



GUIDELINE	
Children in Care – managing referrals	
Scope (Staff):	Community Clinical Nurse Managers, Community Health Nurses
Scope (Area):	CACH, WACHS

Aim

To enable WA Health community health staff to meet legislative and departmental requirements for referral management within the health care planning pathway for children in care (CIC).

Background

Children who come into care are traumatised and vulnerable. Most commonly, children enter care as a result of emotional harm or neglect.¹ Family and domestic violence, mental health issues and drug and alcohol misuse are significant contributing factors, as are intergenerational trauma and social disadvantage.^{1, 2} The impact of these factors can persist resulting in children having complex health needs and being at high risk of poor physical, developmental and psychosocial health outcomes.^{3, 4}

Aboriginalⁱ children now constitute more than 50% of children in care in WA.¹ In WA children are entering care at a younger age and staying in care for longer than was the case a decade ago.¹ Opportunistic health care is an inadequate long term solution to meeting the chronic and complex health needs of these children.

The National Clinical Assessment Framework for Children and Young People in Out-of-Home Care 2011⁵ (referred to as children in care or CIC in WA) is aligned under the National Framework for Protecting Australia’s Children 2009-2020.⁶ The former Framework describes the scope and focus of health assessments for CIC according to specified age groups.

The *Children and Community Services Act 2004*⁶ (“the Act”) is the legal framework guiding the protection and care of children in WA. The Department for Child Protection and Family Support (CPFS) administers the Act and is the key government organisation providing child safety and family support services. The Act requires CIC to have a care plan which identifies their needs while they are in care, and outlines measures to address those needs.

Role of the Department for Child Protection and Family Services

CPFS is responsible for the wellbeing of children in care in WA¹. The Chief Executive Officer (CEO) assumes parental responsibility for most children in care as described in the Act. In practice, CIC have a case manager who is delegated the power to give consent, in lieu of a parent, where the CEO has parental responsibility. Where the CEO does not have

ⁱ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

responsibility for a child under the Act, or an agreement under a negotiated placement agreement to provide consent on behalf of a child who is not a mature minor, consent from the person with parental responsibility for that child needs to be sought by the case manager (see [Information Sharing and Consent](#)).

CPFS is the lead agency responsible for the nine areas of care planning required for each child in care, of which health is one dimension. The CPFS case manager is responsible for developing and implementing a child's care plan. This includes responsibility for making decisions regarding any medical or dental examination, treatment or procedure on behalf of the child (The Act; S29(2) and 29(3A)). A child's appointed carer is responsible for their day to day physical and emotional care.

The Health Care Planning Pathway

A Schedule to the Strategic Bilateral Memorandum of Understanding between CPFS and WA Health⁷ (referred to as "the Schedule") has been signed by both agencies to support health care planning for CIC. The purpose of this schedule is to outline the joint processes and procedures between 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.

Health care planning is a pathway providing systematic monitoring of the health needs of children in care through coordinated, regular health assessments in order to inform and review the health dimension of a child's care plan (commonly referred to as a child's health care plan). In order that a child's current and emerging health needs are identified the health assessment must be holistic; addressing the physical, developmental and mental health domains. CPFS is responsible for identifying when a child in care requires a health assessment through their case review cycle.

The pathway comprises three phases:

- **Initial Medical Assessment:** a General Practitioner (GP) or Paediatrician provides screening and preliminary assessment of the child's health and wellbeing to identify and treat any immediate health concerns. In the case of a newborn, a recent paediatric review such as at hospital discharge may be substituted for an Initial Medical Assessment.
- **Comprehensive Health Assessment:** a health service provider, most commonly a community health nurse (CHN) or GP, provides a more in depth assessment across each health domain.
- **Annual Review:** a health service provider, most commonly a CHN or GP, provides ongoing monitoring of a child's health needs to ensure current and emerging health issues are identified, and required actions identified. The comprehensive health assessment currently provides a structure for this review.

Key Principles in Health Care Planning for Children in Care

All processes in the health care planning pathway must focus on the best interests of a child in care and include:

- A child centred, age appropriate and culturally respectful assessment process.
- Effective information sharing and collaboration between WA Health and CPFS staff during the health assessment process supports the needs of each child.
- Engagement of children in the assessment process and, wherever possible, their views on their own health and wellbeing is invited and taken into account. Their rights to confidential health care and issues of consent must be acknowledged, discussed (including the limits of confidentiality) and respected.

- Engagement of carers in the assessment process. Carers can be invited to support a child by attending assessment appointments (where age appropriate), provide information to help identify areas of concern for a child and made aware of any health issues and requirements.
- Acknowledgement of issues of trauma and associated effects on physical health, development, social and emotional wellbeing, and educational outcomes. These are considered holistically rather than in isolation.
- Continuity of health care providers to allow relationships to develop. Maintenance of this relationship supports the ongoing health needs of a child. If a child already has a relationship with a particular primary care provider, then that relationship is utilised in health care planning assessments wherever possible. A carer's preference for a particular health care provider is also considered.
- Utilisation of standardised, evidence-based screening and assessment tools wherever appropriate/practicable in assessments.

Role of WA Health

CPFS and WA Health are signatories to the Cabinet endorsed Rapid Response framework, which prioritises access to services for a child in the CEO's care.

The Schedule states that WA Health should prioritise services on the basis of clinical need and acknowledges CIC have high needs.

Key points

- For a child new to the CEO's care, the health assessment will be undertaken within 30 working days of WA Health receiving a completed referral from CPFS.
- Both Child and Adolescent Community Health (CACH) and the WA Country Health Service (WACHS) have a Key Performance Indicator (KPI) based on the provision of health assessments to children new to care within 30 working days of receiving a completed referral. For all other children in the care of CPFS, the timeframe to undertake the assessment will be based on clinical need and availability of resources.
- WA Health staff must send a report on the assessment outcomes within five working days of the assessment. This report must be written in a way that may be understood by a lay person with a focus on a child's health needs, priorities and actions required to inform the development of a 12 month health care plan.
- The development of the health plan is intended to be a collaborative process between a child's case manager and those health professionals informing the plan. WA Health staff may be consulted to support this process, as CPFS staff generally do not have a health background and their knowledge of the health system may be limited.
- WA Health staff may also be asked to support CPFS case managers in identifying an appropriate health service provider for a child, particularly where they assess the child's health needs would be better managed by an alternative provider.

Dental Health

Children in care are eligible for assessment and treatment of dental concerns through WA Health Dental Health Services who coordinate this aspect of the health care planning pathway. The CPFS case manager, as a safety net, enrolls all CIC of school age in the school dental service, although most will already attend this service. Oral health still remains a component of health care planning assessments as concerns may arise between school dental service appointments. Prior to school age, an oral health inspection is part of the health assessment and referral to Dental Health Services by the

CPFS case manager follows if required. Children in care are prioritised for assessment and treatment by Dental Health Services.

Information Sharing and Consent

The information sharing protocols that support the Schedule and this guideline are outlined in the joint guidelines on the mutual exchange of relevant information between WA Health and the CPFS for the purpose of promoting the wellbeing of children.

The method for sharing information between WA Health and CPFS staff is bound by organisational policies.⁷ In health care planning:

- CPFS policy is to email all referrals and supplementary information. These documents can be returned in the same manner.
- *WA Health internet security policy* prevents the emailing of confidential information outside of the WA Health's global domain to CPFS, unless protected through encryption. **Current policy is to return health assessment information to CPFS by fax or registered mail where encryption of confidential health information is not available.**

Consent for health assessments is given by the person who has parental responsibility for decisions made on behalf of the child. Where CPFS does not have parental responsibility to provide consent, the case manager will obtain consent from a person who has parental responsibility. In the case of a child assessed as a mature minor, he or she can provide consent on their own behalf to assessment, treatment and release of confidential information.²

Key Points

- Children in care are a group at high risk of poor physical, developmental and psychosocial health outcomes.
- CPFS case managers are delegated the responsibility of developing and implementing care plans for each child in the care of the CEO. Health assessments inform the health component of the child's care plan.
- WA Health promotes a child-centred, strengths based and holistic view of health. A comprehensive health assessment for children in care considers the physical, developmental and psychosocial health domains of a child's health and wellbeing to inform the development or review of their health plan.
- WA Health supports the systematic, ongoing monitoring of the health needs of the child through a process of annually reviewing their health status.
- Information sharing and collaborative practice between CPFS and WA Health staff supports the development and management of a health plan targeted to the needs of each child.

Risks of not following the guideline:

Failure to follow this guideline may result in a:

- child's health / developmental needs not identified in a timely manner
- delay of assessment outside of 30 working days for children new to care (organisational key performance indicator) or failure to conduct an assessment
- failure to report to CPFS on the outcomes of the assessment within five days may delay a child's health plan being developed, which may lead to delays in addressing their health needs.

Process

CPFS referrals

A child's CPFS case manager will make a referral for a comprehensive health assessment, either for a child new to care or as an annual review, by completing and sending CPFS Form 510. This referral form provides background information on the child, contact details for the carer, CPFS case manager and CPFS team leader, and consent to receive services and share information. Where a child in care requires an appointment that is not for a health care planning assessment (e.g. for a universal contact schedule assessment or a particular test such as a hearing test) consent needs to be obtained from the child's CPFS case manager using WA Health Form CHS 721 (CACH).

WA Health has developed a coordinated system for managing referrals from CPFS for CIC comprehensive health assessments ([Appendix A](#)). This system relies on two main points of coordination:

- Central Referrals Administration**
 The Central Referrals Administration (CRA) receives ALL comprehensive health assessment referrals from CPFS case managers state-wide for community health services in WA. It screens and then allocates CIC referrals to WA Health CIC Key Contacts. The CRA manages the central email address for CIC referrals, DOH.CICreferrals@health.wa.gov.au
- WA Health CIC Key Contact**
 The CIC Key Contact provides a point of contact and coordination for the local area management of the health care pathway for children in care within WA. Each key Contact will review and allocate CIC referrals within their health service area to Community Health Nurses (CHNs) who then conduct the assessment. The CIC Key Contact also liaises with the local CPFS District Office staff regarding comprehensive health assessment referrals.

This guideline addresses the processes for managing referrals from CPFS for a comprehensive health assessment by CIC Key Contacts.

Steps	Additional information
<p>Appendix B outlines the key steps in the process for CIC Key Contacts managing CIC referrals.</p>	
<p>Receive referral CACH: Each CIC Key Contact has a list of CIC referrals in the Child Development Information System (CDIS). A notification will be sent by email once a referral has been allocated to a CIC Key Contact.</p> <p>WACHS: Each CIC Key Contact monitors a CIC email account for their local area. All CPFS comprehensive health assessment referrals are sent to these email accounts by the CRA.</p>	<p>No comprehensive health assessment referrals are to be accepted directly from CPFS or another CIC Key Contact (except where this occurs through reassignment in CDIS). Return to sender and request the referral is sent to: DOH.CICreferrals@health.wa.gov.au</p> <p>Permission to access local CIC email accounts must be approved by logging an IT request using the HFN_030 form. Set up instructions can be obtained from the CRA or Health Support Services.</p>

<p>Review referral</p> <ul style="list-style-type: none"> • Review the suitability of community health services to provide the assessment by considering identified health needs and other current, or previous, service providers. • Identify missing health information on each child’s referral and follow-up with the CPFS case manager. • If the child attends a school not receiving services from CACH or WACHS, contact the child’s case worker to discuss whether an assessment may be provided in another setting, or whether the assessment needs to be provided by an alternative service provider. • A special request for an assessment to be conducted outside the normal annual review cycle should be considered where there is, or will be, a significant change to a child’s circumstances which may affect the management of their health needs e.g. reunification with parents. • Where a referral is received less than nine months after the last assessment, query the reason with the child’s CPFS case manager prior to accepting or declining the referral. <p>Aboriginal children CACH: if the child is under 5 years of age, ask whether the carer would prefer to receive an assessment from the Aboriginal Health Team (AHT) or another Aboriginal Health/Medical Service. If the AHT is nominated, assign the referral to the AHT CIC Key Contact. If a different Aboriginal health service is nominated, decline the referral in CDIS, compose the decline referral letter including the name of the preferred service provider, and email or print and send directly to CPFS case manager. WACHS: refer to local processes if the child is known to have received services from an Aboriginal Medical Service.</p>	<p>To promote continuity of care, if a child has ongoing medical or health needs which are currently managed by another service provider, and that service provider would be able to provide a comprehensive health assessment, the referral should be returned directly to the CPFS case manager with a recommendation to forward the referral to that provider.</p> <p>This is particularly applicable to:</p> <ul style="list-style-type: none"> • children with a CaLD background • newborns, infants and children who have health needs being monitored/ managed by a paediatrician or general practitioner • children with disabilities, chronic or complex medical issues (Appendix C) • Aboriginal children who have a history of accessing culturally appropriate services. Knowledge of previous service providers may come from previous contact with the child or may be contained in the Service Summary section in CDIS (CACH). If there is no information on previous service providers, the referral should be allocated to a CHN who will then establish if there is a preferred service provider when contacting the carer. <p>If the child is under 18 years of age, but not attending school, contact the case manager to advise how as to whether the child can be assessed by community health outside of the school setting or provide information about a suitable alternate service provider in the local area e.g. a GP.</p>
<p>Accept and allocate Considerations for allocation:</p> <ul style="list-style-type: none"> • Prioritise on the basis of clinical need 	<p>Allocation is guided by additional factors such as the child’s age, where the child resides or goes to school and previous</p>

<p>and service availability.</p> <ul style="list-style-type: none"> • Priority is given to referrals for children new to care who require an assessment within 30 working days of the referral being accepted. <p>CACH: Allocate through CDIS each accepted referral directly to a CHN, or assign to an alternative Nurse Manager (including CIC Key Contact for the AHT) for allocation to a CHN.</p> <p>WACHS: Allocate each accepted referral to a CHN by forwarding the referral email. Record name of the CHN and date referral allocated in the CIC referral register.</p> <p>A child’s CPFS case manager must be notified of any foreseeable delay in allocation or assessment.</p>	<p>assessment provider.</p> <p>Referrals may be allocated to a CHN in a child health setting (0-4.5 years), in a school setting (4-18 years), a generalist nurse or Remote Area Nurse as available.</p> <p>School holidays School health services vary during holiday periods. It is the responsibility of the CIC Key Contact to develop and maintain a local process for managing CIC referrals during school holidays according to local resources.</p>
<p>Decline referral If the referral is not accepted for assessment the CPFS case manager must be notified.</p>	<p>CACH: document reason for decline in CDIS if CHN has not already done so. Print decline referral letter and email or fax directly to CPFS case manager.</p> <p>WACHS: return the referral to the CPFS case manager stating the reason for decline.</p>
<p>Manage The CIC Key Contact:</p> <ul style="list-style-type: none"> • provides a local coordination point between the CRA, CHN and CPFS case manager for referrals allocated to their area, and • monitors their local referral list to ensure timely assessments. 	<p>The CIC Key Contact provides support to CHNs conducting a comprehensive health assessment and attends to enquiries from CPFS.</p>
<p>Close record Close the referral record in the relevant list or register.</p>	<p>CACH: Key Contact or Nurse Manager open and review CIC Active List in CDIS. When the referral status is “Report Printed” for a referral assigned to you, check for a CNP record for the report faxed to the CPFS case manager (service type: CIC Report sent to DCPFS (CIC only)). If complete, close referral.</p> <p>WACHS: the dates of assessment and report sent to CPFS are recorded in the local area’s CIC referral register.</p>

	<p>Record:</p> <ul style="list-style-type: none"> • date referral allocated • name of CHN • date assessment completed • date report forwarded to CPFS • comments or information • if no assessment, reason and date referral returned to CPFS.
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Community Health Nurse

The role of the CHN is to provide comprehensive health assessments as requested through the referral process. [Appendix D](#) outlines the key steps in the process for CHNs managing CIC referrals. The details are outlined in the Children in Care – conducting an assessment (procedures) accessed via [HealthPoint](#) or [Internet](#).

Follow-up

If a follow up is required by the CHN, the case manager should directly contact the CHN within 20 working days of receiving the report. A time should be arranged (either face to face or via telephone) to discuss the results and collaboratively develop the health plan for the child. If there are concerns that require more urgent action or follow up than this timeframe allows, the CHN should contact the CPFS case manager or CPFS team leader.

Documentation

Community health nurses must keep a record of the comprehensive health assessment referral form, WA Health and CPFS consent documents for individual assessments and the Health Improvement Plan/Report forwarded to CPFS. All documentation regarding children in care must be completed using minimal medical terminology and no shorthand, as the information reported will be read, interpreted and recorded elsewhere by CPFS staff who generally do not have a health system background or clinical training.

Appendices

- Appendix A: Overview of WA Health CIC health referral management process
- Appendix B: CIC Key Contact referral health management process
- Appendix C: Sub groups of CIC with special considerations for health care pathway
- Appendix D: Community health nurse CIC health referral management process

Related internal policies, procedures and guidelines
Children in Care - conducting an assessment (procedure)
Guidelines for Protecting Children 2015
CACH.AW.Pr.57 Consent for release of client information
Joint guidelines on information sharing between WA Health and CPFS (PDF 223KB)
Schedule Between the Department for Child Protection and Family Support and WA Health Care Planning for Children in Care (January 2015) (PDF 711KB)
Record keeping OD 0304/10 http://intranet.health.wa.gov.au/records/content/
WA Health Protection of Children Policy (PDF 230KB)

References

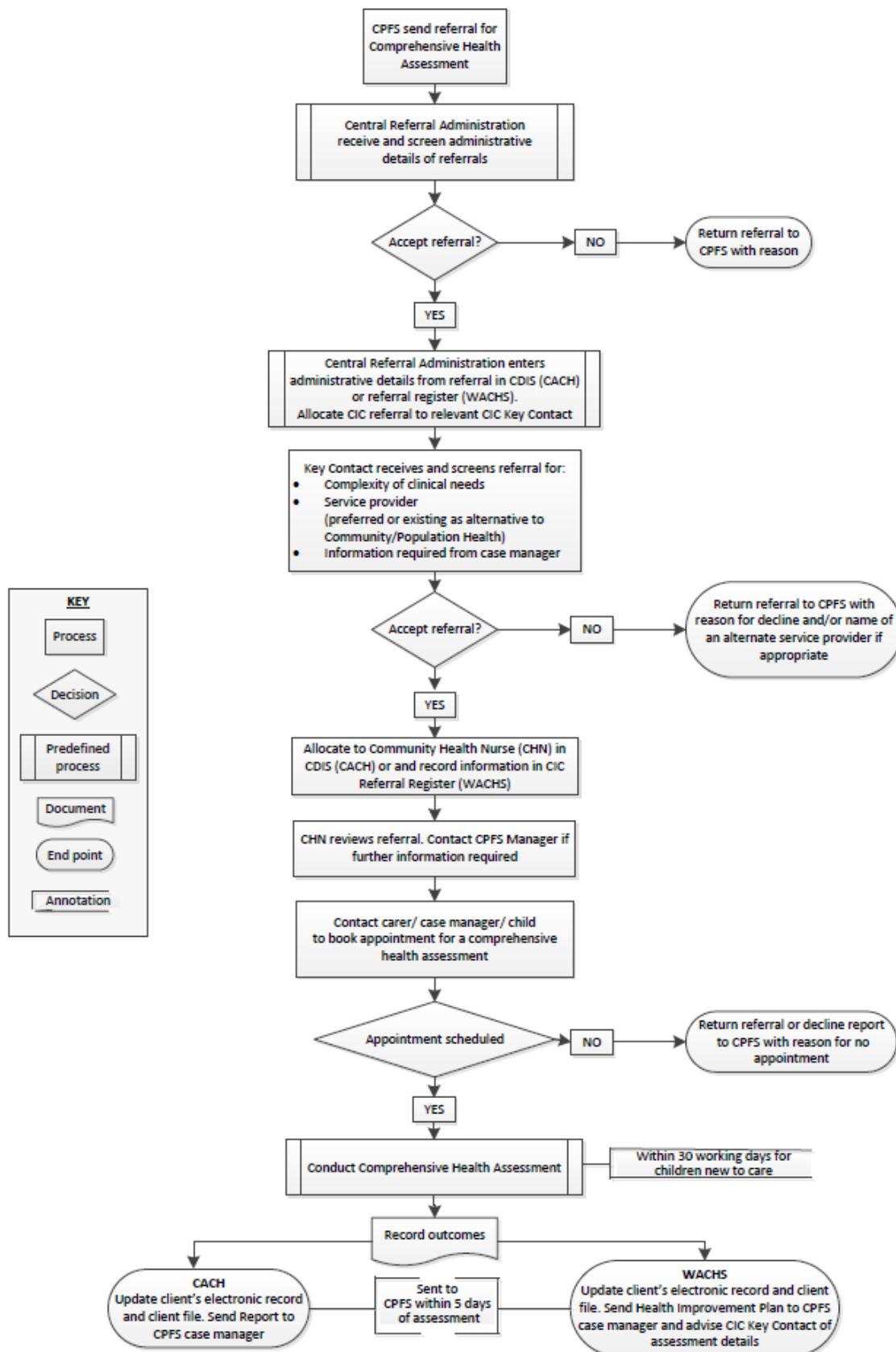
1. Western Australia Department for Child Protection and Family Support. 2015. Annual Report 2015/2016.
2. Department of Health WA. Guidelines for Protecting Children 2015. 2015.
3. Schilling S, Christian CW. Child physical abuse and neglect. Child and adolescent psychiatric clinics of North America. 2014 Apr;23(2):309-19, ix. PubMed PMID: 24656582.
4. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. PLoS medicine. 2012;9(11):e1001349. PubMed PMID: 23209385. Pubmed Central PMCID: 3507962.
5. Council AHMA. [National Clinical Assessment Framework for Children and Young People in Out-of-Home Care \(OOHC\)](#) Canberra: Department of Health, Australian Government 2011.
6. [Children and Community Services Act \(2004\)](#). State Law Publisher Western Australia.
7. Services DoHaDfCPaF. Level 1 Strategic Bilateral Memorandum Of Understanding Between Wa Health And Department For Child Protection 2011 - 2015. Western Australia 2011.

Useful resources

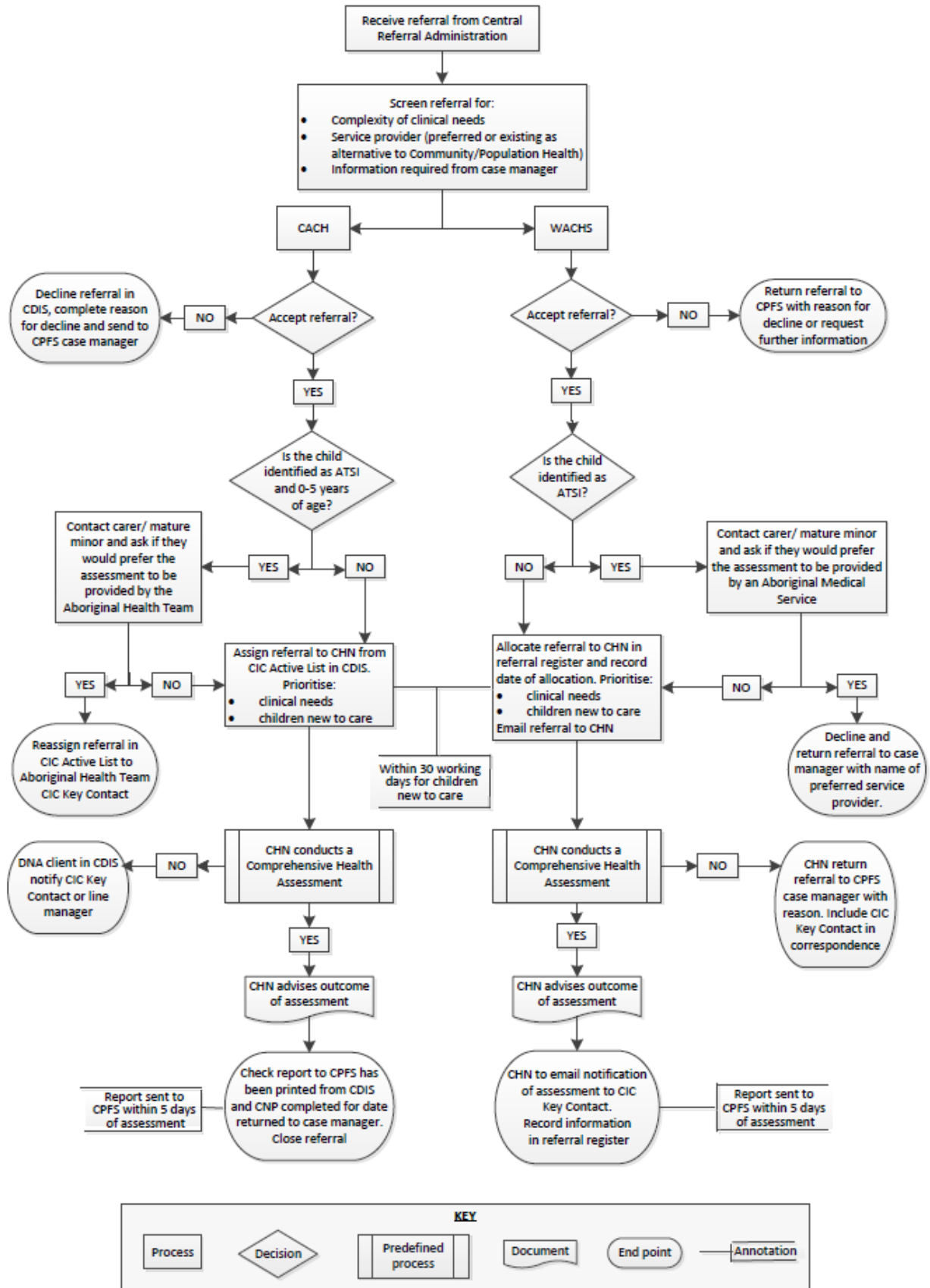
[Children in Care Health Assessment Practice Guides](#): 3-5 years; 6-11 years, 12-18 years

[Training](#) by WA Health Statewide Protection of Children Coordination (SPOCC) Unit

Appendix A Overview of WA Health CIC referral management process



Appendix B CIC Key Contact referral management process



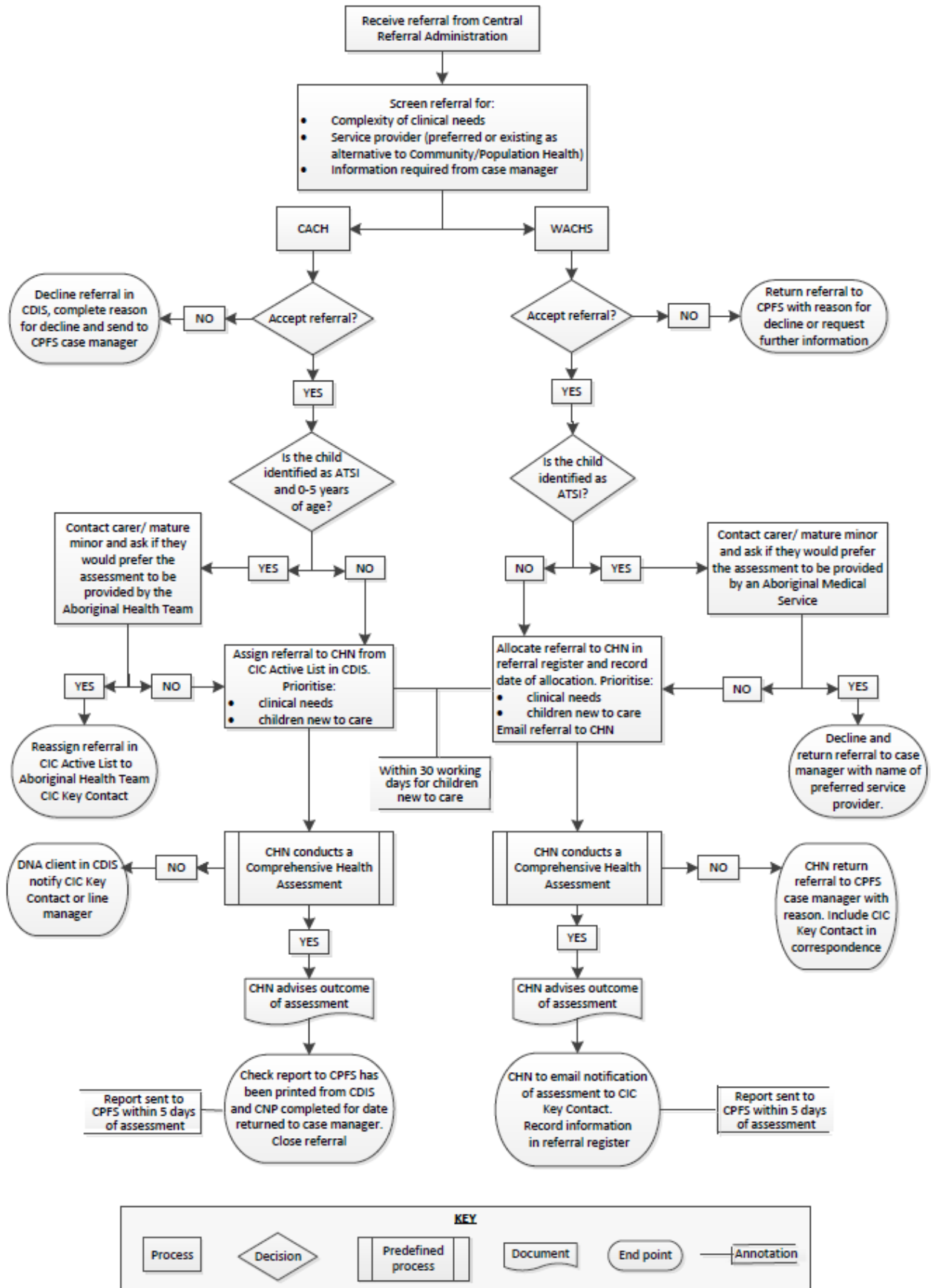
Appendix C

Groups of CIC with special considerations for their health care pathway


1. **Aboriginal children:** More than 50 per cent of children in care in Western Australia are of Aboriginal.¹ In the metropolitan area, the CACH Aboriginal Health Team (AHT) has a CIC Key Contact to manage CIC referrals to this team. If you receive a CIC referral for a child you know has previously been engaged with the AHT, and the child is still under 5 years, it is important to establish whether the child /carer wishes to see the AHT for health care planning health assessments before a referral is made to this team. The Key Contact or CHN can directly contact the child / carer. If a preference for an aboriginal service provider is expressed, referrals should be assigned to the AHT CIC Key contact by a CIC Key Contact currently managing that referral. If non WA Health Aboriginal Health Service provider is preferred (state-wide) return the referral to the CPFS case manager with the name of the preferred Aboriginal health service provider or follow local processes agreed with this provider (this applies particularly in rural / remote areas).
2. **Culturally and Linguistically Diverse (CaLD):** There are a number of considerations needed in meeting the health needs of these children, such as whether an interpreter service is required, gender of the health assessment provider, use of culturally appropriate screening tools and assessments, an understanding of trauma experienced prior to (such as war) or since moving to Australia (e.g. social isolation), and specific physical health considerations such as potential exposure to communicable diseases.
3. **Children with a disability:** Children in care with a diagnosed disability may be engaged with disability specific services. Although a child may already be under the care of a health team, the case manager should discuss health care planning assessments with current health providers to ensure all aspects of the child's health care are being addressed, such as immunisation or oral health care. The process of assessment through this pathway may lead to some children becoming eligible for disability services.
4. **Newborns:** Where a child is taken into provisional protection and care at birth their immediate health needs will have been addressed in discharge planning processes as outlined in the Bilateral Schedule Between WA Health And Department For Child Protection And Family Support: Interagency Collaborative Processes When an Unborn or Newborn Baby is Identified as At Risk of Abuse and/or Neglect. Health care planning assessments therefore need to align with these arrangements, and involve those professionals already engaged in the care of the newborn. A recent paediatric review may be accepted for new to care referrals in lieu of an Initial Medical Assessment.

The Birth to School Entry Universal Contact Schedule and the health care planning pathway are separate processes. Where possible, it is recommended to align these processes and consolidate the information from both assessments, rather than duplicating overlapping health checks.

Appendix D Community health nurse CIC health referral management process



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

File Path:					
Document Owner:	Senior Policy Officer, SPOCC Unit				
Reviewer / Team:	Birth to School Entry Reference Group, School Age Health Reference Group, CACH Operational Policy Steering Committee				
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Amendments	14/03/2017				
Approved by:	Birth to School Entry Reference Group, School Age Health Reference Group, CACH Operational Policy Steering Committee			Date:	12/07/2016
Endorsed by:	Executive Director CACH, Executive Director CACH, Chief Operating Officer Strategy and Reform WACHS			Date:	19/08/2016
Standards Applicable:	NSQHS Standards:  1.7, 1.18				

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