



# Pathway to good health

## Comprehensive healthcare for babies, children & young people in Out-of-Home-Care

### Frequently asked questions for General Practices

#### WHAT CHILDREN AM I LIKELY TO SEE?

- Children entering the out-of-home-care system (OoHC) for the first time who range in ages from 0 – 18 years. These children may be placed with other family members or in foster care placements.
- All children and young people who reside in the residential care system which is a placement type where groups of 4 -6 young people are housed in a group home environment. Usually the age range of this group is over 12 years and frequently they may present with challenging behaviours.
- All children have entered the OoHC system on Children's Court protection orders as they have experienced a level of child abuse and neglect that has placed them at "significant risk of harm".
- Due to the experience of child abuse and neglect these children and young people may present in a waiting room or react in a consultation in a different way to the usual child population. GP's should be mindful that their behavioural responses may vary and may be challenging at times.
- The majority of children will be seen by GP's after entering care within the last 14 days and will still be transitioning to a new home environment. There may only be a limited health history known about the child at this stage.

#### HOW WILL APPOINTMENTS BE MADE?

- Either the carer or child protection worker or OoHC agency worker will ring to make an appointment time. Please be aware that they may have limited information about the child as the child may have only recently come into the system.
- At the time of contact, the person making the appointment will advise that this is an appointment for a child in the "Pathway to Good Health" program or for a "child in OoHC".

#### DOES MY PRACTICE NEED TO SET UP A SPECIAL APPOINTMENT SYSTEM?

- It may not be necessary to set up any special appointment systems as it is expected that on average two – three appointments will be needed each week. However, each practice may choose to develop an appointment system for this group if they feel it is required.
- Practices should be mindful that entry to care can happen at any time and that there may be weeks where no appointments are made and some weeks where demand may be higher.
- At times sibling groups of children will come into care and so requests for back to back appointments might be required.
- It would be expected that practices could offer appointments within 1 - 7 days of enquiry.
- Each practice should determine the length of consultation time that should be allocated for these children after discussion with general practitioners. Use of practice nurse services should be considered where possible and for some children a number of appointments with a GP may be required.
- Reception staff would need to be aware of the doctors in the practice who have agreed to provide the service so that appointments are made with the correct practitioner.

## IS MEDICARE AVAILABLE?

- All general practices participating in the program have agreed that each child shall receive a bulk billing service.
- The child protection program has been asked to obtain a Medicare number for the child when they come into care. However, practices should be mindful that there may be some situations where it has not been possible for this to occur and practices may have to directly contact Medicare to obtain a number. Practices should monitor if they are being regularly requested by Child Protection to provide this service.
- Medicare has a protocol with each Child Protection service regarding the provision of Medicare numbers and disclosure of information. This protocol also states that where a child is brought to a medical practitioner and no number is available then the person who brought the child to the appointment can have their Medicare card billed for the consultation for the child. A copy of this protocol is attached. *Appendix 1*
- The appointment with the GP is for a routine health check and there are a range of current Medicare items that may be applicable to this group including pre school child health check, aboriginal child health check, chronic disease management plans and team care arrangements, as well as standard time based consultations.
- A full list of possible Medicare items is attached and the use of these items depends on the medical practitioner's assessment of each case. *Appendix 2*

## HOW IS CONSENT FOR RECEIVING A HEALTH CHECK PROVIDED?

- Children residing in OoHC are subject to a Protection Order under the *Children, Youth & Families Act 2005 (Vic)*. There are provisions in this Act to enable delegates working within the child protection system to authorise both medical examinations and medical treatments for children on a range of Protection Orders. These consents are provided by way of a signed written document detailing the section under the Act that the consent is provided.
- In other cases, the child protection staff may seek the consent of the parent to undergo medical checks and treatment and again this will be provided in writing.
- For young people who are assessed by the medical practitioner to be competent to provide informed consent for medical treatment then consent may also be provided through this mechanism.

## WHAT IS INCLUDED IN AN INITIAL HEALTH CHECK?

- To broadly assess the health of the child who has recently entered OoHC, in order to detect physical, developmental or psychosocial and mental health concerns that require urgent action. An attached table provides guidance that was developed by an expert clinical advisory group of child health practitioners on the health domains to be considered. *Appendix 3*
- The initial focus should be given to identifying urgent physical health problems, along with urgent developmental or mental/psychosocial health problems (e.g. suicidal).
- Provide any referrals that are required to treat urgent and immediate health problems and a referral to a Multi Disciplinary Clinic that has been established specifically to provide comprehensive health assessments to this group of children.
- As the child may present with a range of health issues at the initial appointment the GP may require additional appointments to follow up any health issues identified at the first appointment.

## WHAT IS A MULTI DISCIPLINARY TEAM (MDT) AND WHAT IS MY RELATIONSHIP WITH THEM?

- Medical evidence shows that this group of children experience very poor health outcomes which usually require paediatric and other allied health assessments. The program has established four multi disciplinary

sites to which GPs can refer for a comprehensive assessment process. These sites have been set up specifically to provide this service to the eligible group of children.

- The multi disciplinary teams (MDT) are led by a paediatrician and include a mental health clinician and a speech pathologist. Other allied health professionals may also be included if required. The role of the MDT is to provide a comprehensive assessment and develop a health management plan that will include any diagnosis and recommended treatment or referrals.
- The MDT relies on information from the initial health check and also on discussions with the GP about the health needs of the child and any recommended health plans.
- There is no cost to the child to access this assessment and the assessments will occur within 60 – 90 days of the child entering OoHC. This time frame has been recommended as this allows a period for the child to settle into the new placement environment before an assessment is conducted.
- A copy of the health management plan which will be completed approx within one month of the assessment will be provided to the referring GP by the MDT. It is anticipated that a copy of the health management plan will be provided electronically although initially they may be provided in hard copy.
- As there are a select number of MDT's and GP's are participating in the program it is hoped that opportunities for strengthening professional relationships will occur over time.

#### MDT SITE LOCATIONS

ROYAL CHILDREN'S HOSPITAL (RCH)	RCH CENTRES FOR ADOLESCENT HEALTH & CHILD & ADOLESCENT MENTAL HEALTH	DJERRIWARRH HEALTH SERVICE – MELTON HEALTH	DIANELLA COMMUNITY HEALTH	
<b>Centre for Community Child Health (RCH) Specialist Clinics Desk D</b> <b>50 Flemington Rd Parkville</b> <b>Tel: 9345 6181</b> <b>Fax: 9345 9178</b> <b>e: <a href="mailto:deskd@rch.org.au">deskd@rch.org.au</a></b> <i>NOTE: for children aged under 12 years</i>	<b>Centre for Adolescent Health (RCH) Specialist Clinics Desk D</b> <b>50 Flemington Rd Parkville</b> <b>Tel: 9345 6181</b> <b>Fax: 9345 9178</b> <b>e: <a href="mailto:deskd@rch.org.au">deskd@rch.org.au</a></b> <i>NOTE: for adolescents aged over 12 years only</i>	<b>Pathway to Good Health Clinic</b> <b>Melton Health</b> <b>195-209 Barries Road Melton West</b> <b>Tel: 9747 7609</b> <b>Fax: 9746 0668</b>  <i>NOTE: for children aged under 12 years</i>	<b>Child Health Team Broadmeadows Campus</b> <b>35 Johnstone St Broadmeadows</b> <b>Tel: 8345 5777</b> <b>Fax: 8345-5833</b>  <i>NOTE: for children aged under 12 years</i>	

#### How does the referral process to the MDT work?

- After consultation with GP's and MDT, a brief pro forma referral template has been prepared that can be easily uploaded into existing medical software to facilitate these referrals. If assistance with uploading is required, GP's should contact their Medicare Local. Using this pro forma referral will ensure that the clinics will coordinate the appointments within the recommended time frame. *Appendix 4*
- GP's should refer the child to clinics closest to where the child is living. For adolescent's aged over 12 years referrals should be made to the Royal Children's Hospital Centre for Adolescent Health.
- Most commonly referrals are faxed to the MDT clinic although as the program progresses there may be opportunities for e-referrals.
- Once a referral is received, the MDT clinic will make the appointment with the nominated carer on the referral form to ensure that an appointment is allocated within the expected time frame of 60 – 90 days post entry to OoHC.

#### HOW ARE DENTAL, VISION & AUDITORY CHECKS ORGANISED?

- Child Protection staff or the carer are responsible for organising dental and vision checks after an initial health check is completed.

- Dental checks are provided at a number of community health centres as part of a priority access program for this group of children. This means that eligible children are given the next available appointment and not put onto any waiting list. It is expected that a dental check will be provided prior to assessment at the MDT.
- Eye checks are provided at local optometrists locations which provide a bulk billed vision check. This check should take place prior to assessment at the MDT.
- For some children, the initial health check may also indicate that an audiology assessment is required. If this is the case it will be necessary for the GP to write a referral for an assessment as waiting times and costs between services may vary.

## WHAT HAPPENS IF I REFER FOR TREATMENT BUT THE PUBLIC WAITING LIST IS TOO LONG?

- In many cases waiting times for publically funded health services can be lengthy due to limited service capacity and increased demand. This means that there may be situations where a GP & an MDT believe that a child's medical needs will be significantly worsened if required to wait in the public list.
- Child Protection are able to consider these cases for the purchase of private health providers, where the child has a health management plan and the referring medical practitioner believes that timely access is clinically indicated. Contact should be made with the person accompanying the child to the appointment or the responsible child protection case manager to discuss these concerns.
- Part of the evaluation of the program is to monitor waiting times and the types of health services that this group of children routinely require. This will assist in supporting the case for improved priority access and increased service capacity for this group.

## DO I HAVE TO WRITE REPORTS?

- The role of the GP is to provide an overall health check, determine the immediate health needs of the child and provide any urgent treatment or other referrals that are required. It is a "usual family doctor role" that would be provided to any other child requiring a medical service.
- There is no expectation or requirement that the GP will provide any written reports about the child other than the usual medical record. However, there may be some circumstances where the carer or child protection worker may ring the doctor if there is anything they are unsure about in the medical treatment for the child, in a similar way a parent may contact a doctor to enquire about this.

## WHAT MEDICAL RECORDS DO I NEED TO HAVE?

- Each practice should utilise its existing medical records system

## WHAT HEALTH INFORMATION CAN I SHARE WITH CHILD PROTECTION?

- Child protection is a statutory body that is authorised under the *Children, Youth & Families Act 2005 (Vic)* (CYFA) to investigate, case manage and case plan for children on Protection Orders. To undertake these functions the legislation enables child protection to request and receive information relevant to the child to enable the best interests of the child to be supported.
- Provisions under the CYFA specifically allow professionals with information about the child to pass this information to child protection where it is in the best interest of the child to do so without breaching any professional or privacy obligations. These provisions apply to the provision of health information which is necessary for child protection to properly plan and place children to meet their best interests.
- The health management plan, as well as any discussions or concerns about the child's health and health care, can be provided to child protection under these provisions

## WHAT IS THE FUNCTION OF THE CHILD'S HAND HELD HEALTH DIARY?

- At each appointment the child or their carer will bring a hand held health diary. This diary is a mechanism for recording key health information as well as the names of clinicians who are involved in the child's care.
- The diary belongs to the child and travels with them if they change placement. The diary enables readily accessible information about the child's health contacts at any time and enables clinicians to see who else is involved in the child's care.
- In the majority of cases the information in the diary is completed by the carer but information such as immunisations, serious allergies and other key health information should be recorded by the GP, MDT or practice nurse.
- Medical practitioners should ask to see the diary at every appointment.
- The diary does not replace the Maternal Child Health Diary for younger children.

## DO I NEED TO RECORD ANY SPECIAL INFORMATION FOR DATA COLLECTION & EVALUATION?

- This program is initially rolling out in the North West regions of metropolitan Melbourne for a twelve month period from the 12 November 2012. This rollout will enable an evaluation of the health needs, outcomes and processes to be measured to inform any further rollout across the state. The Department of Health will engage an independent consultant to evaluate the program and the parameters of the evaluation will be discussed in more detail as the program rolls out.
- To ensure that we can accurately track the children who have seen GP's we are asking that GP practices collect basic data about the children when an appointment is made. The data required will be:
  - name of child;
  - date of enquiry;
  - date of appointment;
  - if a Medicare number was provided at appointment;
  - name of doctor who saw the child;
  - was the Child Health Diary presented at the appointment;
  - any comments or feedback about the process to highlight any emerging issues or gaps;
  - a pro forma data sheet is attached *Appendix 5*
- Mechanisms will be established to collect this data every two weeks (either fax or email) from each practice by the Department of Health coordinator, so that practices are only required to maintain data storage for short periods. It is expected that paper based collection at reception may be the most suitable way of recording this data.
- To enable ease of collection, practices should nominate a staff member who can provide this information and send their contact details to [vicki.horrigan@health.vic.gov.au](mailto:vicki.horrigan@health.vic.gov.au)

## IS THERE A CENTRAL CONTACT FOR ANY PROBLEMS OR ISSUES?

- For questions or feedback about any aspect of the program or the referral pathway please contact Vicki Horrigan, Vulnerable Children Senior Project Officer, Department of Health.  
[vicki.horrigan@health.vic.gov.au](mailto:vicki.horrigan@health.vic.gov.au) Tel: 9096 1333 or mobile 0437 350 298
- Please ensure that any concerns or ideas for improvement are provided promptly as the aim of the phased rollout is to modify the process where required so that we achieve the best health outcomes for this vulnerable group of children and young people.



