Out of Home Care Clinics

Model of Care

October 2017

(Endorsed by SA Health Ministerial Clinical Advisory Group)

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Government of South Australia

SA Health

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1 Background

1.1 Introduction

The *Health Standards for Children and Young People under the Guardianship of the Minister* [i] (Guardianship Health Standards) were originally developed under the auspices of the Across Government Guardianship Steering Committee by SA Health and the then Families SA, now called the Department for Child Protection (DCP), in 2007 as part of *Rapid Response*[ii].

The Health Standards were revised in 2014 to incorporate the *National Clinical Assessment Framework (NCAF)*[iii] *and* the *National Standards for Out of Home Care (National Standards)*[iv]*.* The National Standards and the NCAF were developed under, and are consistent with, the objectives of the *National Framework for Protecting Australia's Children 2009-2020*[v]*.* The NCAF outlines a tiered approach for improving the consistency of health care assessments and services to address the health needs of children and young people in out of home care. Standard 5 of the National Standards outlines the requirement for children and young people to have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

The *Health Services Agreement between DCP and SA Health*[vi] (2021) updates the Guardianship Health Standards and reaffirms the joint commitment of both agencies to work in partnership and provide priority access and improved responses to address the health needs of children and young people in out of home care. This Agreement outlines the roles and responsibilities of DCP and SA Health in relation to the provision of health services for eligible children in relation to health assessment, ongoing health care planning, monitoring and review.

The *Health Services Agreement* aligns with the SA Government initiative, *Investing in their future: supporting children and young people in care to access across government services*[vii], that outlines the government's commitment to ensuring children and young people in out of home care have priority access to the services they need to achieve better health, education and wellbeing outcomes. *Investing in their future* signifies a re-branding of Rapid Response and reaffirms the government's commitment to providing essential services to South Australia's most vulnerable children and young people as detailed in the whole of government child protection strategy, *Safe and well: Supporting families, protecting children* [viii]. *Safe and well* is South Australia's plan for supporting families at risk of entering the child protection system to safely care for their children, protecting children and young people from harm including when they are in care, and investing in young people in care to provide them with opportunities for a bright future, and brings together the findings from the two Royal Commissions: the Nyland Child Protection Systems Royal Commission[ix] and the Royal Commission into Institutional Responses to Child Sexual Abuse[x].

Recommendation 85 of the Nyland Child Protection Systems Royal Commission specifically supported the OOHC Clinics:

- *Fund initial health assessment clinics at the Women's and Children's Hospital, Flinders Medical Centre (FMC) and Lyell McEwin Hospital to operate in accordance with the service model employed at FMC. This includes funding clinics at a level that enables a psychosocial component to be offered at every initial health assessment*[xi]*.*

The *Out of Home Care Clinics Model of Care* demonstrates how DCP and SA Health are working together to provide health assessments to children in out of home care, including determining how best to ensure that all children in care undergo a timely comprehensive health assessment that includes a psychosocial component.

This Model of Care encompasses metropolitan Adelaide and is in the process of being rolled out across regional and rural South Australia. Out of Home Care (OOHC) Clinics have been established by SA Health to provide Comprehensive Health and Developmental Assessments (CHDAs) to eligible children and young people in out of home care, as required under the NCAF, at SALHN Flinders Medical Centre (as part of its Child Protection Service), at Women's and Children's Health Network (as a standalone paediatric outpatient clinic associated with the Department of General Medicine and the Child Protection Service), at NALHN Lyell McEwin Hospital (co-ordinated by the Child Protection Service) and at Limestone Coast at Mount Gambier Community Health Service. These four clinics currently operate as separate entities with different models and levels of service, but all utilise existing SA Health commissioned paediatrician time.

Further engagement continues with the other regional local health networks to expand this Model of Care throughout the rest of the state, in line with the recommendations of the CAMHS Radical Redesign: Guardianship Group, which recommended the development of regional specific models to address the needs of children and young people in care living in regional areas. In these regional areas, assessments are currently conducted by paediatric services that are all or part funded by private income or Commonwealth funded programs. There will be a staged roll out of this Model of Care from 2021, with the commissioning of OOHC Clinics in the Eyre and Far North, Flinders and Upper North, Yorke and Northern, and Riverland Mallee Coorong local health network areas.

1.2 Rationale for developing a Model of Care

It is well documented that children and young people in out of home care have higher physical, mental and social health needs than other children. They are a vulnerable group, and are more likely to have significant, often unrecognised and unmet health needs, increased rates of developmental difficulties and be less likely to access preventative health services such as immunisation[xii]. They are also likely to have suffered significant trauma associated with physical or sexual abuse and neglect and may have experienced serious dysfunctional family relationship or abandonment[xiii]. There is an over representation of Aboriginal and Torres Strait Islander children in out of home care, and research indicates they experience multiple and cumulative disadvantages in terms of their physical, emotional and psychological health and their cultural identity[xiv].

The August 2015 *Senate Community Affairs Reference Committee Out of Home Care Report*[xv] provides additional evidence of the poorer health outcomes for children in out of home care across a range of indicators, including that children in care are more likely to experience chronic health issues, mental health issues and associated emotional and behavioural problems, and are more likely to come from backgrounds of significant social disadvantage and experience multiple forms of trauma, abuse and neglect[xvi].

SA Health is committed to improving our health system to provide consistent and quality care. This Model of Care outlines an integrated service model with clearly defined roles, functions and a way of working to support children and young people in out of home care that meets patient demand. The Model of Care has been developed to strengthen the purpose of the Out of Home Care Clinics and the way in which they operate to provide a more equitable, effective, efficient, streamlined and integrated service. It is acknowledged that there may need to be some realignment between services to achieve a consistent level of service delivery across sites.

1.3 Methodology

The *Out of Home Care Clinics Model of Care* was developed under the auspices of the Interagency Children's and Young People's Safety Steering Committee. In March 2016, a Working Group was established comprising representatives from each of the metropolitan OOHC Clinics, with project support provided by the Health Informatics Planning Performance and Outcomes (HIPPO) Unit, Women's and Children's Health Network and representation from the Department for Child Protection (DCP).

The *Out of Home Care Clinics Model of Care* was endorsed by the SA Health Ministerial Clinical Advisory Group (MCAG) on 11 October 2017.

This update of the *Out of Home Care Clinics Model of Care* was managed by the Out of Home Care Clinic Monthly Meeting and was approved by the SA Health Statewide Child Protection & Policy Board in 2022.

2 Model of Care

2.1 Priority population / target group

SA Health OOHC Clinics provide Comprehensive Health and Developmental Assessments (CHDAs) to eligible children and young people in care or under protection court orders.

Eligible children include all children and young people who are placed in out of home care under a Care and Protection Order by the Youth Court, in accordance with the *Children and Young People (Safety) Act 2017*[xvii]. This includes:

- an order placing the child or young person, for a specific period not exceeding 12 months under the guardianship of the Chief Executive - Section 53(1)(e);
- an order placing the child or young person, for a specific period not exceeding 12 months under the guardianship of a specified person or persons (not exceeding 2) - Section 53(1)(f);
- an order placing the child or young person under the guardianship of the Chief Executive until they attain 18 years of age - Section 53(1)(g);
- an order placing the child or young person under the guardianship of a specified person or persons (not exceeding 2) until they attain 18 years of age - Section 53(1)(h);
- an order granting custody of the child or young person to the Chief Executive - Section 53(1)(i);
- Voluntary Custody agreements - Section 96(1);
- Family Group Conference Arrangements initiated prior to the commencement of the Act, and subject to transitional arrangements.

Unaccompanied humanitarian minors under the *Immigration (Guardianship of Children) Act 1946*[xviii] with guardianship delegated to the Chief Executive are also eligible children and young people.

2.2 Service aim

The OOHC Clinics aim to provide a comprehensive, child-friendly and trauma-informed health intervention to improve the health and wellbeing of children and young people in out of home care.

2.3 Service objectives

- To undertake Comprehensive Health and Developmental Assessments (CHDAs) to identify and respond to the holistic physical, developmental, psychosocial and mental health needs of individual children and young people in out of home care.
- To gain a comprehensive health history of the child or young person.
- To provide a skilled, timely and trauma-informed opinion and recommendations regarding health interventions that address complex behaviours and circumstances and positively engages with children and young people who have experienced abuse, neglect and trauma.
- To contribute to the development of a comprehensive Health Management Plan to address and treat the health needs of the child or young person.
- To work in partnership with DCP to ensure that care and treatments identified in the Health Management Plan are followed up and that ongoing health monitoring occurs at regular intervals in accordance with clinical need.

2.4 Service approach

The *Out of Home Care Clinics Model of Care* is underpinned by the following National Standards[xix]:

National Standard 2: Children and young people participate in decisions that have an impact on their lives.

National Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.

National Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.

National Standard 5: Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

The OOHC Clinics will provide health care within a child friendly, low stimulation and trauma informed environment. Staff have the skills and knowledge to respond to and support the needs of children and young people who have experienced trauma, neglect or abuse.

The development of a governance structure for the OOHC Clinics would articulate clear accountability lines between staff at each of the clinics. The governance structure should include operational policies and procedures and a framework for feedback and complaints from children, young people and carers *(2.15)* and the resolution of intra and interagency disputes *(2.16).*

2.5 Cultural appropriateness

Aboriginal and Torres Strait Islander children and young people

There is a significant over representation of Aboriginal and Torres Strait Islander children and young people in out of home care, and the OOHC Clinics will offer specific cultural support and an appropriate Aboriginal cultural response to these children and young people within a safe welcoming environment.

The OOHC Clinics will work in partnership with DCP to work actively to implement the five core elements of the Aboriginal Child Placement Principle - prevention, partnership, placement, participation and connection - that work across the continuum of the child protection system to realise the rights of Aboriginal children and young people, families and communities.

See *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families*[xx]*.*

Children and young people from culturally and linguistically diverse backgrounds

Where children, young people or carers are from culturally diverse backgrounds, all efforts will be made to ensure that an appropriate interpreter is present at all appointments (preferably on site, not over the telephone). Appointment times may need to be adjusted to allow for the extra time required for interpretation, and consideration needs to be given an appropriate response to the cultural needs of the child or young person, or their family.

2.6 Health assessments

The *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (NCAF)*[xxi] emphasises the need to identify issues early so that intervention can be offered when it will be most effective. The NCAF outlines a two stage health assessment when a child enters out of home care. The first stage is a Preliminary Health Check undertaken by a primary health service provider within the first 30 days of entering care; the second stage is the Comprehensive Health and Developmental Assessment (CHDA), undertaken by an OOHC Clinic, which is completed within three months of receipt of the completed referral from DCP.

Preliminary Health Check

The purpose of the Preliminary Health Check is to identify any health conditions that need urgent attention, and also to provide some baseline information about height and weight which will enable the child's growth to be tracked after they enter care.

Preliminary Health Checks are undertaken by a primary health service provider, such as a general practitioner, Aboriginal community controlled organisation, MY Health (MYH) (*3.7*) or Child and Family Health Service (CaFHS) (*3.9*). CaFHS involvement is triggered by a completed referral form from DCP for a CaFHS Preliminary Health Check. See Appendix 2.

Referrals for Preliminary Health Checks are to be made within the first 30 days of a child or young person entering care.

Any reports generated from the Preliminary Health Check will be sent to DCP and will be made available to the appropriate OOHC Clinic.

Comprehensive Health and Developmental Assessment

The OOHC Clinics undertake Comprehensive Health and Developmental Assessments (CHDAs) for children and young people in out of home care or under protection court orders.

To ensure that the CHDA can be undertaken, children or young people must be on orders of 6 months or more, or a series of orders equating to 6 months or more with at least 3 months remaining on the current order. Referrals are to be made within three months of a child entering care.

The purpose of the CHDA is to identify and assess the holistic health needs of individual children and young people. At the CHDA, a comprehensive health history of the child or young person is gained, and an Assessment Report is produced. This Assessment Report contributes towards the development of a comprehensive DCP Health Management Plan to treat the physical, developmental, psychosocial and mental health needs of the child or young person.

The NCAF [xxii] states that the CHDA should go beyond basic screening to provide in depth examination and assessment across each domain, and identifies the following three key domains:

1. *Physical health*
   - Physical health history
   - Physical examination and assessment (inclusive of eye, ear and skin health and especially for Aboriginal children)
   - Oral health assessment
   - Health literacy
   - Immunisation History
2. *Developmental*
   - Developmental history
   - Speech, language and communication
   - Motor development
   - Cognitive development
   - Sensory
3. *Psychosocial and mental health*
   - Psychosocial and mental health history
   - Current mental health
   - Behavioural
   - Emotional development
   - Social competence
   - Development of identity (including cultural and spiritual identity, particularly for Aboriginal and Torres Strait Islander children and young people)

In addition to incorporating elements of the three domains, each health assessment should be age appropriate, the NCAF purposes the following four broad age ranges:

- Under 1 year
- 1-5 years
- 6-11 years
- 12-18 years.

The NCAF does not stipulate the length of time required for completion of the CHDA but acknowledges that to ensure the unique health needs of each individual are met, the completion of each level of assessment may take more than one visit to a practitioner and should therefore not be equated with a single contact. FMC, NALHN, WCHN and Limestone Coast OOHC Clinics provide 90 minute appointments for CHDAs. The other regional and rural LHNs have no set appointment times for CHDA appointments, but children and young people are booked in as required when a visiting paediatrician is available.

In order to provide the best possible service for each child or young person, the OOHC Clinics will provide a flexible service, where possible and within the constraints of organisational requirements, in relation to the timing and length of appointments.

In addition, although children or young people residing in a particular catchment area would ordinarily be referred to their local LHN, there will be some flexibility in situations where the child or

young person might have a pre-existing relationship with staff of a particular service, or at a different LHN, in order to maintain and continue an existing therapeutic relationship.

The OOHC Clinics will also be flexible in the time allocated to appointments, for example, sibling groups where the background history is the same, to minimise travelling and appointment time for carers.

Following the CHDA, in most cases unless otherwise clinically indicated, it is expected that children and young people in stable placements will be discharged to GP care for ongoing health monitoring and review.

2.7 Review appointments

As part of providing a responsive and the best possible service for each child or young person and to provide continuity of care, OOHC CIinics maintain flexibility and the capacity to schedule further follow up and review appointments as necessary. This is determined according to clinical need in the context of the circumstances of each case. Further review appointments may be scheduled to follow up on health recommendations and to ensure the appropriate management of the child or young person's health issues, for example, where the child is an infant and the antenatal environment may indicate a regular review may be necessary, or where there are medical indications for further assessment, treatment or review.

The NCAF does not specify any criteria for review appointments but acknowledges that children and young people entering out of home care are likely to have complex health needs that will require follow up at regular intervals, and that the frequency of follow up assessments should be a clinical decision for each individual and have both case-dependent and age-dependent considerations. The NCAF suggests that ongoing monitoring be aligned to the recommended timing for the general population, as outlined in the jurisdictional parent-held child personal health record and acknowledges that additional assessments should be conducted following a change of care placement and on transition from care. The NCAF states that each individual Health Management Plan should be reviewed by a paediatrician at least once every two years[xxiii]. The *Health Services Agreement* states that DCP will review health information as part of the regular case review (DCP annual case review), ensuring it is updated in response to the changing needs of the child or young person, which may involve referral back to a relevant health practitioner when health concerns arise, to ensure that existing issues are appropriately addressed and new and emerging issues are identified and addressed[xxiv]. The *Health Services Agreement* also states that SA Health will ensure further health assessments or treatments are undertaken as appropriate when new or emerging health concerns arise in response to the changing needs of the child or young person[xxv].

Where mental health needs have been identified through the OOHC Clinic CHDAs, recommendations for referral to appropriate mental health services will be made. Reviews should occur regularly throughout mental health intervention, these occur in partnership between the mental health provider and DCP, alongside the carers and the child or young person. Mental health and mental health interventions should also be part of the DCP annual case review.

The *Health Services Agreement* states that DCP and SA Health will facilitate the transition of young people to appropriate adult services in a timely manner[xxvi], and that DCP will consult with SA Health practitioners that the young person is engaged with in a timely manner, prior to them transitioning to adult services, to ensure continuity of care. This review will be initiated by DCP which commences transition planning for young people at the age of 15 years. The transition process will occur through the service that has had the most recent contact with the young person, either the OOHC Clinic, another general paediatrician or GP, or through Metropolitan Youth Health (MYH), with the previous CHDA assessment and review reports to be made available to the 'transition of health care' health care provider.

2.8 Use of screening and assessment tools

The NCAF does not prescribe the use of any particular screening and assessment tools rather deferring to the clinical acumen of practitioners. OOHC Clinic staff should select the tools that they consider to be the most appropriate to use as part of a comprehensive approach to assessment, taking into consideration what has already been done.

There is acknowledgement of a range of assessment tools which can be useful to practitioners in completing assessments, including Ages and Stages Questionnaire (ASQ), ASQ-SE, ASQ-TRAK

and the Strengths and Difficulties Questionnaire (SDQ). These screening tools are distributed in advance for clients to complete and bring into the appointment.

The below identifies criteria for use when considering tools:

- evidence-based and validated;
- age appropriate;
- normative and non-stigmatising;
- cost efficient;
- able to be used by appropriate clinician (or training available to support use);
- able to be administered within appropriate timeframe (if used for surveillance needs).

There are a range of other tools that that meet the above criteria that can be used for face-to-face assessment during the appointment, for example the Brigance Developmental Screen, the Brief Assessment Checklist for Children (BAC-C) and the Brief Assessment Checklist for Adolescents (BAC-A). Use of more formal assessment tools, for more detailed evaluation of development, learning and behaviour issues, may depend on the training experience and clinical capacity of medical and allied health staff within each OOHC Clinic team. Formal assessments would be undertaken outside of the initial CHDA appointment time, given the length of time required to complete, score and report on the assessment.

2.9 Referrals from the Department for Child Protection (DCP)

OOHC Clinics involvement is triggered by a completed referral form from DCP for a CHDA for eligible children and young people in out of home care. See Appendix 2.

A completed referral form includes all available relevant background information, including DCP Case Plans, court applications, any relevant parenting assessments and professional reports comprising of developmental, disability and educational information. A completed referral form is important to facilitate efficiency and triaging of appointments including urgency, complexity, follow up, determining reviews, discharge and / or allocation to a specific paediatrician. The availability of comprehensive information will ensure better care and the ability to focus on the particular needs of the child.

In some situations, the child's family circumstances may impact on the ability of DPC to obtain all of the comprehensive background information in a timely way, therefore DCP may require some additional time for parenting assessments to be undertaken. In these situations, any gaps in information should not prevent the referral from being accepted by the OOHC Clinic.

Where possible OOHC Clinics will endeavour to have CHDAs completed within 3 months from receipt of an appropriate referral, following the Preliminary Health Check undertaken by a primary health care provider (that is provided within 30 days of the child or young person entering care).

The Nyland Child Protection Systems Royal Commission acknowledged the experience of staff at the OOHC Clinics at both FMC and WCHN was that very few, if any; children referred for a CHDA had received a Preliminary Health Check by a general practitioner or primary health service within 30 days of them entering care, as required by the National Standards[xxviii].

2.10 Role of the OOHC Clinic Co-ordinator

The OOHC Clinic Co-ordinator plays an essential role in managing incoming referrals from DCP, gathering and collating complex information from carers, DCP, GPs, other specialists, schools, therapists and other sources, including psycho-social assessments, and condensing and synthesising this information and providing significant psycho-social and therapeutic input into the CHDA. This information is entered into the CHDA health pro forma used by the paediatric specialist when completing the CHDA.

The OOHC Clinic Co-ordinator requires a range of clinical skills, including knowledge of the psycho-social issues related to child protection, trauma informed practice, an understanding of child and adult mental health, considerable skills in assessment of mental health and development and the provision of trauma-informed care information to carers, as part of the CHDA. The Nyland Child Protection Systems Royal Commission recognised that the clinical skills of the Co-ordinator are invaluable in identifying gaps in the documentation, summarising the child's health history and identifying issues of relevance for the paediatrician who conducts the medical assessment[xxix].

Following the completion of the Assessment Report by the paediatric specialist and the development of the Health Management Plan by DCP, the OOHC Clinic Co-ordinator continues to act as a liaison point and works in partnership with DCP as appropriate. The OOHC Clinic Co-ordinator is available to consult with DCP and wider hospital staff regarding the OOHC Clinic, CHDAs, reviews and other appointment concerns as appropriate. The OOHC Clinic Co-ordinator is able to liaise with DCP in relation to the recommendations made as part of the CHDA and which the OOHC Clinic has agreed to follow up (eg referral to another service, monitoring of medication and development, etc).

Both the CAMHS Radical Redesign: Guardianship Group and the Nyland Child Protection Systems Royal Commission support the psychosocial role of the OOHC Clinic Co-ordinator. The CAMHS Radical Redesign: Guardianship Group recommended the OOHC Clinic Co-ordinator role be expanded as an AHP3 to support robust and comprehensive assessments across the metropolitan local health networks[xxx]. The Nyland Child Protection Systems Royal Commission recommended broadening the scope of health assessments to always include a psychosocial element, even where the information available suggests that a child is unlikely to experience problems of this kind[xxxi]. Further, the Commission recommended that the clinics should also investigate the contribution a consultant liaison psychiatrist might offer to the assessment[xxxii].

It is envisaged that a part of the role of the OOHC Clinic Coordinator will be strengthened in relation to the psychosocial assessment and identification of therapeutic needs. This will provide an appropriate triage for children who require therapeutic services to address their experiences of abuse and trauma and ensure referral recommendations occur early in a child's care experience. The OOHC Clinic Coordinator may seek a referral to the CAMHS Interagency Therapeutic Needs Panel (3.5).

2.11 Role of OOHC Clinic Paediatric Specialist

The OOHC Clinic paediatric specialist (who may be a paediatrician, paediatric registrar or other senior medical practitioner with specialist experience in providing trauma informed health care to infants, children or young people) undertakes assessment across all of the domains of the CHDA identified in the NCAF.

The paediatric specialist works in partnership with the OOHC Clinic Co-ordinator to conduct the CHDA, with the OOHC Clinic Co-ordinator providing significant psychosocial and therapeutic input. The paediatric specialist provides a skilled, timely and trauma-informed opinion and recommendations regarding health interventions that address complex behaviours and circumstances and positively engages with children and young people who have experienced abuse, neglect and trauma.

If it is considered beneficial for children and young people with existing medical conditions to have their CHDAs undertaken by their primary paediatrician where it is their preference, or where there is an existing relationship with a paediatrician (who is not the OOHC Clinic paediatric specialist), it is recommended that this occur on a case by case basis and be managed and supported by the OOHC Clinic Co-ordinator from the referring OOHC Clinic. This is likely to be the situation where the child or young person has an existing medical condition and has built a relationship with a paediatrician. In regional areas, this is likely to occur in areas where there is a resident paediatrician, but less likely in areas where there is a visiting paediatric service.

While undertaking the CHDA, the paediatric specialist completes an Assessment Report, which includes a comprehensive health, development and wellbeing history of the child or young person and contains recommendations for further assessment or health interventions to treat the physical, developmental, psychosocial and mental health needs of the child or young person.

The Assessment Report is sent to DCP to be included in the child or young person's DCP Case Plan, and its recommendations are to be used to inform the DCP Health Management Plan for each child or young person.

A copy of the Assessment Report is also to be included in the child or young person's Medical Record. In regional areas, this will occur when the paediatrician is a SA Health staff paediatrician, but it is acknowledged that this may be harder to track where a child or young person sees a private paediatrician.

2.12 Time required in addition to appointments

In addition to the actual appointment time, it has been identified that the following breakdown of time is typically required per child or young person for each CHDA. The times indicated in this table are somewhat variable, depending on the complexity and health needs of the child or young person, but appear to be pretty consistent across the existing OOHC Clinics.

Time required for Comprehensive Health and Developmental Assessments *Note – Time reported is in averages only*							
	Information gathering	**Preparation for appt**	**CHDA appt**	**Medical Reports, referrals, investigation and results**	**Typing Medical Report and editing**	**Follow up of psycho-social issues and liaison with DCP**	**Total Time Per Appt**
Clinic Co-ordinator	*120 mins*		*90 mins*	*60 mins*	*WCHN and NALHN 60mins*	*30 minutes*	330-390 mins
Paediatrician		*30 mins*			*60 mins*		240 mins
Admin					30 mins		30 mins

Time required for review appointments *Note – Time reported is in averages only*						
	Preparation for appt	**Review appt**	**Updating Medical Report and follow up of results**	**Follow up of psycho-social issues and liaison with DCP**	**Review >2 years following initial CHDA or Review**	**Total**
Clinic Co-ordinator		*30 mins*	*30 mins*	*30 minutes*	*60-90 mins*	150-180 mins
Paediatrician						120-150 mins

2.13 Health Management Plan

The NCAF identifies the development of a Health Management Plan as the key component to facilitate co-ordination and continuity of care and is a required element of the overall care plan for each child or young person in out of home care[xxxiii].

In South Australia the health section of the DCP Case Plan is considered to be the Health Management Plan. The Health Management Plan contains a comprehensive health record that documents a child or young person's state of health and identified health needs. It also provides the plan to address and treat the physical, developmental, psychosocial and mental health needs of the child or young person in out of home care. The health section of the DCP Case Plan will consolidate the outcomes and required referrals of all health related assessments in one location including, but not limited to, from the preliminary health check, the CHDA, the dental assessment and psychological assessment. Where a child's case has been re-allocated or transferred, it is important to be able to refer to any previous OOHC Clinic reports. Therefore, all health related assessment reports prepared by OOHC Clinics should be stored by DCP on their C3MS system.

The Health Management Plan will be reviewed annually by DCP as part of the DCP Annual Review of the child's circumstances. The OOHC Clinic Co-ordinator continues to play a liaison role and will work in partnership with DCP in relation to ongoing health monitoring and review that may occur in accordance with clinical need.

2.14 Supervision, training and support

The local health networks in which the OOHC Clinics are situated are responsible for the supervision, training and support for staff working in the OOHC Clinics. The CAMHS Radical Redesign: Guardianship Group recommendations include training, support and supervision to medical staff around assessing therapeutic care needs and trauma[xxxiv].

2.15 Feedback and complaints – from children, young people and carers

The local health networks in which the OOHC Clinics are situated have feedback and complaints processes in place that will be followed by each of the OOHC Clinics.

The *Charter of Rights for Children and Young People in Care*[xxxv], produced by the Guardian for Children and Young People, simply and clearly sets out the rights of children and young people in care. The OOHC Clinics support the rights outlined in the Charter, and copies of the Charter are available in the OOHC Clinics. Posters are displayed and information is available in the OOHC Clinics advising children and young people of their rights and responsibilities, including their right to complain and the mechanisms to do so.

2.16 Intra and interagency processes for resolution of issues

The local health networks in which the OOHC Clinics are situated have dispute resolution processes and escalation procedures in place. These processes and procedures will be followed in any situation when referrals are not provided within acceptable timeframes, where inadequate information is provided at referral or where there are differing views or delays on referrals for health services and escalation process, especially in relation to referrals for therapy and psychiatry.

2.17 Evaluation, monitoring and review

The OOHC Clinics collect data about the number of children and young people attending appointments, their health, wellbeing, developmental needs, diagnoses and recommendations made at appointments. Consistency of data collection across the OOHC Clinics and the development of specific evaluation measures would enable the operation and performance of the OOHC Clinics to be monitored and reviewed.

The availability of data relating to National Standard 4 and National Standard 5[xxxvi] will be monitored as it will be contingent on the data provided by DCP for national reporting purposes.

National Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.

National Standard 5: Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

3 Key partnerships

Effective collaborative partnerships are of particular importance when working with young people who have experienced trauma with often complex health needs. The following section outlines key partnerships crucial to the operation of the OOHC Clinics.

3.1 Department for Child Protection (DCP)

DCP is responsible for referring children and young people in out of home care to the Preliminary Health Check, dental assessment and CHDA. Additionally, DCP may also link children into their Psychological Services Unit for an initial psychological assessment to ensure any areas of difficulty are identified as soon as possible. Where more comprehensive assessment is needed, DCP Psychological Services and their University Clinics are able to undertake comprehensive psychological assessments of mental health (including trauma and attachment), development, intellectual ability, educational functioning, and therapeutic needs for children in out of home care.

It is essential that DCP ensures that the child or young person is accompanied to the OOHC Clinic by a carer who has a detailed knowledge and understanding of the child's health needs, behaviours and day-to-day functioning, so that an accurate clinical and behavioural assessment can be undertaken. If the carer cannot attend the appointment, the appointment may need to be rescheduled. It is also preferable that the DCP case worker attends the appointment, especially in situations where the child or young person is not residing in a family based placement.

3.2 National Disability Insurance Scheme (NDIS)

DCP Case Managers are responsible for registering children with the NDIS and in engaging and following up with the NDIA planners. The CHDA Assessment Report, in addition to other formal assessment reports, can be used to provide supportive evidence for NDIS applications. The OOHC Clinic Co-ordinator and paediatric specialist can provide support to DCP by completion of additional NDIS documentation (eg Evidence of Disability forms) to support NDIS applications made by DCP. DCP Disability and Development Services staff can assist case workers with accessing the NDIS for children and young people identified as having disability or developmental delay. This includes gathering evidence to support access, ensuring NDIS Plans are adequate to meet needs, navigating the provider market and escalation to the NDIA when required.

DCP Disability and Development should be sent a copy of the child or young person's CHDA Assessment Report where it is recommended by the OOHC Clinics that DCP apply for NDIS funding or where an NDIS plan already exists. Copies of OOHC Clinic letters and reports should be sent to DCPDisabilityProgram@sa.gov.au

3.3 Child Protection Services

The relationship between the OOHC Clinics and the Child Protection Services (CPS) is important and essential for the overall operation of the Clinics within the metropolitan local health networks. CPS Management is responsible overall for the metropolitan OOHC Clinics and for the provision of regular supervision to the OOHC Clinic Co-ordinators. CPS provides opportunities for support and consultation with clinical and medical staff, regarding children accessing the OOHC Clinic, particularly those who have been seen at CPS in the past. This support is also available to the regional OOHC Clinic clinicians and medical staff if required. At the WCHN, there is an established relationship between the OOHC Clinic and the Keeping Them Safe (KTS) therapy program which supports the facilitation of referrals to KTS of children seen through the OOHC Clinic who may benefit from therapeutic intervention.

Through their direct relationship with CPS, the metropolitan OOHC Clinic Coordinators are experienced in child protection matters and have a detailed understanding of trauma and complex child protection issues and the challenges present for children and their carers. This understanding and experience supports the overall work of the OOHC Clinics and informs the gathering of information which is used to support the CHDAs undertaken by the OOHC Clinics. The metropolitan OOHC Clinic Coordinators also have access to CPS records which can be used to facilitate this information gathering. Being part of CPS also allows the OOHC Clinic Co-ordinators to gain access to psychosocial education and therapeutic interventions through their relationship with CPS clinical and medical staff.

3.4 Allied health services, Child Development Units and Child Health and Development teams

The relationship between the OOHC Clinics and hospital and community allied health services, Child Development Units and Child Health and Development teams (located within regional country areas) is important, both with respect to partnership and linkages and proximity for ease of referrals and access to staff for further consultation, for example, for complex developmental assessments.

3.5 Child and Adolescent Mental Health Service (CAMHS)

Child and Adolescent Mental Health Service (CAMHS) is a statewide service of the Women's and Children's Health Network within SA Health. CAMHS provide expert mental health services for serious and complex mental health issues for all children and young people, including those in DCP care. As the leading mental health specialist service for children and young people in care, it is imperative that there is a strong relationship between the OOHC Clinics and CAMHS.

CAMHS service includes consultancy with Child and Adolescent Psychiatry. CAMHS see infants, children and young people between the ages of 0-18 years, mothers in the perinatal period, and their families.

For young people turning 18 years and transitioning out of care who require mental health services, CAMHS works in partnership with Youth Mental Health and Adult Mental Health Services as well as other mental health and health care providers, for transition planning and continuity of care.

Youth Mental Health operates in southern, western, eastern metropolitan Adelaide and in regional and country South Australia for young people aged 16 years and over.

The South Australian Government accepted Recommendation 86 of the Nyland Child Protection Systems Royal Commission relating to the CAMHS Interagency Therapeutic Needs Panel (ITNP). Recommendation 86 states:

- *Invest in the ongoing development of a therapeutic needs assessment panel led by Child and Adolescent Mental Health Services for children in care whose therapeutic needs are identified in their initial health assessment*[xxxvii].

CAMHS and DCP have developed the Interagency Therapeutic Needs Panel (ITNP) as a high level referral pathway panel for children in out of home care. The INTP is based in part on a pilot program which ran in 2015 as part of the CAMHS Radical Redesign. Operational Guidelines and Fact Sheets outline the role and process of the panel, which is co-chaired by DCP and CAMHS Psychiatry and has high level representation from Education, DCP Psychological Services and CAMHS. Co-opted members include various services across Health (eg CPS, Yarrow Place, CaFHS, MYH) as well as cultural and disability representatives as required. The purpose of the INTP is to provide a high level, interagency response to children and young people in out of home care who are presenting with severe and complex needs across a range of life domains. The panel has a particular focus on early intervention for children in care, as such development of a strong partnership with OOHC Clinics is critical. These children are often seen first at the OOHC Clinic and therefore referrals are able to be made promptly between the OOHC Clinic and the ITNP.

3.6 Youth and Women's Safety and Wellbeing Division (YWSWD)

The Youth and Women's Safety and Wellbeing Division (YWSWD) is a metropolitan based division of the Women's and Children's Health Network within SA Health that also contains a statewide service (Yarrow Place Adult service) dedicated to supporting the health and wellbeing of young people, women and men who have been affected by violence, in particular interpersonal violence. Metropolitan Youth Health (MYH) and the Yarrow Place Intensive Therapeutic Care (ITC) Program are services within YWSWD that provide specific services to young people aged 12-25 years.

3.7 Metropolitan Youth Health (MYH)

Metropolitan Youth Health (MYH) provides a targeted health response to young people aged 12-25 years living in the Adelaide metropolitan area, including young people who are currently or have previously been in out of home care, Aboriginal young people, young people currently or formerly in the Adelaide Youth Training Centre and pregnant and parenting young people. MYH provides trauma responsive, strengths based, client centred and developmentally and culturally appropriate practice with an emphasis on building young people's capacity to manage their own health care.

MYH provides an advanced HEADSSS Assessment to children and young people in out of home care. This is a psychosocial risk assessment using the HEADSSS method of interviewing adolescents, adapted from Goldenring & Cohen[xxxviii], which focuses on assessment of the Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide / depression, and Safety from injury and violence. MYH assessments are provided by a multi-disciplinary team, comprising a clinical nurse, an Aboriginal Clinical Health Worker, a social worker and a Medical Officer, depending on client need. The assessment provides a 'stock take' of the health status of the young person to ensure any health needs are identified and treated prior to the transition planning phase and to encourage young people to engage with health care providers. The assessment is designed to identify health issues that are specific to adolescence. If specific health needs are identified that cannot be managed in the primary health care setting, MYH will refer the young person to the appropriate OOHC Clinic for a CHDA or further follow up.

MYH is also a referral pathway to providing assessment and services to young people who are transitioning from care. Whilst it is acknowledged that service gaps exist when supporting young people who have significant mental health issues when leaving care, MYH will advocate and support young people (in partnership with CAMHS) to connect with adult mental services as much as possible.

Referrals are made directly from DCP or the OOHC Clinics to MYH. Following the assessment, MYH will send a copy of the Assessment Report to DCP to be included in the child or young person's Health Management Plan, that is, the Health section of the DCP Case Plan. Where specific high risk issues are identified, MYH will contact the DCP Case Manager and / or the youth worker and /

or carer (where appropriate) to develop a responsive care plan and will continue to provide a care coordination and physical health service to the young person in out of home care in conjunction with the DCP Case Manager.

3.8 Yarrow Place Intensive Therapeutic Care (ITC) Program

The Yarrow Place Intensive Therapeutic (ITC) Program is a metropolitan based program based within the statewide service of Yarrow Place that provides therapeutic support for young people aged 12-25 years who are currently or who have been involved with the Department of Child Protection (DCP). It is a partnership model which provides targeted services for young people who are identified as having frequent absconding behaviours and who are at risk of, or are, being sexually exploited.

The ITC Program provides flexible, intensive, assertive engagement approaches to working with young people in out of home care and those transitioning from care. The goal of therapy and support is to provide consistent and high quality care to the young person whilst maintaining the continuity of a positive relationship. The relationships that are built and maintained between the client and the DCP Case Manager and therapist are recognised as an essential part of the therapeutic process.

Referrals into the program are made directly from the DCP Case Manager. The OOHC Clinic may identify the Yarrow Place ITC Program as a suitable referral pathway for young people they assess in their clinic and can consult directly with the Yarrow Place ITC program coordinator or make a recommendation to the DCP Case Manager to refer a young person directly.

3.9 Child and Family Health Service (CaFHS)

CaFHS, as a statewide service, is a critical part of South Australia's child development system with a mandate to improve health, development and wellbeing outcomes for children aged birth to five years. The CaFHS service model is underpinned by the notion of progressive universalism which recognises that not all infants, children and families need or require the same level of service and which caters for the fact that the circumstances of some children will mean that a more targeted and intensive service response will be required.

The CaFHS *Model of Care*[xxxix], approved in January 2018, defines the role of CaFHS Enhanced Care, a service providing flexible and dedicated health and developmental support for children from birth to five years who are in out of home care. This involves undertaking the Preliminary Health Check and providing ongoing health assessments in partnership with the Department for Child Protection (DCP) as the lead agency. CaFHS Enhanced Care accepts direct referrals from the Department for Child Protection. All referrals are to be sent through to the CaFHS Referral Unit via email Health.CaFHSReferralUnit@sa.gov.au.

Preliminary Health Check
It is a requirement that the Preliminary Health Check is commenced as soon as possible, and ideally no later than 30 days, after an infant or child is placed in out of home care.

Through completing the Preliminary Health Check, CaFHS aims to capture some baseline information such as height and weight, identify areas of immediate concern and to provide early guidance and support in the areas of health, development and wellbeing.

The Preliminary Health Check is made up of five key areas, which include:

- Health history
- Physical examination and assessment
- Developmental assessment
- Health promotion provided to carers relevant to age of child
- Developing an agreed CaFHS plan for ongoing health assessments.

The Preliminary Health Check may be offered in a range of locations, such as the home, CaFHS clinic, Children's Centre, which is based on the circumstances and preferences of the carer. More than one appointment may be required to complete the key areas. This will depend on the age of the child; the length of time the carer has known the child and how the child is experiencing the check. The outcome of the check is summarised and recommendations made to support the DCP Case Plan and as preparation for the Comprehensive Health and Developmental Assessment.

Ongoing Health Assessments
Following on from the Preliminary Health Check, CaFHS will work in partnership with DCP staff and carers to offer ongoing reviews of the health, development and wellbeing of children in out of home care. The frequency of these reviews will depend on the age and individual needs of the child, and the involvement of other health care providers.

3.10 SA Dental Service (SADS)

SA Dental Service (SADS) provides dental care to children and young people in out of home care under the Memorandum of Administrative Arrangement between the Department for Child Protection and SA Dental for the Access to and Provision of Dental Services for Children and Young People in Care 2021-2024. This agreement provides the principles, standards, procedures and respective roles of the two organisations to ensure timely and appropriate oral health care for children and young people in out of home care. DCP Case Managers make referrals to SADS and SADS provides dental treatment information to DCP, which may form part of the Health Management Plan.

3.11 Other health services, including hospital based services

It is beneficial for OOHC Clinics to have close links with a range of other hospital based services such as pathology (laboratory), radiology (imaging), paediatric services, allied health services (ENT) where there are frequent referrals.

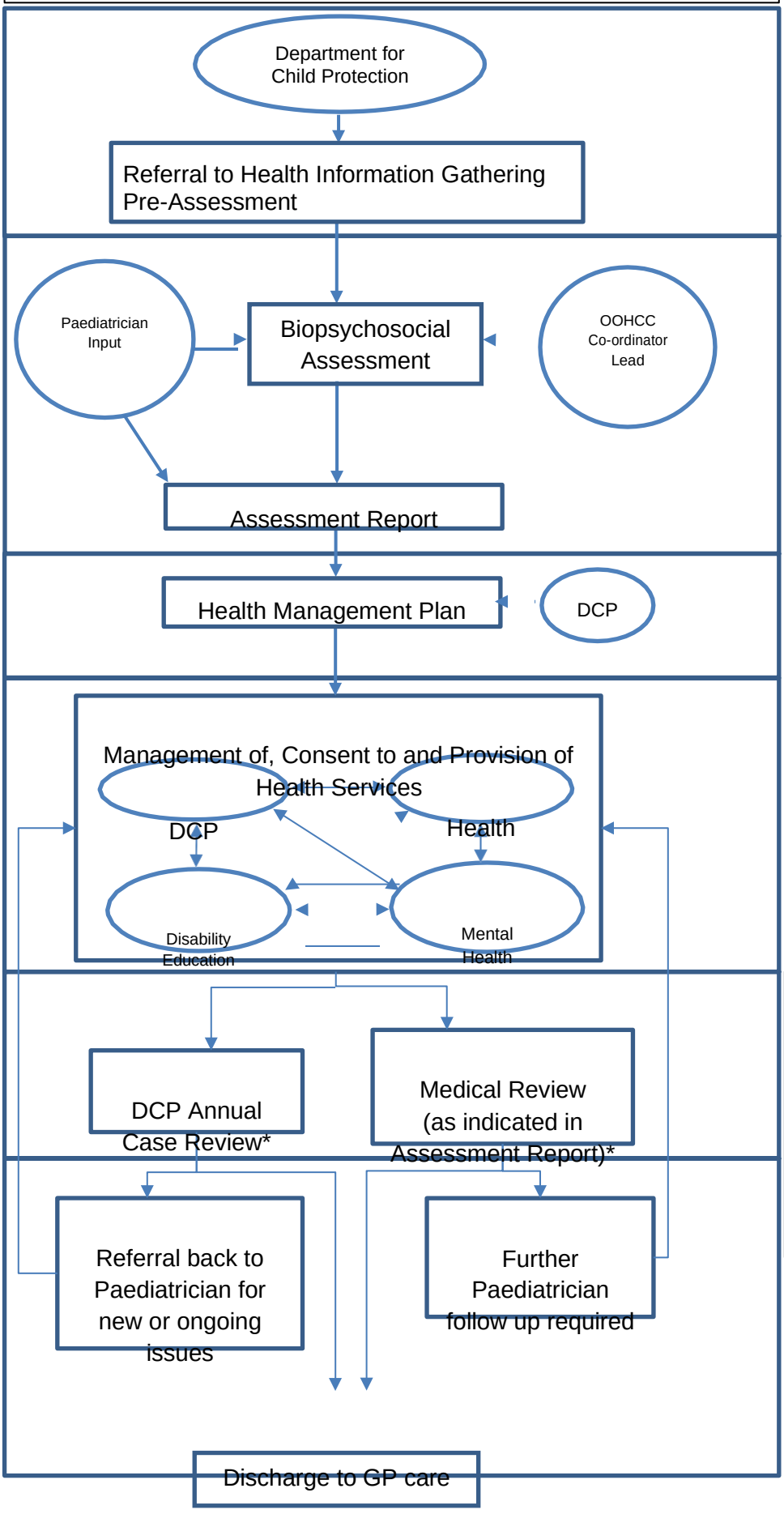
3.12 Education

The relationship between Health and Education is critical. Children and young people spend a significant part of their time in an educational setting. These settings can provide stability and constancy in their lives and serve as a protective factor for some of the most vulnerable students and young people.

Information sharing between the OOHC Clinics and Education in relation to children and young people in care is crucial. OOHC Clinic Co-ordinators will need to contact Education for copies of school reports and assessments undertaken as part of the information gathering process undertaken to inform the CHDA, and following this assessment, the OOHC Clinics can recommend that referrals be made to Education for a child to receive speech pathology, cognitive and academic learning needs assessment. In relation to children and young people with complex issues, CAMHS and Education will work together to support the child or young person’s learning and wellbeing.

Appendix 1

OUT OF HOME CARE CLINICS MODEL OF CARE



*If at review, services appear to be struggling to develop or enact a comprehensive therapeutic plan, the Paediatrician, OOHCC Coordinator and/or DCP Case Manager may seek a referral to the Interagency Therapeutic Needs Panel (ITNP).

NALHN, SALHN, WCHN (incl Metropolitan Youth Health), and Regional LHN OOHC clinics

Referral for a Comprehensive Health and Developmental Assessment for children and young people in care.

REASON FOR REFERRAL: **DATE OF REFERRAL:** Click here to enter text.

☐ SA Health Comprehensive Health and Developmental Assessment (CHDA): Click here to enter text.

☐ Has had a Comprehensive Health and Developmental Assessment previously, now requesting review assessment: Please provide details and attach previous report. Click here to enter text.

Please read the referrable criteria on page 5 before completing this form.

If the child is currently seeing a private paediatrician, there is no need to refer to the OOHC Clinics as the CHDA has been completed by the private paediatrician. Please ask the carer if they have made an appointment to see a private paediatrician before completing this form. If yes, please contact the OOHC Clinic in your area.

DEPARTMENT FOR CHILD PROTECTION CONTACT DETAILS:

Allocated worker: Click here to enter text. **Email**: Click here to enter text. **Team Supervisor:** Click here to enter text.

Responsible office: Click here to enter text.

Phone number: Click here to enter text.

CHILD'S DETAILS:

Child's Name: Click here to enter text.

Date of birth: Click here to enter text. **Gender**: Click here to enter text.

Indigenous status: tick one only

Aboriginal but not Torres Strait Islander origin	☐
Torres Strait Islander but not Aboriginal origin	☐
Both Aboriginal and Torres Strait Islander origin	☐
Neither Aboriginal or Torres Strait Islander origin	☐
Not stated/inadequately described	☐

Cultural and Ethnic group: Click here to enter text.

Language: Click here to enter text. **Interpreter**: Click here to enter text.

Medicare number: Click here to enter text. **DCP C3 Number**: Click here to enter text.

Date of when child was taken into care: Click here to enter text.

Guardianship order type: Click here to enter text.

Length of Guardianship order: Click here to enter text.

Date child's legal order commenced: Click here to enter text. **Date due to expire**: Click here to enter text.

Is the case regarding the family in Reunification Court: Click here to enter text.

Kindergarten/day care/ School contact details and year level: Click here to enter text.

Person accompanying child to appointment**:** Click here to enter text.

(Please note that both the allocated social worker and current carer will be required to attend CHDA appointments)

CURRENT CAREGIVER DETAILS:

Given name: Click here to enter text. **Family name**: Click here to enter text. **D.O.B:** Click here to enter text.

Given name: Click here to enter text. **Family name**: Click here to enter text. **D.O.B**: Click here to enter text.

Is the carer Aboriginal and or Torres Strait Islander Y ☐ N ☐

Address of placement: Click here to enter text. **Phone number**: Click here to enter text.

Type of placement: Foster ☐ Kinship ☐ Residential care ☐ Commercial care ☐

Kinship Carer relationship to child: Click here to enter text.

Anticipated length of placement: Click here to enter text.

BIOLOGICAL FAMILY DETAILS:

Mother's first name: Click here to enter text. Last name: Click here to enter text. D.O.B:Click here to enter text.

Father's name: Click here to enter text. Last name: Click here to enter text. D.O.B: Click here to enter text.

Current level of contact with biological family: Click here to enter text.

MEDICAL PROFESSIONAL DETAILS:

General Practitioner name: Click here to enter text. Phone number: Click here to enter text.

GP's address: Click here to enter text.

Does the child have a current Paediatrician? Y ☐ N ☐ **If yes, name of Paediatrician name**: Click here to enter text. Phone number: Click here to enter text.

Other medical professionals or specialists involved: Click here to enter text.

Preliminary Health Assessment completed: Y ☐ N ☐ Date of PHA: Click here to enter text.

If yes, please attach the summary/report

SUMMARY OF CHILD PROTECTION CONCERNS:

(attach separate report if necessary and include reason for child entering care)

Click here to enter text.

MEDICAL HISTORY:

Pregnancy (including alcohol or substance use during pregnancy) and birth history (including birthing hospital or site): Click here to enter text.

Past medical history, hospitalisations, injuries, illnesses, and chronic illness: Click here to enter text. **Previous medical assessments**: Click here to enter text.

Medications taken by child and who prescribed the medication: Click here to enter text.

Immunisation Status: Click here to enter

text. **Allergies**: Click here to enter text.

Eye Test completed: Y ☐ N ☐ Date completed: Click here to enter text.
If yes please attach outcome - If no, please make arrangements via your local optometrist

Hearing Assessment completed: Y ☐ N ☐ Date completed: Click here to enter text.
If yes, please attach the summary/report
If there are concerns regarding hearing, please make arrangements via your GP Click here to enter text.

Dental History: Click here to enter text.

CURRENT HEALTH CONCERNS: Click here to enter text.

ALLIED HEALTH SERVIUCES INVOLVED WITH THE CHILD: e.g. speech therapy, occupational therapy, psychology, physiotherapy, dietician, counselling, mentor, Aboriginal Liaison officer, etc. (please include names and contact details): Click here to enter text.

DEVELOPMENTAL CONCERNS AND ASSESSMENTS: (please attach copy of any previous reports and include information regarding who holds concerns): Click here to enter text.

MENTAL HEALTH / PSYCHOLOGICAL / BEHAVIOURAL CONCERNS AND ASSESSMENTS: (please attach copy of any previous reports and include information regarding who holds concerns): Click here to enter text.

EDUCATIONAL: (Previous schooling details, academic progress and supports. Is attendance of concern?) Click here to enter text.

SPECIAL CONSIDERATIONS FOR APPOITNMENT: *(i.e. emotionally dysregulated, 2 carers to be present, sensory support, anxiety attending hospitals etc. Please note that DCP will be required to provide additional carers if needed)* Click here to enter text.

INFORMATION CONSENT:

Our service may require additional information for the purposes of the Comprehensive Health and Developmental Assessment and any ongoing paediatric review appointments.

IClick here to enter text.(Name of Supervisor) of the Department for Child Protection hereby authorise SA Health – Local Health Network (Out of Home Care Clinic) to receive information from

☐ General Practitioner
☐ CAMHS
☐ NDIS
☐ Educational Facility (Name of School) Click here to enter text.
☐ Other: Specify Click here to enter text.

Signature: Click here to enter text. Date: Click here to enter text.

IMMUNSATION CONSENT:

Supervisors please read for information regarding immunisation prior to signing below:

https://www.health.gov.au/resources/publications/the-australian-immunisation-handbook

I have understood the information given to me about immunisation including the risk of vaccination and the risk of not being vaccinated.
I Click here to enter text. (Name of Supervisor) consent for the above named child to be provided with any vaccinations required.

Signature: Click here to enter text. Date Click here to enter text.

PLEASE ATTACH THE FOLLOWING INFORMATION TO THE REFERRAL FORM. INCOMPLETE REFERRALS MAY NOT BE ACCEPTED AND WILL BE RETURED TO REFERRER.

- ☐ **Case Plan**
- ☐ **Paediatric reports**
- ☐ **Assessments/Reports**
  Including Cognitive/Academic, Speech Pathology, Psychological, Occupational Therapy, Physiotherapy, Adaptive behaviours assessments, Autism Spectrum Disorder assessments, FASD assessments, CDU assessments and Psychiatry reports.
- ☐ **Current School Reports and / or One Plan**
- ☐ **Legal Order**
- ☐ **Preliminary Health Assessment**

It is very important that you inform us if there are any changes to the placement or legal orders before the appointment.

Email completed referrals to:	
Flinders Medical Centre OOHC Clinic	Wendy Falconer 8204 5485 Fax: 8204 5612 Health.FMCCPSOutOfHomeCareClinic@sa.gov.au
Women's and Children's Hospital OOHC Clinic	Franca Foti 8161 7346 Health.WCHNOOHCCoordinator@sa.gov.au
Lyell McEwin/Modbury Hospital/Maringga Turtpandi OOHC Clinic	Klaudia Ereiz 8282 2566 Health.OOHCClinicCPSNALHN@sa.gov.au
Mt Gambier	Intake referral team Health.SERCHSMtGambierIntake@sa.gov.au
Metropolitan Youth Health	Health.MYHealthAdministrationCoordinators@sa.gov.au

Referrable Criteria for the Comprehensive Health and Developmental Assessments:

The OOHC Clinics provide Comprehensive Health and Developmental Assessments to eligible children and young people under the Guardianship / Custody of the CE (DCP). Children must be on orders of **6 months** or more, or a series of orders equating to 6 months or more with at least 3 months remaining on the current order. Referrals are to be made once a Preliminary Health Assessment has been completed by either CaFHS, GP or Metropolitan Youth Health.

Eligible children include all children and young people who are placed in Out of Home Care under a Care and Protection Order by the Youth Court, in accordance with the *Children and Young People (Safety) Act 2017*[1]. This includes:

- *An order placing the child or young person, for a specific period not exceeding 12 months under the guardianship of the Chief Executive – Section 53 (1) (E)*
- *An order placing the child or young person, for a specific period not exceeding 12 months under the guardianship of a specified person or persons (not exceeding 2) -Section 53 (1) (F)*
- *An order placing the child or young person under the guardianship of the Chief Executive until they attain 18 years of age- Section 53 (1) (G)*
- *An order placing the child or young person under the guardianship of a specified person or persons (not exceeding 2) until they attain 18 years of age - Section 53 (1) (H)*
- *An order granting custody of the child or young person, for a specified period of time not exceeding 12 months, to - Section 53 (1) (I)*
    - *A parent or guardian of the child or young person; or*
    - *A member of the child and young persons' family; or*
    - *Any other person that the court thinks appropriate in the circumstances of the case*
- *Voluntary Custody agreements – Section 96 (1) for Preliminary Health Assessment only.*
- *Family group conferences where children are under GCE orders;*
- *Other Person Guardianship arrangements.*
- *Children and young people following the Immigration (Guardianship of Children) Act 1946*[2]
    - *The Minister shall be the guardian of the person, and of the estate in Australia, of every non-citizen child who arrives in Australia after the commencement of this Act to the exclusion of the parents and every other guardian of the child, and shall have, as guardian, the same rights, powers, duties, obligations and liabilities as a natural guardian of the child would have, until the child reaches the age of 18 years or leaves Australia permanently, or until the provisions of this Act cease to apply to and in relation to the child, whichever first happens. Section 6 (1).*

Referrable Criteria for CaFHS Enhanced Care for the Preliminary Health Assessments:

CaFHS provides Preliminary Health Assessments and ongoing health and developmental reviews through the CaFHS Enhanced Care Service Stream. Enhanced Care is available for children, aged under five years in Out of Home Care, including children removed under section 41 of the Children and Young People (Safety) Act 2017. Referrals are to be made within the first 30 days of a child entering care. Should you wish to make a referral for a Preliminary Health Assessment, please email CaFHS on Health.CaFHSReferralUnit@sa.gov.au

Office Use Only:

Date Referral Received	Date Referral Approved	Date of Review

[1] https://www.legislation.sa.gov.au/LZ/C/A/Children%20and%20Young%20People%20(Safety)%20Act%202017.aspx
[2] https://www.legislation.gov.au/Details/C2012C00614

END NOTES

[i] *Health Standards for Children and Young People under the Guardianship of the Minister* (2007), Families SA and Children, Youth and Women's Health Service (SA Health), Government of South Australia, ISBN 978-1-92098-351-2
[ii] *Rapid Response: whole of government services for children and young people under the guardianship of the Minister (2005),* produced under the auspices of the Across Government Guardianship Steering Committee as part of the Keeping Them Safe Child Protection Reform Program, Department for Families and Communities, Government of SA
[iii] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* (March 2011), prepared by the Child Health and Wellbeing Subcommittee of the Australian Population Health Development Principal Committee with input to Clinical Assessment Framework from the Nous Group, Department of Health, Australian Government, https://www1.health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc
[iv] *An Outline of the National Standards for Out of Home Care: A Priority Project Under the National Framework for Protecting Australia's Children 2009-2020* (July 2011), Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government, https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf
[v] *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020,* Council of Australian Governments, https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business
[vi] *Health Services Agreement between DCP and SA Health* (2021), Department for Child Protection and SA Health, Government of South Australia, https://www.sahealth.sa.gov.au/wps/wcm/connect/065bc30046a9c5bebbdbffb0ec6dccc9/Health+Services+Agreement+Signed.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-065bc30046a9c5bebbdbffb0ec6dccc9-nxzjbYM
[vii] *Investing in their future: supporting children and young peoples in care to access government services* (2019), Department for Child Protection, Government of South Australia, https://www.childprotection.sa.gov.au/carers/how-dcp-works/services-for-children-and-young-people-in-care
[viii] *Safe and well: supporting families, protecting children* (2019), Department for Child Protection, Government of South Australia, https://www.childprotection.sa.gov.au/child-protection-initiatives/system-reform/safe-and-well
[ix] *Child Protection Systems Royal Commission* (2016), Government of South Australia, https://www.childprotection.sa.gov.au/department/royal-commissions-and-reviews/child-protection-systems-royal-commission
[x] *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), Commonwealth of Australia, https://www.childabuseroyalcommission.gov.au/
[xi] *Child Protection Systems Royal Commission* (2016), *The life they deserve*, Volume 1: Summary and Report, page 264
[xii] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, page 1
[xiii] Stevenson, Tracy, *Literature Review: health and wellbeing status and outcomes for children and young people under guardianship* (2000), Child Youth and Family Services, Department of Human Services, unpublished
[xiv] *Health Standards for Children and Young People under the Guardianship of the Minister* (2007), page 3
[xv] *Senate Community Affairs References Committee Out of Home Care Report*, August 2015, Commonwealth of Australia, ISBN 978-1-76010-264-7, *www.aph.gov.au/senate_ca*
[xvi] *Senate Community Affairs References Committee Out of Home Care Report*, August 2015, Commonwealth of Australia, ISBN 978-1-76010-264-7, *www.aph.gov.au/senate_ca* , pages 98, 99, 100
[xvii] *Children and Young People (Safety) Act 2017* (SA), https://www.legislation.sa.gov.au/LZ/C/A/Children%20and%20Young%20People%20(Safety)%20Act%202017.aspx
[xviii] *Immigration (Guardianship of Children) Act 1946* (SA), https://www.legislation.gov.au/Details/C2012C00614
[xix] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*
[xx] *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families* (2016), Department of Health, Australian Government, ISBN 978-1-76007-284-1, http://www.coaghealthcouncil.gov.au/Portals/0/National%20Framework%20for%20Health%20Services%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Children%20and%20Families.pdf
[xxi] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, page 3
[xxii] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, page 10
[xxiii] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care,* page 10
[xxiv] *Health Services Agreement between DCP and SA Health* (2021), page 7
[xxv] *Health Services Agreement between DCP and SA Health* (2021), page 7
[xxvi] *Health Services Agreement between DCP and SA Health* (2021), page 3
[xxvii] *Health Services Agreement between DCP and SA Health* (2021), page 7
[xxviii] Child Protection Systems Royal Commission, *The life they deserve*, Volume 1: Summary and Report, page 252
[xxix] Child Protection Systems Royal Commission, *The life they deserve,* Volume 1: Summary and Report, page 252
[xxx] CAMHS Radical Redesign: Guardianship Group, PowerPoint presentation at Stakeholder Round Table 15 December 2015, Rebecca Tricker and Prue McEvoy
[xxxi] Child Protection Systems Royal Commission, *The life they deserve*, Volume 1: Summary and Report, page 255
[xxxii] Child Protection Systems Royal Commission, *The life they deserve*, Volume 1: Summary and Report, page 255
[xxxiii] *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, page 4
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