health in the provision of health assessments and health care planning for a child in the CEO's care where WA Health or their funded services are the service providers.

1.3 This schedule is to be read in conjunction with the Strategic Bilateral Memorandum of Understanding between WA Health and CPFS dated 30 June 2011.

2. LEGISLATIVE BASIS

Children and Community Services Act 2004 (the Act).
Note: References to sections in this Schedule are references to sections in the Act.

3. DEFINITIONS AND KEY CONCEPTS

3.1 'Child' means a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently 18 years of age (s.3).

3.2 Under s.30 a 'child is in the CEO's care' if the child is:

- in provisional protection and care; or
- the subject of a protection order (time-limited) or protection order (until 18); or
- the subject of a negotiated placement agreement; or
- provided with placement services under s.32(1)(a).

3.2A Subject to any interim order in respect of a child, the CEO has responsibility for the day-to-day care, welfare and development of a child who is in provisional protection and care to the exclusion of any other person (s.29(2)). That responsibility includes responsibility for making decisions about any medical or dental examination, treatment or procedure in respect of that child (s.29(3A)).

3.2B The CEO has parental responsibility for the child to the exclusion of any other person where a child is the subject of a protection order (time-limited) (s.54(2)) or protection order (until 18) (s.57(2)).

3.2C The CEO does not have parental responsibility for a child who is the subject of a negotiated placement agreement. However, if the negotiated placement agreement authorises the CEO to do so, the CEO may give written consent in any case where the consent of a parent of a child is required or customarily sought (s.127(2)). This could include a power to consent to medical examination or treatment, provided that such examination or treatment is authorised by the negotiated placement agreement.

3.2D The CEO does not have parental responsibility for a child if the child is provided with placement services under s.32(1)(a).

3.3 'Parental responsibility', in relation to a child, means all the duties, powers, responsibilities and authority which, by law, parents have in relation to children (s.3).

3.4 A 'mature minor' means a child less than 18 years of age who has been assessed as having sufficient understanding and maturity to make decisions about medical treatment and to give effective consent to treatment or to refuse consent to treatment and to consent to the release of health or personal information.

3.5 Where the CEO does not have parental responsibility for a child under the Act, or an agreement under a negotiated placement agreement to consent to medical treatment on behalf of a child who is not a 'mature minor', consent would need to be sought from a person with parental responsibility for that child.

4. PRACTICE PRINCIPLES

This schedule is underpinned by the following practice principles:

- The parties to this schedule are signatories to the Cabinet endorsed Rapid Response framework, which prioritises access to services for a child in the CEO's care.
- A child in the CEO's care is referred to the most appropriate health service to conduct health assessments.
- WA Health prioritises on the basis of clinical need while acknowledging that children in care have high needs. For a child who has just entered the CEO's care, the health assessment will be undertaken within 30 working days from WA Health receiving a completed referral from CPFS.

5. INFORMATION SHARING TO SUPPORT A CHILD'S WELLBEING

The information sharing protocols that support this schedule are outlined in the joint guidelines on the mutual exchange of relevant information between WA Health and the Department for Child Protection and Family Support for the purpose of promoting the wellbeing of children.

6. JOINT PROCESSES AND PROCEDURES

Flowchart

6.1 The following flowcharts set out the pathway processes including any specific timeframes:

- Attachment 1 – Health Care Planning Pathway for Children New to Care; and
- Attachment 2 – Health Care Planning Pathway for Children Already in Care.

The Steering Group

6.2 The Health Care Planning for Children in Care steering group (the steering group) provides a coordination role. The steering group will meet on a regular basis to:

- review the pathway;
- identify and implement changes required;
- ascertain where further staff guidance is required; and
- address recommendations of any government reports on the pathway processes.

6.3 Information will be exchanged between WA Health and CPFS, including sharing of non-identifiable data, to deliver better outcomes for a child in the CEO's care.

Local Service Agreements and Management Teams

6.4 Local Service Agreements between CPFS district offices and WA Health Area Health Services will guide service provision at the local level and complement this schedule.

6.5 The local management team (representatives from the CPFS district office and WA Health Area Health Service) in each district will report on an annual basis to the steering group on the outcomes achieved during the year and proposed local strategies to address any issues arising. This will inform work undertaken by the steering group in the following year.

Enquiries

6.6 CPFS will be the primary agency for responding to enquiries from other agencies, media and the general community about the pathway.

6.7 WA Health will be the primary agency for any enquiries that relate specifically to WA Health employees, roles or functions.

6.8 Both agencies agree to advise each other and consult, where practicable, prior to providing information to Parliament, the media or other agencies.

7. TIMEFRAME AND REVIEW

7.1 The parties agree that this schedule may be reviewed, amended or varied by written agreement signed by persons authorised to sign on behalf of the parties.

7.2 This schedule will continue to be effective until both parties endorse a revised schedule.

8. COSTS

The parties agree to bear their own costs (if any) arising out of this agreement.

9. SUPPORTING DOCUMENTS AND POLICIES

Relevant supporting documents and policies include but are not limited to the following:

9.1 OVERARCHING DOCUMENTS AND POLICIES

- *Children and Community Services Act 2004*

- Strategic Bilateral Memorandum of Understanding between WA Health and the Department for Child Protection (June 2011)
- Joint guidelines on the mutual exchange of relevant information between WA Health and the Department for Child Protection for the purpose of promoting the wellbeing of children
- Public Sector Commissioner's Circular: 2009-29 Policy Framework and Standards for Information Sharing between Government Agencies
- Ford Review Report. Ford, P. (2007). Review of the Department for Community Development
- Bilateral Schedule between the Department for Child Protection and Child and Adolescent Mental Health Services (June 2012)
- Planning for children in care: Ombudsman Western Australia (2011)

9.2 WA HEALTH DOCUMENTS AND POLICIES

- Guidelines for Protecting Children 2009
- Operational Directive 0218/09: Guidelines for Protecting Children 2009
- Operational Directive 0344/11: Mandatory Reporting of sexual abuse of children under 18 years
- Operational Directive 0296/10: Interagency Management of Children Under 14 Who Are Diagnosed with a Sexually Transmitted Infection (STI)
- Guidelines for Responding to Family and Domestic Violence
- Operational Circular OP 2050/06: Patient confidentiality and divulging patient information to third parties
- Operational Circular OP 2102/06 Child Protection – *Children and Community Services Act 2004*
- Working with Youth: A legal resource for community based health workers

9.3 CPFS DOCUMENTS AND POLICIES

- Department for Child Protection Strategic Plan 2014 - 2016
- Rapid Response: Prioritising services for children and young people in care
- Charter of Rights for Children and Young People in Care
- Working together for a better future for at risk children and families – A guide on information sharing for government and non-government agencies
- Aboriginal Services Framework
- Culturally and Linguistically Diverse Services Framework
- Foster Care Partnership Practice Framework
- Signs of Safety Child Protection Practice Framework 2nd Edition
- Care Planning Policy
- Policy on Neglect
- Policy on Child Sexual Abuse

10. STATUS OF SCHEDULE

WA Health and CPFS agree that this schedule is not intended to, and does not create any legally binding obligations between the parties.

11. GRIEVANCE RESOLUTION

The parties acknowledge and agree that if a dispute or problem arises in relation to this schedule, the parties contact officers will meet and use their best endeavours to try to agree upon a resolution.

12. CONTACT OFFICERS

Department for Child Protection and Family Support:
Director, Policy (Child Protection and Children in Care)
Telephone: (08) 9222 2658

WA Health:
Manager, Statewide Protection of Children Coordination Unit
Telephone: (08) 9323 6646

13. SIGNATURE OF RESPECTIVE DIRECTORS GENERAL

_____

EMMA WHITE
DIRECTOR GENERAL
DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT

DATE:

_____

PROFESSOR BRYANT STOKES
ACTING DIRECTOR GENERAL
WA HEALTH

DATE:

ATTACHMENT 1 - HEALTH CARE PLANNING PATHWAY FOR CHILDREN NEW TO CARE

Child is taken into care: An initial medical assessment to be completed within 20 working days (use Form 513).
This may be completed by a GP or Paediatrician, the PMH Child Protection Unit, or an Aboriginal Medical Service (AMS) or other Aboriginal health service.

Child Health Passport to be completed and provided to the child's carer.

Once the initial medical assessment has been completed, comprehensive health assessments are completed as outlined below.
These assessments are intended to be a more detailed investigation of a child's health status, which covers each of the health domains.

Oral / Dental Health

Child is under school age: health practitioner will complete an oral health examination as part of the health and development assessment. Child health nurse will use 'Lift the Lip'.

Child is school age and attends school: the child protection worker to enrol the child in the School Dental Service (complete Form 511). Child receives a dental check, and treatment is undertaken as required.

Child is school age but doesn't attend school or the school attended is not part of the WA Health school health service: child protection worker to arrange for the child to be seen at a public dental clinic (complete Form 512 and DS3).

Psychosocial / Mental Health

Child is under 4 years of age: health practitioner may use ASQ or ASQ:SE as part of the health and development assessment. Note: some practitioners may use other tools to assess the child in this domain.

Child is 4 years of age or abovel: the child protection worker is to arrange for a SDQ to be completed within six months of the child coming into care (SDQ forms are available in the Casework Practice Manual, Chapter 10: Health Care Planning for Children in Care). The SDQ is completed by someone who knows the child well, such as a carer or teacher. The SDQ is scored and summarised by the district psychologist.

Health and Development

Child is under school age: the assessment may be completed by a child health nurse, GP, paediatrician, or via an AMS or Aboriginal health service (use Form 510).

Child is school age and attends school: the assessment may be completed by a school health nurse, GP, paediatrician, or via an AMS or Aboriginal health service (use Form 510).

Child is school age but doesn't attend school or the school attended is not part of the WA Health school health service: the child's GP or an AMS should complete the assessment (use Form 510).

Information from the assessments, including from consultations with health professionals as required, inform the planning decisions and actions in relation to the child's health needs. These decisions and recommended actions are recorded in the health dimension of the child's provisional care plan or care plan.

Health care planning processes completed are recorded in the Record of Child Information in Assist, and the health plan is implemented by the child protection worker including any recommended referrals.

ATTACHMENT 2 - HEALTH CARE PLANNING PATHWAY FOR CHILDREN ALREADY IN CARE

Comprehensive health assessments are completed on an annual basis to inform the child's care plan

The child's care plan is coming up for review.

The child protection worker is to arrange for annual health assessments to be completed for the child, which cover the three health domains.

Note: the School Dental Service will arrange for dental checks and treatment for enrolled children throughout the year .

These assessments provide ongoing monitoring of a child's health needs while he/she is in care to confirm all issues are being appropriately addressed, and any new and emerging issues are identified and attended to.

Oral / Dental Health

Child is under school age: health practitioner will complete an oral health examination as part of the health and development assessment. Child health nurse will use 'Lift the Lip'.

Child is school age and attends school: the child receives dental checks through the School Dental Service. General dental treatment is completed as required.

Child is school age but doesn't attend school or the school attended is not part of the WA Health school health service: child protection worker to arrange for the child to be seen at a public dental clinic (complete Form 512 and DS3).

Psychosocial / Mental Health

Child is under 4 years of age: health practitioner may use ASQ or ASQ:SE as part of the health and development assessment. Note: some practitioners may use other tools to assess the child in this domain.

Child is 4 years of age or abovel: the child protection worker to arrange for a SDQ to be completed by someone who knows the child, such as a carer or teacher (SDQ forms are available in the Casework Practice Manual, Chapter 10: Health Care Planning for Children in Care). The SDQ is scored and summarised by the district psychologist.

Health and Development

Child is under school age: the assessment may be completed by a child health nurse, GP, paediatrician, or via an AMS or Aboriginal health service (use Form 510).

Child is school age and attends school: the assessment may be completed by a school health nurse, GP, paediatrician, or via an AMS or Aboriginal health service (use Form 510).

Child is school age but doesn't attend school or the school attended is not part of the WA Health school health service: the child's GP or an AMS should complete the assessment (use Form 510).

Information from the assessments, including from consultations with health professionals as required, inform the planning decisions and actions in relation to the child's health needs. These decisions and recommended actions are discussed at the care plan meeting and recorded in the health dimension of the child's care plan.

Health care planning processes completed are recorded in the Record of Child Information in Assist, and the health plan is implemented by the child protection worker including any recommended referrals.