



Government
of South Australia

SA Health



Government of South Australia
Department for Child Protection

HEALTH SERVICES AGREEMENT FOR CHILDREN AND YOUNG PEOPLE IN OUT OF HOME CARE

This letter reaffirms the commitment of SA Health and the Department for Child Protection (DCP) to provide priority access and improved responses to the health needs of children and young people in care and reflects recent developments influencing practices across SA Health and DCP, including commencement of the *Children and Young People (Safety) Act 2017*.

This agreement is in line with the South Australian Government's initiative, *Investing in their future*, to achieve better outcomes for the health and wellbeing of children and young people in care. SA Health and DCP will provide health assessments and referrals for eligible children and young people in accordance with the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* and the *National Standards for Out of Home Care*, as per the agreed roles and responsibilities tables set out in *Schedule 1: Providing Health Services to Children and Young People in Out-of-Home Care*.

The commitment in this letter replaces the *Guardianship Health Standards*, originally developed in 2007 by SA Health and Families SA as part of SA Health's implementation of Rapid Response, and revised in July 2014 to incorporate the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* and the *National Standards for Out of Home Care*.


DR CHRISTOPHER MCGOWAN
Chief Executive
SA Health


CATHY TAYLOR
Chief Executive
Department for Child Protection

Date 15/12/2017

Date 22/12/2017

SCHEDULE 1: PROVIDING HEALTH SERVICES TO CHILDREN AND YOUNG PEOPLE IN OUT OF HOME CARE

SA Health and the Department for Child Protection (DCP) will provide health assessments and referral pathways for eligible children and young people in out of home care (in care) in accordance with *Investing in their future*¹, the *National Clinical Assessment Framework (NCAF)*² and the *National Standards for Out of Home Care*³. The NCAF and the *National Standards for Out-of-Home-Care* were developed under the *National Framework for Protecting Australia's Children (2009-2020)*⁴.

Eligible children and young people

In South Australia, eligible children and young people in care are all children and young people placed under the following orders under the *Children and Young People's (Safety) Act 2017*:

- an order placing the child or young person, for a specified 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 specified 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 under 53(1)(j);
- 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* with guardianship delegated to the Chief Executive are also eligible children and young people.

Consents and decision making

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 guidance for medical and dental practitioners in relation to the assessment and treatment of minors. The *Children and Young People (Safety) Act 2017* delegates authority to DCP employees to take children and young people under guardianship or custody to be professionally examined, tested or assessed. DCP delegations of authority for medical and dental treatment vary in accordance with the seriousness of medical intervention – refer to the DCP resource: [Who can say OK?: making decisions about children in care.](#)

¹ https://www.childprotection.sa.gov.au/_data/assets/pdf_file/0006/122892/Investing-in-their-future-FINAL.pdf

² *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-loc>

³ https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

⁴ <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

Key Principles

The key principles underpinning the delivery of health services to children and young people in care are:

- DCP 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
- Children and young people will receive an integrated response that ensures continuity of care across service systems
- DCP and SA Health will ensure adequate planning to promote the health and wellbeing of children and young people
- DCP and SA Health will monitor and review the health needs and outcomes of children and young people as required
- Children and young people will have priority access to health services, based on clinical need and service availability
- Children and young people will be supported to participate as active partners in their health care
- Health services will be delivered by practitioners who are competent to work with children and young people from culturally diverse groups, and who are aware of the impact of trauma on children, young people and their families
- DCP and SA Health will facilitate the transition of young people to appropriate adult health services in a timely manner
- DCP will 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.

Roles and Responsibilities

The following tables explain the roles and responsibilities of SA Health and DCP in providing health services to children and young people in care. Each action is referenced to the relevant National Standards (below) detailed in the *National Framework for Protecting Australia's Children 2009 – 2020*:

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.

National Standard	PRELIMINARY HEALTH CHECK⁵
Department for Child Protection (DCP)	
4, 5	DCP will ensure that children and young people entering out of home care are referred for a preliminary health check (including immunisation status) and dental check <i>within 30 days</i> of entering care.
4, 5	DCP will complete the referral to the primary health care practitioner and provide the required information to the practitioner to undertake the check, including copies of other assessments undertaken by Disability or other service providers both within DCP and externally.
2, 3, 4, 5	DCP will inform the carer of appointment times for the assessment, and support the carer to attend appointments with the child or young person. This will be supported by providing financial assistance for transportation costs where appropriate. Where the carer cannot attend the appointment(s), a DCP worker who has knowledge of the child or young person, preferably the case manager, will accompany the child or young person.
4, 5	The DCP case manager will ensure the outcomes of the preliminary health check and the dental check are documented in the health section of the DCP case plan, and facilitate a coordinated response to the health needs identified in the preliminary health check in collaboration with SA Health.
SA Health	
4, 5	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.
4, 5	As appropriate, the primary health care practitioner will work in partnership with DCP to refer the child to a paediatrician and / or other health care providers, which may include supporting the completion of a referral form and providing background information regarding interventions undertaken and or recommended.
2, 3, 4, 5	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.
2, 4, 5	The primary health care practitioner will inform DCP of the outcomes of the preliminary health check. Where the child is 5 years or younger, SA Health will complete the child's <i>My Health and Development Record (Blue Book)</i> . SA Dental Service will inform DCP of the outcomes of the dental check. Details

⁵ In South Australia Preliminary Health Checks equate to Initial Health Checks referred to in the National Standards.

	about additional appointments will be provided. The DCP case manager will be informed if the child does not attend an appointment, or attends without their carer or residential care worker.
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National Standard	COMPREHENSIVE HEALTH AND DEVELOPMENT ASSESSMENT (CHDA)
Department for Child Protection (DCP)	
4, 5	DCP will ensure that all children and young people entering out of home care are referred for a CHDA <i>within three months</i> of entering care.
3, 4, 5	DCP will complete the referral to the appropriate SA Health clinic or service and ensure that information of sufficient detail is provided to SA Health to enable an appropriate assessment, including copies of the DCP case plan, school reports and any other assessments undertaken by Disability or other service providers both within DCP and externally.
4, 5	DCP will inform the carer of appointment times for the assessment and support the carer to attend appointments with the child or young person. This will be supported by providing financial assistance for transportation costs where appropriate. Where the carer cannot attend the appointment(s), a DCP worker who has knowledge of the child or young person, preferably the case manager, will accompany the child or young person. If possible, the DCP case manager should attend the CHDA to support the child or young person and the carer.
3, 4, 5	The DCP case manager will ensure the outcomes of the CHDA, including the written medical report with recommendations, are documented in the health section of the DCP case plan ⁶ , and will facilitate a coordinated response to the health needs of the child or young person in collaboration with SA Health.
4,5	The DCP case manager is responsible for registering children and young people with NDIS and in engaging and following up with NDIA planners. The CHDA medical report, in addition to other formal assessment reports, can be used to provide supportive evidence for NDIS applications.
SA Health	
2, 3, 4, 5	SA Health will undertake the CHDA ⁷ across the physical, developmental, psychosocial and mental health domains in accordance with the <i>National Clinical Assessment Framework</i> , <i>within three months</i> of receipt of the completed CHDA referral.

⁶ In South Australia the health section of the DCP case plan equates to the Health Management Plan referred to in the National Clinical Assessment Framework for Children and Young People in Out of Home Care

⁷ SA Health OOH Clinics provide CHDAs to children and young people under guardianship or custody pursuant to section 53(1) of the *Children and Young People's (Safety) Act 2017* when the order is of 6 months' duration or more, or under a series of orders that are of 6 months duration and where there is at least 3 months left on an order

2	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.
2, 3, 4, 5	SA Health will inform the DCP case manager of future appointments, the outcomes of the CHDA, and provide copies of the written CHDA medical report with recommendations and any completed referral forms. DCP will be informed if the child or young person does not attend the appointment, attends without their carer or residential care worker, or fails to attend any other scheduled appointments that have been arranged as a result of the CHDA.
3, 4, 5	As appropriate, SA Health will work in partnership with DCP to refer the child or young person for any further health services required, which may include supporting the completion of referral forms, providing background information to the receiving service provider regarding interventions already undertaken and / or recommended, or completing additional documentation (e.g. Evidence of Disability forms) to support NDIS applications.

National Standard	ONGOING MONITORING AND ASSESSMENT
Department for Child Protection (DCP)	
4, 5	DCP will facilitate a coordinated response to any identified health and developmental needs of the child or young person in collaboration with SA Health and SA Dental Service.
4, 5	DCP will ensure care coordination and integrity of information recording is sustained during times of change, such as change of case manager, change of placement, reunification with family or transition from child to adult services, and that SA Health is advised of any changes.
2, 4, 5	DCP will inform the carer of ongoing health (including immunisations) and dental appointment times and support the carer to attend appointments with the child or young person. This will be supported by providing financial assistance for transportation costs where appropriate. Where the carer cannot attend the appointment(s), a DCP worker who has knowledge of the child or young person, preferably the case manager, will accompany the child or young person. A copy of medical reports will be made available to the carer as deemed appropriate by DCP.
2, 3, 4, 5	DCP will support children and young people to participate in planning and ensure their views are given sufficient weight in decision making that impacts on their health and wellbeing. DCP will also support carers to participate in decision making that impacts on the health and wellbeing of the children and young people in their care, unless it is not in the best interests of the child or

	young person.
2, 4, 5	DCP will review health information as part of the regular case plan review (DCP annual case review), ensuring that it is updated in response to the changing needs of the child or young person. This process may involve referral 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.
2, 3, 4, 5	DCP will ensure that information received from SA Health is documented in the health section of the DCP case plan, and will coordinate health management planning for children and young people in collaboration with SA Health, SA Dental Service and carers.
5	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.
SA Health	
2, 3, 4, 5	SA Health practitioners will undertake age appropriate health assessments and treatment in accordance with the individual needs of the child or young person and provide priority access (based on clinical and psychosocial need) and quality treatment across the continuum of services.
4, 5	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.
4, 5	SA Health and SA Dental Service will ensure that information about assessment, treatment and referral is recorded and provided to DCP, inform DCP of any further appointments and provide DCP with copies of any completed referral forms, assessments and reports.
4, 5	SA Health will attend the DCP annual case review, if requested by DCP and appropriate to ongoing care.
2, 4, 5	SA Health and SA Dental Service will provide information about assessment, treatment and referral to the carer, and child or young person in relation to their condition and treatment, in a manner appropriate to their age and developmental level.

Monitoring and compliance

All states and territories are required to report annually against the below measures from the *National Framework for Protecting Australia's Children (2009-2020)*. DCP provides this data annually to the Australian Institute for Health and Welfare.

1. The number and proportion of children and young people receiving a preliminary health

check within 30 days of entering out of home care.

2. The proportion of children and young people who have a Case Plan detailing their health, education and other needs.

Responsibility for the implementation and review of the implementation of this Agreement is to be shared by SA Health and DCP.

The roles and responsibilities (as outlined in this document) should be written into the respective agencies' operational procedures to ensure compliance.

In the event of any conflict or dispute, local agency dispute resolution and escalation processes will be followed.

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