

# Health standards for children and young people under the guardianship of the minister

July 2014

An agreement between SA Health and Families SA

# Health Standards for Children and Young People under the Guardianship of the Minister

**Vision:** The health of children and young people in care is equal to or better than the general population.

## Acknowledgements

SA Health and Families SA have collaborated to revise the Health Standards for Children and Young People under the Guardianship of the Minister.

These Standards build on an earlier version developed under the auspices of the Across Government Guardianship Steering Committee by SA Health and Families SA in 2007. The Health Standards acknowledge the need for continued collaboration between sectors to improve the health and wellbeing of children and young people under Guardianship of the Minister.

These current Health Standards build on the successful implementation of the original 2007 Standards, by incorporating recent developments influencing practices in both SA Health and Families SA. The revised Standards address the *National Standards for Out of Home Care*, developed under the *National Framework for Protecting Australia's Children (2009-2020)* and incorporate key elements of the *National Clinical Assessment Framework*.

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Copies can be obtained from the SA Health website [www.health.sa.gov.au](http://www.health.sa.gov.au) or from the Department for Education and Child Development web site [www.families.sa.gov.au](http://www.families.sa.gov.au)

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### Introduction

Children and young people under the Guardianship of the Minister may have significant medical, psychological, developmental and educational needs and behavioural challenges as a result of trauma, abuse and neglect. It is important they have priority access to services and supports that are well planned and coordinated to ensure their opportunities for healthy development are optimised.

*The Health Standards for Children and Young People under the Guardianship of the Minister (Health Standards)* describe roles and best practice for SA Health and Families SA in relation to

- priority access to health services for eligible children
- health assessment
- ongoing health care planning, monitoring and review.

The Health Standards are underpinned by South Australia's whole of government commitment to providing priority access and improved outcomes for children and young people in care, under the guidance of the *Rapid Response Framework*. At a national level, the Health Standards contribute to the priorities of the *National Framework for Protecting Australia's Children (2009-2020)*, particularly to the *National Standards for Out of Home Care*. This incorporates standards requiring that children and young people have all their health needs assessed and attended to in a timely way for all health domains (*Standard 5*) and that each child has an individualised plan that details their health, education and other needs (*Standard 4*). Each jurisdiction is required to report annually on the number and proportion of children and young people receiving an initial health check (of their physical, developmental, psychosocial and mental health needs) within a specified period of entering out-of-home-care (*Standard 5*). This also includes reporting on the proportion of children and young people who have a current documented case plan, detailing their health, education and other needs (*Standard 4*).

The Health Standards are based on a broad definition of health that covers physical, developmental, psychosocial and mental health domains. They incorporate key elements of the *National Clinical Assessment Framework (NCAF)*, including the three tiers of assessment – preliminary health checks and comprehensive health and development assessments within prescribed timeframes, as well as ongoing health care planning, monitoring and review. The NCAF was developed<sup>1</sup> to support the *National Standards for Out of Home Care* by contributing to an improved consistent approach to health assessments and health care services.

### Eligible Children and Young People

The term eligible children and young people will be used throughout this document to include all children and young people who are placed under a Care and Protection Order by the Youth Court, in accordance with section 38 of the *Children's Protection Act 1993*. This includes:

- 12 month guardianship orders, granted under section 38(1)(c)
- Guardianship until 18 years of age, granted under section 38(1)(d)
- 12 month custody orders, granted under section 38(1)(b)
- Unaccompanied humanitarian refugee minors, for whom guardianship has been delegated to the Department for Education and Child Development (DECD) by the Minister of Immigration
- Family Care Meeting Agreements
- Other Person Guardianship arrangements.

### Consents and Decision Making

The provision of care for a child under the guardianship of the Minister is a partnership between the Minister (Families SA) and the child's carers. When an eligible child or young person presents for a health assessment and/or intervention, consent must be obtained. The *Consent to Medical Treatment and Palliative Care Act 1995* provides

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<sup>1</sup> The National Clinical Assessment Framework was developed by the Children's Wellbeing Committee. This committee reports to the Australian Population Health Development Principal Committee, under the auspices of the Australian Health Ministers Advisory Council.

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guidance for medical and dental practitioners in relation to the assessment and treatment of minors. The *Children's Protection Act (SA) 1993* delegates authority to Families SA employees (under the Direction of the Chief Executive of the Department for Education and Children's Development), to take children and young people under guardianship to be professionally examined, tested or assessed. Families SA has further delegations of authority for medical treatment that vary in accordance with the seriousness of medical intervention (see Appendix A). For more detail on consents and decision making, see the [Consents-and-decisions-info-booklet](#).

### The Standards

The Health Standards describe best practice for SA Health and Families SA in relation to:

- ensuring priority access to health services for eligible children and young people
- identifying relevant and consistent information flows between the health sector and Families SA following referral to and discharge from the health sector
- identifying and facilitating the specific health service response required
- describing the roles and responsibilities of SA Health and Families SA practitioners.

Application of the Health Standards will:

- ensure a coordinated approach between SA Health, Families SA and carers in managing a child or young person's health information, access to health care and health requirements
- inform a health sector response to:
  - the provision of a priority health service
  - information flow between Families SA and health sector agencies,
- guide health practitioners in the health assessment, management and treatment of eligible children and young people
- maintain and improve communication between Families SA, SA Health, the carer and the child or young person.

Families SA and SA Health will work in partnership to improve health outcomes for eligible children and young people. An important aspect of this partnership is to ensure that eligible children and young people are adequately identified within the public health system in order to receive priority access. Families SA and carers are responsible for assisting in this process.

Responsibility for the implementation and review of the implementation of the Health Standards is to be shared by SA Health and Families SA. The means of implementation will differ between metropolitan Local Health Networks and Country SA Local Health Networks in response to different service models and availability. Where publicly funded paediatrician and other services are available, children and young people under the guardianship of the Minister will receive priority. The means of implementation may be different for each Local Health Network area, but the main elements will include:

- management of assessment, referral and treatment of eligible children
- coordinated access to health services
- liaison between local Families SA hubs and the Local Health Networks to ensure priority access is provided
- coordination of the exchange of health information
- the development and review of individual health management plans and the inclusion of any necessary information into the Families SA Case Plan<sup>2</sup>
- a monitoring and review process to ensure the standards are met.

#### Standard 1: Working in partnership

*Families SA and SA Health will work in partnership, with carers, children and young people, to provide a coordinated response to the child or young person's physical, developmental, psychosocial and mental health needs.*

When referring a child or young person for a health service, Families SA will ensure that information of sufficient detail is provided to SA Health to enable an appropriate assessment and response. SA Health will provide a priority response

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<sup>2</sup> Health Management Plans are to be developed and reviewed by health practitioners, and documented in the Families SA Case plan

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for eligible children and young people and will work with Families SA to ensure that health needs are addressed within a comprehensive case management approach and culturally competent framework. When the provision of a health service is compromised by language or cultural issues, steps will be taken to remedy this, for example, through the use of interpreters or cultural advisors.

### **Standard 2: Coordination and continuity of care**

*Each child will receive an integrated response that ensures continuity of care across service systems.*

Children and young people will receive specific assessments across the critical domains in the time frames identified, followed by interventions as necessary. Ongoing health management will occur through active co-ordination between health service providers, Families SA Case Managers, carers and other relevant service providers. Practitioners will ensure that care coordination is sustained during times of transition and change such as change of placement or re-unification with family.

### **Standard 3: Health Management Planning**

*Families SA and SA Health will ensure adequate planning to promote the health and wellbeing of children and young people.*

Health management planning will include a documented comprehensive health history which includes attention to life domains, and an individualised plan detailing the health needs of the child or young person and the interventions to address them. Carers and children or young people, will be provided with information about their health and be involved in planning processes about their care in a contextually appropriate manner in accordance with their age, their capacity and level of development. Health management planning will be documented in a Case Plan developed by Families SA.

### **Standard 4: Ongoing monitoring and review**

*The health needs and outcomes of eligible children and young people will be monitored and reviewed at least annually.*

Families SA and SA Health will work together to ensure the health of children and young people is monitored and reviewed as required and, at a minimum annually, so that health information is current, comprehensive and relevant, and necessary interventions are undertaken. Families SA and SA Health will ensure any health needs (including mental health) that arise are identified and responded to effectively.

SA Health will ensure that current and relevant health information is available for the Families SA Annual Review. Families SA will ensure that health management planning informs and is informed by the overall case management for each child or young person.

### **Standard 5: Priority access**

*Eligible children and young people will have priority access to health services.*

SA Health will provide a priority response to eligible children and young people in recognition of the compromised health status of many of these children, and the responsibility of the State for their safety and wellbeing. The priority response relates to all physical, developmental and mental health needs and includes treatment in emergency, outpatient, inpatient, therapeutic and community based services.

### **Standard 6: Participation**

*Eligible children and young people will be supported to participate as active partners in their health care.*

Children and young people will be supported to participate in planning and decision making that impact on their health and wellbeing. Their health information will be recorded and will be made accessible to them, and the outcomes of each assessment will be shared with them in a manner appropriate to their age and developmental level. In addition, the views of the child or young person concerning their own health and wellbeing and their desired health outcomes will be invited and taken into account.

### **Standard 7: Skills, knowledge, and cultural competency**

*Health services will be delivered by practitioners who are competent to work with eligible children and young people from culturally diverse groups, and who aware of the impact of trauma on children and their families.*

Health practitioners must be aware of the impact of trauma and abuse on the physical, mental, psychosocial and developmental health needs of eligible children and young people in order to provide an appropriate intervention. They must also consider the additional diverse and potentially complex needs of different population groups, such as Aboriginal children and young people and emerging communities. Practitioners will seek to develop their knowledge, understanding and capacity for culturally appropriate practice and where necessary, consult with those holding the relevant expertise. Health practitioners will seek cultural advice where appropriate involving services to children and young people who are Aboriginal or from culturally and linguistically diverse groups.

### **Standard 8: Transition to adult services**

*SA Health and Families SA will facilitate the transition of young people to appropriate adult health services.*

SA Health and Families SA will jointly contribute to transition planning in relation to a young person's ongoing health needs. Transition planning will include identification and connection of the young person to adult health services. In particular, General Practitioners, dental, mental health and community based services and other special medical practitioner services where required. Families SA will ensure the young person is aware of how to access their health information, as required.

## **The National Clinical Assessment Framework**

The National Clinical Assessment Framework provides guidance for the provision of health assessments and referral pathways to achieve quality care for eligible children and young people in out-of-home care.

The Framework describes a staged approach to age-appropriate assessments that cover all areas of health. The Health Standards have been directly informed by the National Clinical Assessment Framework and serve as a guide to enable practitioners to address the core elements of the Framework.

This section presents a brief transcription of the Framework and includes the core elements of health assessments, the roles and responsibilities of Families SA and Health practitioners, and describes the referral pathways and information flow associated with the assessments. More information about assessment, including evidence based, cost effective assessment tools can be found on the National Clinical Assessment Framework for Children and Young People In Out-of-Home Care website. [National Clinical Assessment Framework for Children and Young People in Out-of-Home Care \(OOHC\) - March 2011](http://health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc) <http://health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc>

A child or young person entering care will receive:

- A Preliminary Health Check within 30 days
- A Comprehensive Health and Developmental Assessment within 3 months
- Ongoing health monitoring, assessment and treatment.

Overall, the assessment includes three key domains to ensure that the holistic health needs of individual children and young people are addressed. These are:

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
2. *Developmental*
  - Developmental history
  - Speech, language and communication
  - Motor development

- Cognitive development
  - Sensory
3. *Psychosocial and mental health*
- History
  - 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)

Each health assessment is to be age-appropriate, as follows:

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

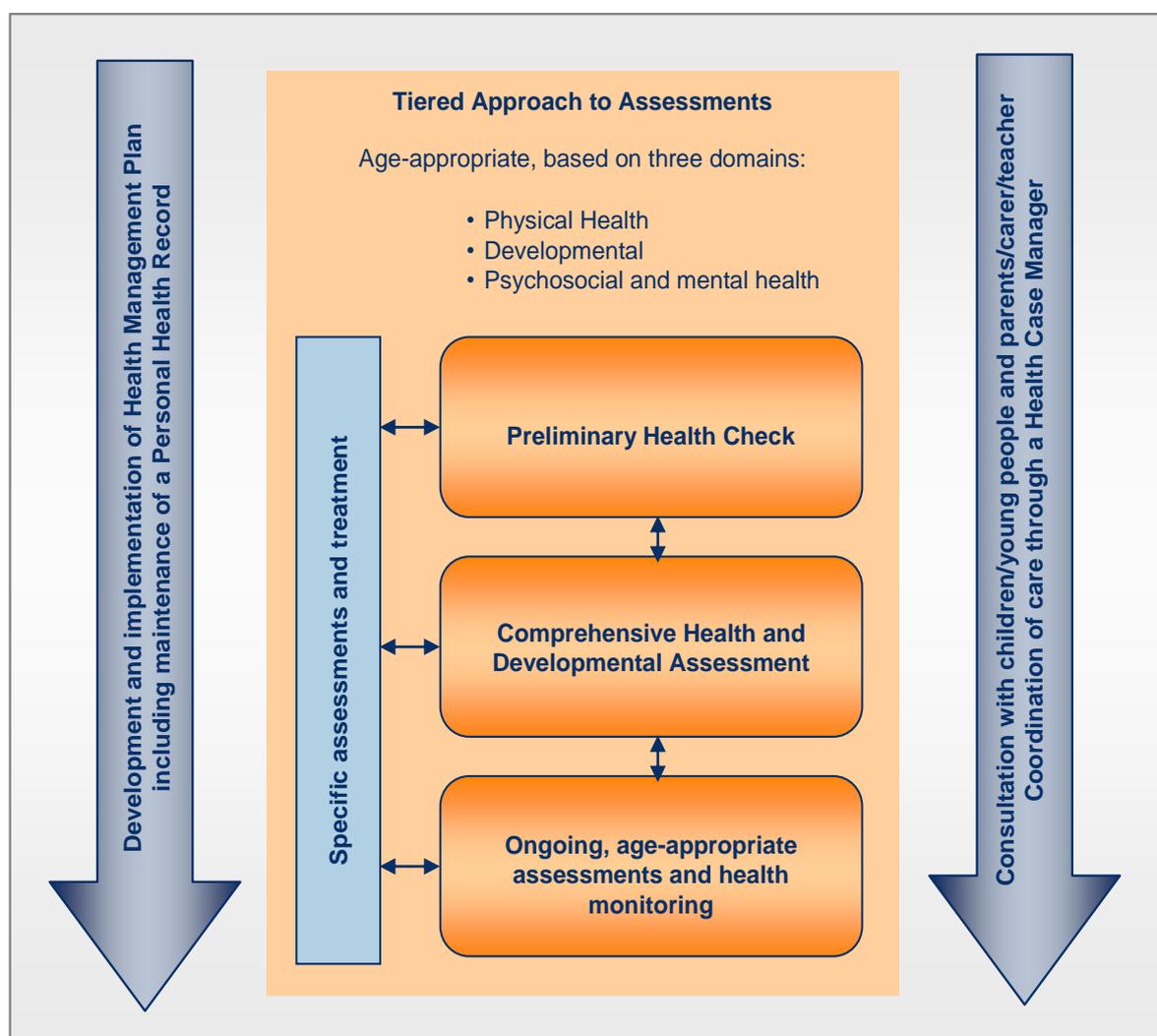


Figure 1: Core elements of the National Clinical Assessment Framework

National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) - March 2011  
Department of Health, Australian Government

**Appendix A: Consents and Decisions**

**Consent and Decisions for Children and Young People under Guardianship of the Minister**

**Family - Based Care**

Division 4 of the *Consents for Medical Treatment and Palliative Care Act 1995* outlines consent and decision making requirements for the medical treatment of all children in South Australia. The Act states that a person of or over the age of 16 years of age can make decisions about his or her medical treatment as validly and effectively as an adult (Division 1 Section 6).

In addition to the Act the following outlines the delegations of authority for consent for children and young people under the guardianship of the Minister.

<b>Treatment Type</b>	<b>Consent Authority</b>
<b>Medical</b>	
Preliminary Health Check	FSA Case Manager, in collaboration with Carer
Day to Day Medical treatment Appointments; seeking assessment, investigation and treatment for minor ailments & injuries; purchasing and administering medication; immunisation	Carer
Routine Medical Conditions Commencing and continuing treatment	Carer
Hospital Admission (non-emergency)	Carer
Mental Health Assessment/therapy	Carer/FSA Case Manager (at practitioner discretion)
Non-routine Medical Conditions involving significant physical, emotional or social impact Psychiatric treatment and intervention, administration of psychotropic medication CT Scans, genetic testing	FSA Case Manager
Administration of General Anaesthetic and Medical Surgical Procedures	Families SA written permission and consultation with Carer <ul style="list-style-type: none"> <li>- Supervisor or above</li> <li>- <i>After Hours</i> Supervisor or above, Crisis Response Unit</li> </ul>
Emergency	Medical Practitioner
Matters involving risk to life or of a significant or final nature	Minister
<b>Dental</b>	
Routine Dental Care Local anaesthetic; routine dental treatment, including fillings, diagnostic procedures required for orthodontic assessment	Carer
Major Dental Treatment General anaesthetic, medical procedures, orthodontic treatment	Families SA written permission and consultation with Carer <ul style="list-style-type: none"> <li>- Supervisor or above</li> <li>- <i>After Hours</i></li> <li>- Supervisor or above, Crisis Response Unit</li> </ul>
<b>Allied Health</b>	
Initial visit	Depending on circumstances, can be treating Medical Practitioner, Families SA or Carer

**Appendix B – Roles and Responsibilities**

**Preliminary Health Check<sup>3</sup>**

The purpose of the Preliminary Health Check is to identify and respond to immediate health needs, to provide guidance for a multidisciplinary team to undertake a comprehensive assessment, to advise on the clinical specialties to be involved, and the timing for this to occur. It is an opportunity to establish an ongoing relationship between the child, their carer and a primary health care provider, so as to provide continuity of care. The Preliminary Health Check will provide initial screening, preliminary assessment and treatment of immediate physical health (including dental health), developmental, psychosocial and mental health needs and referral to an appropriate specialist Paediatrician for the comprehensive health check. The preliminary health check is distinct from medical assessments that may occur as part of the child protection investigation. However information from such assessments is to be provided to the practitioner(s) undertaking the preliminary health check and will be used to inform the check.

Families SA
Families SA will ensure that children and young people entering out-of-home care are referred for a preliminary health check and preliminary dental health check <b>within 30 days</b> of entering care.
Families SA will provide adequate information to SA Health to undertake the check including other assessments undertaken by disability and other service providers both within Families SA and externally.
Families SA will inform the carer of appointment times for the assessment and support the carer to attend the health and dental appointments with the child or young person. Where the carer cannot attend the appointment(s) a Families SA worker who has knowledge of the child, preferably the case manager, will accompany the child or young person.
The Families SA case manager will ensure the outcomes of the preliminary health check and the dental check are documented in the Families SA case plan, and facilitate a coordinated response to the health needs identified in the preliminary health check in collaboration with SA Health.

Health
The primary health care practitioner (i.e. General Practitioner, Dentist or Dental Therapist, Nurse Practitioner, Child and Family Health Nurse or other specialty nurse or Aboriginal Health Worker) will undertake a preliminary health check in accordance with the National Clinical Assessment Framework.
The primary health care practitioner will refer the child to a Paediatrician and/or other health care providers with a completed referral form and background information regarding interventions undertaken and or recommended.
The primary health care practitioner will discuss the assessment and recommended interventions with the carer and child or young person, as relevant to their age.
The primary health care practitioner will inform Families SA of the outcomes of the preliminary health check, SA Dental Service will inform FSA of the outcomes of the dental check. Details about additional appointments will be provided. The Families SA case worker is to be informed if the child does not attend or attends without their carer or residential care worker.

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<sup>3</sup> In South Australia Preliminary Health Checks equate to Initial Health Checks referred to in the National Health Standards.

**Comprehensive Health and Development Assessment**

The purpose of the Comprehensive Health and Development Assessment is to identify and respond to physical, developmental and psychosocial health needs. It is also to develop a comprehensive health plan outlining further treatment and interventions necessary, and how and when these will occur. A range of specialist clinicians may be involved in this assessment. In relation to dental health, this assessment will normally occur at the same time as the preliminary check.

Families SA
Families SA will ensure that all children and young people entering out-of-home care undergo a comprehensive health check <b>within three months</b> , and that adequate information is provided to the primary health care practitioner to undertake the check.
Families SA will inform the carer of appointment times for the assessment and support the carer to attend appointments with the child or young person. Where the carer cannot attend the appointment(s) a Families SA worker who has knowledge of the child, preferably the case manager, will accompany the child or young person.
The Families SA case manager will ensure the outcomes of the comprehensive assessment are documented in the Families SA case plan, and facilitate a coordinated response to the health needs in collaboration with SA Health.
SA Health
SA Health will ensure a lead clinician in each Local Health Network is involved and works with a multi-disciplinary team in the assessment process in accordance with the National Clinical Assessment Framework.
SA Health will refer the child for any further health services required and provide background information regarding interventions undertaken and or recommended.
SA Health will discuss the assessment and recommended interventions with the carer, and child or young person in a manner appropriate to their age and developmental level.
SA Health will inform Families SA of appointments, the outcomes of the Comprehensive Assessment, and provide a copy of the health management plan and copies of any completed referral forms. Families SA is to be informed if the child does not attend or attends without their carer.

**Ongoing Health Monitoring and Planning**

Ongoing health monitoring is to occur at regular intervals, based on age and individual care considerations throughout the child or young person’s time in out-of-home care. The health management plan is to be regularly reviewed and updated in response to the child’s changing needs. Review dates for individual health management plans are to be determined by a health practitioner. Any revised health needs, goals, treatment and review dates outlined in the health care plan are to be routinely incorporated into the Families SA Case Plan.

<b>Families SA</b>
Families SA will facilitate a coordinated response to any identified health needs in collaboration with SA Health and SA Dental Service.
Families SA will inform the carer of ongoing health and dental appointment times and support the carer to attend appointments with the child or young person.
Where the carer cannot attend the appointment(s) a Families SA worker who has knowledge of the child, preferably the case manager, will accompany the child or young person.
Families SA will review health information as part of the regular case review and as part of the Annual Case Review. This process will involve referral to a relevant health practitioner when health concerns arise, and when individual health plans are due for review.
Families SA case manager will ensure the content of updated health management plans is documented in the Families SA case plan, and in collaboration with SA Health, SA Dental Service and carers, coordinate health management planning for children and young people.

<b>SA Health</b>
SA Health and Families SA will ensure the health management plans are monitored and regularly reviewed, in response to the needs of the child/young person.
Health clinicians will undertake age appropriate health assessments in accordance with the individual needs of the child or young person.
SA Health and SA Dental Service will ensure that information about assessment, treatment and referral is recorded and provided to Families SA.
SA Health and SA Dental Service will provide information about assessment, treatment and referral to the child or young person in relation to their condition and treatment. On leaving care summary information and a management plan will be provided.
SA Health will provide Families SA with revised health management plans.
SA Health will attend Annual Review, if requested by Families SA.