



Australian Children and Young People In Care
REPORT CARD ON HEALTH

January 2006

ACKNOWLEDGEMENTS

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CREATE would also like to acknowledge the many hours facilitators from across Australia spent interviewing children and young people so that their voices can be heard.

CREATE FOUNDATION

CREATE Foundation (formerly known as the Australian Association of Young People in Care, AAYPIC) and its networks in each State and Territory of Australia, was established in 1993 to provide a consumer voice from within the care system. During this time CREATE has effectively provided this voice and initiated major reforms in the care of children and young people in this country.

Most importantly, the direct participation and input by children and young people has provided governments and agencies with new solutions to address widespread and systemic problems in the care system of Australia.

CREATE runs programs and services to:

- Connect children and young people in care to each other and their communities
- Build skills and resources for children and young people in care
- Change the care system from the inside out through the participation of children and young people in care themselves.

CREATE is committed to promoting the safety and well being of children and young people in care.

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Contents

01	CREATE Foundation
01	About the report card
02	Children and young people in care and their health
08	MOVING FORWARD - 2006
09	Victoria
11	South Australia
13	New South Wales
16	Australian Capital Territory
17	Tasmania
19	Western Australia
21	Northern Territory
23	Queensland
25	OVERALL PERFORMANCE
25	Policy
26	Health Care Planning
28	Health Programs and Initiatives
28	Collaboration
29	Monitoring and Review
30	Research
31	References
33	Appendix One: Health Programs and Initiatives
35	Appendix Two: Research
36	Abbreviations Used

CREATE Foundation

The CREATE Foundation is an organisation run by, with and for children and young people in care and those who have previously been in care. CREATE exists to improve the life opportunities of children and young people from birth to eighteen years who are unable to live with their parents and are placed in care.

One of the ways in which CREATE Foundation promotes life opportunities of children and young people in care is by informing the community and governments about how well they are being protected and cared for across Australia. This involves identifying key issues impacting on the protection and care of children and young people in care, collecting information about their needs and their progress in care and making this information available to others.

About the Report Card

In 2000, CREATE launched its Report Card series, with the first Report Card focusing on the general status of children and young people in care in Australia, which identified key indicators of what was happening for children and young people in care across Australia and how well they were progressing in relation to their safety and well being. At that time, CREATE indicated its intention to produce other Report Cards that would focus on specific areas of need such as education, health, involvement of young people in the youth justice system and leaving care. In 2001, CREATE launched its first Report Card on the educational needs, participation and performance of children and young people in care across Australia.

This Report Card is about the health needs of children and young people in care across Australia. "How well are Australian States and Territories doing in promoting the health of children and young people in care?"

The Report Card examines the performance of each State and Territory in relation to the following areas:

- policy goals and objectives relevant to the health of children and young people in care
- health care assessment and planning to identify and meet the health care needs of children and young people in care
- local or regional collaborative structures and pro-

cesses that promote achievement of policy goals and objectives in practice

- mechanisms to monitor, evaluate and review the health of children and young people in care as a group.

Research to inform policy and practice developments in States and Territories will be identified in the section 'Overview of Performance'.

Information about the areas of action and strategies was requested from relevant Community Services and Health departments in each State and Territory.

In addition, CREATE conducted a survey of 281 children and young people in care aged 10 to 18 years to find out their views about their health needs and experience of health care planning. The interviewed children and young people were mostly accessed through CREATE's membership data-base. This sample is not therefore representative of the views of all children and young people in care. Nevertheless, it provides a useful insight into the views and experiences of a significant group of children and young people in care and a basis for further research.

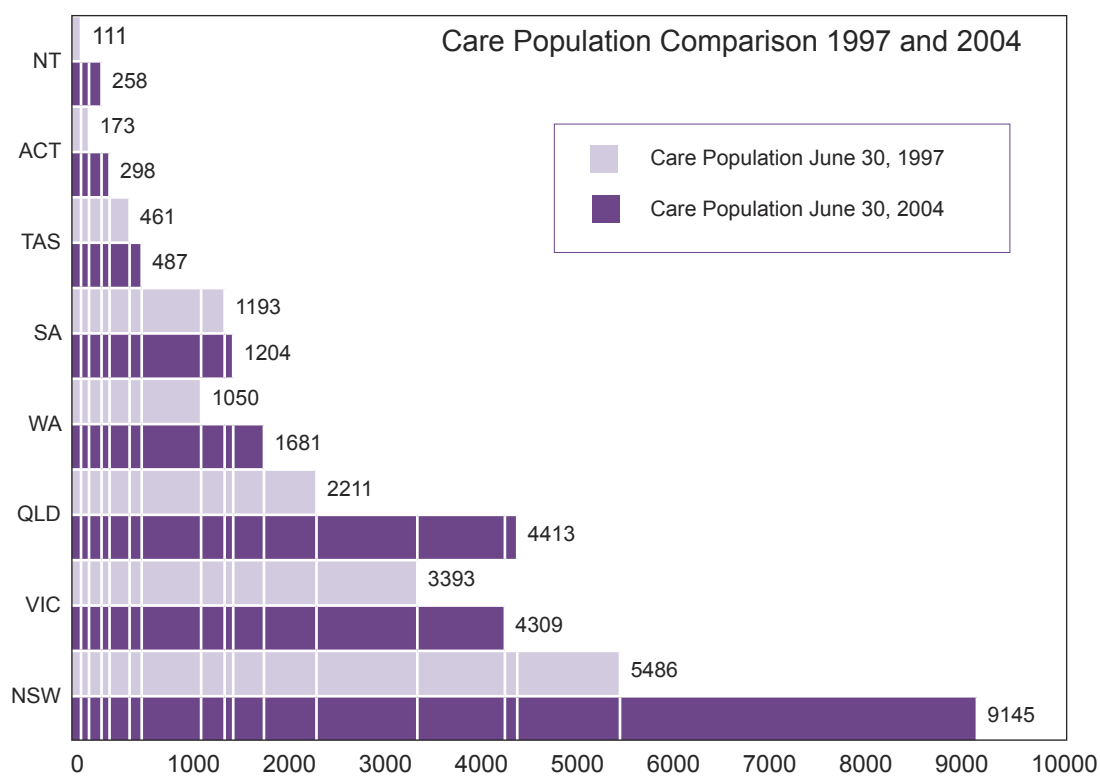
A full report on the survey and its outcomes has been separately prepared and made available on the CREATE website at www.create.org.au

Research and literature relevant to the health of children and young people in care was also collected.

Children and Young People In Care and their Health

At June 30, 2004 there were 21,795 children and young people living within formal out-of-home care placements across Australia, though a substantially larger, yet unknown number spent at least one night in a care placement during the 2003-04 financial year (AIHW, 2005). The total number of children and young people in care has increased markedly during the last seven years, with an increase of 14,078 since June 30, 1997 (AIHW, 1998), despite an overall stagnation and in some jurisdictions a decline in the overall population of those under eighteen years of age. The result is a dramatic increase in the rate of care placements as indicated in table below, which provides a clearer picture of the dramatic relative increase in care numbers and the required input into services.

In addition to those children and young people identified as living within formalised out-of-home care placements, there is substantial anecdotal and research support for the notion that large numbers of children and young people are housed within “informal” care arrangements. In these situations, extended families often intervene to accommodate the needs of children and young people who are unable to reside with their birth family.



Source: AIHW 1998; 2005

Overall, the rate of children and young people placed in care has increased from 3.0 per thousand in 1997 to 4.5 per thousand aged under 18 at 30 June 2004.

Jurisdiction	Rate per 1000 30.6.97	Est. Population (Aged 0-17)	Rate per 1000 30.6.04	Est. Population (Aged 0-17)
NSW	3.4	1613529	5.7	1604386
VIC	3.0	1131000	3.7	1164595
QLD	2.5	884400	4.6	959348
WA	2.2	477272	3.5	480286
SA	3.2	372812	3.5	344000
TAS	3.7	124594	4.1	118781
ACT	2.1	82380	3.8	78421
NT	1.9	58421	4.3	60000
Total	3.0	4744411	4.5	4809816

NB. Population data obtained from:

ABS (1997). 1996 Census of Population and Housing: Basic Community Profile. ABS cat. no. 2020.0. Canberra: ABS

ABS (2003). 2004 Population Projections. ABS cat. no. 3222.0. Canberra: ABS

Who are children and young people in care?

Children and young people in care are a diverse group who share a common experience of not being able to live with their parents and therefore being cared for by someone other than their parents.

They may have been abused or neglected by their parents or their parents may have a problem that means they cannot provide for their protection and care. In some situations, the child or young person's parents may have died and there is no other family member who can care for them.

They may come from a variety of cultural backgrounds. Indigenous children and young people are more likely to be in care than non-Indigenous children and young people.

They may be in care under a guardianship order or custody of the state, or it may involve a voluntary agreement between their parents and an agency or government department who provides out of home care.

They may be placed in care for a short period of up to a few months, or it may be for a couple of years. Some are in care until they turn eighteen years of age.

They may be cared for by relatives or the family of friends, a foster family, or they may live in a residential unit. Some older young people may live in a boarding situation or share with other young people in care. Some children and young people in care are homeless and live on the streets.

They may have experienced a number of placements and disruptions of their connections with family, friends, school, community and culture.

Who is responsible for children and young people in care?

Children and young people in care have a right to be protected and cared for in a way that maximises their life opportunities. This requires that they are placed in stable and secure environments that can assist in meeting their physical, development and emotional needs. Their progress in care needs to be regularly assessed and services provided to promote their safety, development and well-being.

For these children and young people, the state takes on the responsibilities usually undertaken by a parent. The state has a 'duty of care'. In other words, it has a responsibility to provide what a 'good parent' would provide for their children. The nature of parental involvement and contact is dependent on a range of factors including the legal status of the child or young person (non-statutory/statutory), the type of child protection order (custody/guardianship), the placement of the child (at home/in out of home care) and the immediate and longer term plan, amongst others.

The state generally exercises its responsibilities through State and Territory Community Service departments. However, children and young people in care have a range of needs including education, health, sport and recreation, housing, transport and employment. Other State and Territory government departments usually provide these services. They, as part of the state, share responsibility with State and Territory Community Services departments to ensure that children and young people in care are able to access these services and ensure that they have access to the same life opportunities as other children and young people.

This shared responsibility is sometimes referred to as 'corporate parenting'. Corporate parenting emphasises the collective responsibility of government and its various departments to achieve 'good parent-

ing'. Of course, there is a broader group of people and agencies that are involved in delivering corporate parenting. These include direct carers, non-government agencies, Indigenous service providers, education personnel, health personnel and members of the community amongst others.

Why is the health of children and young people in care important?

The World Health Organisation's constitution (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

Such a definition is in contrast to frequent definitions of health that focus on conditions, disability and disease, or the lack thereof, without necessarily acknowledging the importance of more positive health outcomes, like fitness, or the notion of health as but one component of a greater social environment.

Using this definition, the importance of health and wellbeing for children and young people is obvious, with many trends set in early life manifesting themselves detrimentally later in life. Both physical and psychological functioning during childhood have major impacts on the quality of life in latter years. The immediate and longer-term impact of abuse and neglect, or other circumstances leading to the separation of children and young people from their families and placement in care is now well documented. The exposure to adverse childhood experiences (child abuse, neglect and other traumatic stressors) can lead to a multitude of health and social problems (Felitti et al, 1998). Felitti and colleagues (1998) state that "As the number of adverse childhood experiences increase, the risk of the following health problems increases in a strong and graded fashion":

- alcoholism and alcohol abuse
- risk of intimate partner violence
- chronic obstructive pulmonary disease
- multiple sexual partners
- depression
- sexually transmitted diseases
- health-related quality of life
- smoking
- illicit drug use
- suicide attempts
- ischemic heart disease
- unintended pregnancies

The study demonstrated that the number of adverse

childhood experiences has a strong and graded relationship to health-related behaviours and outcomes during childhood and adolescence including early initiation of smoking, sexual activity, and illicit drug use, adolescent pregnancies, and suicide attempts. Further, as the number of adverse childhood experiences increases the number of co-occurring conditions increases.

The health of children and young people in care is therefore of critical importance to their immediate and longer-term development, and their capacity to access life opportunities.

What do we know about the health of children and young people in care?

Research indicates that children and young people in care are likely to experience poor physical and emotional health (DoH, 2002; NCB, 2005; Halfon, 2002; and Underwood, 2002). The UK Department Of Health (2002) notes that, "Looked after children are the epitome of the inverse care law – their health may not only be jeopardised by abusive and neglectful parenting but care itself may fail to repair and protect health. Indeed it may even exacerbate damage and abuse."

The National Children's Bureau (2005) summarises the research as follows:

- Children may come into care with significant physical and mental problems.
- Two-thirds of all looked after children were reported to have at least one physical complaint: the most commonly reported physical complaints were: eye and/or sight problems (16%), speech or language problems (14%), bed wetting (13%), difficulty in coordination (10%), and asthma (10%).
- Looked after children and young people have a high rate of mental health problems. Of looked after children aged 5-17, 45% were assessed as having at least one psychiatric disorder and two-thirds of those living in residential care were assessed as having a mental disorder.
- There are high rates of self-harm and high-risk behaviour among looked after children and young people, particularly in secure accommodation.
- Some studies show that there is a higher level of substance misuse, including smoking tobacco,

among looked after children and young people, than among the non-care population.

- There is a significantly higher rate of teenage conception among looked after young people than among the non-care population, and looked after young women are more likely to become young mothers than young women in the general population.
- Fewer looked after children visited the dentist regularly, and they were significantly more likely to need treatment in comparison with their non-care peers.
- Children from minority backgrounds may suffer discrimination within the care system leading to health needs being unmet.
- Children with disabilities who are in care may experience unmet health and social needs (often due to confusion over funding and provision), services often ignore disabled children's right to a say in their care, and transition to adult services and/or independence is often unsatisfactory.
- There are significant gaps in health records for looked after children and young people.
- Standards and indicators for looked after children tend to focus on 'illness' rather than on 'health'.

The UK collects data on health outcomes in relation to immunisations, dental checks, annual health assessments and developmental assessments for children under 5 years of age. In the twelve months to 30 September 2004, of those children looked after in England (DfES, 2005):

- 73% were up to date with their immunisations
- 79% had a dental check up
- 77% had an annual health assessment.

In addition, 82% of children aged under 5 who had been looked after for at least a year had their developmental assessments up to date.

There is little data and research available about the health of children and young people in care in Australia. However, a Western Australian study of the provision of general practice services to children in state care drew the following conclusions (Underwood, 2000; Clare, 2001):

- This study confirmed the national and international

literature, which indicates that children in state care are a high-risk group who have a relative preponderance of potentially serious physical, social and emotional problems.

- The system of care provided through the state has to respond to an extraordinary range of individual problems (categorised into four broad groups in terms of care career – those who come into care for a brief period, those who repeatedly experience short periods of time in care, those who experience multiple placements within the care system, and those placed in long term settings). The complexity of needs of children entering care puts a very great burden on the care system in general.
- The GPs often found major difficulties in providing competent health care to this group. This resulted from a lack of continuity, and the lack of adequate records and a responsible and stable carer.
- All participants saw that it was fundamental, and a matter of urgency, that a system be devised in which basic health information is available to GPs and non-GP carers.

In a study of the mental health of primary school aged children living in foster care in New South Wales, Tarren-Sweeney et al (2004) found "... that foster parents of children in long-term care, and teachers demonstrate moderate to high agreement in identifying the externalising problems, social-attention-thought problems and total problem behaviour of children in care. However, they demonstrate poor agreement in reporting internalizing problems". More recently, Tarren-Sweeney and Hazell (2005) reported that females placed in care with one or more of their siblings present with better mental health than females who are separated from their siblings. However, this finding was not true for males. The reasons for these outcomes are unclear and will be further considered in the prospective stage of the study.

What do children and young people in care tell us about their health?

Two hundred and eighty-one Australian children and young people in care aged 10-18 participated in CREATE's health survey in 2005.

Of the 281 children and young people surveyed, one hundred and fifty-eight were female (56.2%), and one hundred and twenty-three were male, with 280 in the age group 10-17 years (one participant has just turned eighteen at the time of interviewing).

Forty-six children and young people identified as Indigenous Australians, equating to approximately 16.5% of the participant group, and thirty-five (12.5%) indicated that they spoke a language other than English in their home or care environment.

The children and young people who participated in the Report Card tended to have been in care for much longer periods than those in the entire care population. Over 75% of respondents had been in care for more than two years, in contrast to the most recent national AIHW figures (AIHW, 2005) which indicate that approximately fifty percent of children and young people have been in care for two years or longer. This distribution reflects the duration of time in care identified in previous Report Cards (see CREATE Foundation 2004a, 2004b, 2003), and also mirrors Report Card data relating to time in current placement not shown here.

As previously indicated, the sample of children and young people in care interviewed for this report card is not representative of the overall in care population. The relative stability of the children and young people surveyed is likely to impact on their experiences of the care system and their access to health services.

This is a summary of what they told us:

Care planning

One hundred and thirty-one (46.6%) children and young people reported that they had a case plan, whilst 83 (29.5%) reported that they did not have a case plan and 67 (23.8%) reported that did not know if they had a case plan or not.

Health status

Just over eighty-six percent (243) of those surveyed indicated that their health was of a 'good' or 'excellent' standard, whilst 9.6% (27) indicated that their health was 'fair', 1.8% (5) 'poor' and 2.1% (6) 'unknown'.

Identified issues affecting health and wellbeing

Children and young people were asked whether they had a disability and whether they had a medical condition. In many instances there was little difference in what they identified as a disability as opposed to a medical condition. Their responses to these two questions have therefore been counted together. One hundred and three (36.7%) children and young people identified as having a disability or a medical condition. Types of disability or conditions identified were as follows.

Disability/Condition Type	Examples	Count	Percent
Respiratory	<i>Asthma</i>	47	16.7%
Behavioural or Learning	<i>ADHD, Autism, Learning Condition</i>	33	11.7%
Sensory	<i>Hearing, Impaired Visually Impaired*</i>	5	1.8%
Mental Health	<i>Clinical Depression, Obsessive Compulsive Disorder, Schizophrenia</i>	9	3.2%
Musculoskeletal	<i>McCardle Disease, Sotos Syndrome, Rheumatoid Arthritis</i>	9	3.2%
Other	<i>Epilepsy, Cerebral Palsy, Heart Condition</i>	12	4.3%

* In this context, *Visually Impaired* refers to participants with a recognised condition that is unable to be addressed through the use of corrective lenses.

Nineteen children and young people indicated that they had at least one disability and at least one medical condition.

Service usage and health indicators

Children and young people were asked about their recent use of, and access to, health services including GP, optical, aural, and dental services.

GP services

One hundred and ninety-two (68.3%) children and young people surveyed indicated that they had visited a doctor within the previous six months, with a further 82 (29.2%) reporting that they had visited a doctor more than six months ago. The vast majority of children and young people (267 – 95.0%) indicat-

ed that they had ready access to GP services, with 8 (2.9%) indicating that they did not have ready access to a GP when required and 6 (2.1%) did not know.

Optical services

Sixty-eight (24.2%) children and young people surveyed reported having some problems with their sight, whilst 24(8.5%) reported no problems with their sight and the remaining two-thirds were unsure as to whether they did or didn't have problems with their sight. Two hundred and eight (74.0%) children and young people indicated that they had received an eyesight test whilst they had been in care, with 199 (70.8%) indicating that they had visited an optometrist during the previous six months.

Aural services

Forty-six (15.7%) children and young people surveyed reported having a hearing problem, whilst the remaining 235 (84.3%) reported that they did not have a hearing problem. All but 50 (17.8%) of those surveyed reported having received a hearing check whilst in care, with all but 25 indicating that they had received a hearing check at some point in their lives. One hundred and thirty children and young people (46.3%) reported having had a hearing check in the previous six months, with 126 (44.8%) having had a hearing check more than six months prior to interview.

Dental services

Two hundred and thirty-four (83.3%) children and young people indicated that they required some form of dental work. Of these 234 children and young people, only 74 (31.3%) identified having arrangements in place to enable the required dental work to be done. 158 (56.2%) children and young people indicated that they did not have ready access to a dentist. Of these 158 children and young people, 129 (81.6%) identified that they required dental work.

Satisfaction with health outcomes

Over three quarters of the children and young people surveyed reported that they felt their health needs were met always or most of the time. There was insufficient information to identify the reasons why children and young people thought that their needs were being met or were not being met.

Health Needs Met	Count	Percentage
Never	6	2.1%
Sometimes	43	15.3%
Most of the Time	65	23.1%
Always	157	55.9%
Do Not Know	10	3.6%
Total	281	100.0%

Barriers to realising positive health outcomes

Some of the barriers to positive health outcomes identified by the children and young people surveyed included income, Federal health and entitlement support, listening to children and young people in care, adult brokered health system, and timeliness of responses.

Support in realising positive health outcomes

The majority of children and young people who took part in the survey could identify at least one person in their life who supported them in meeting their health needs. The most common sources of support identified were foster carers (49.8%), followed by workers (25.3%), relatives (21.7%) and parents (9.6%). Five children and young people could not identify someone who supported them in meeting their health needs.

MOVING FORWARD – 2006

This Health Report Card provides a baseline against which future progress of States and Territories in promoting the health of children and young people in care can be assessed and reported upon.

CREATE will continue to report on the progress of States and Territories in taking actions that establish the foundation for achieving better health outcomes. In summary these are:

Action 1

Adopt appropriate goals and objectives that promote the health of children and young people in care

Action 2

Ensure that all children and young people in care have a health care plan

Action 3

Establish local or regional collaborative structures and processes to promote achievement of the goals and objectives

Action 4

Establish mechanisms that monitor, evaluate and review achievement of outcomes

Action 5

Establish a collaborative research agenda

These actions are further detailed in the 'Overall Performance' section of this report.

As part of the Report Card process, each State and Territory was asked to provide comment on the services which they offer for children and young people in care. The following section details what each State and Territory reported.

VICTORIA

The following is Victoria's response to key actions identified as necessary to promote the health of children and young people in care.

Goal and objectives

The child protection system has three broad aims for its clients - to protect their safety, to enhance their wellbeing and to achieve permanence. A number of outcome objectives have been developed in relation to these broad aims in defined areas for children and young people for whom it has responsibility. These outcome objectives are contained in minimum standards and outcome objectives for residential care services and for home-based care services.

The outcome objective in the area of health is: the child or young person has achieved their expected growth and development and has gained their maximum life opportunities through comprehensive health care whilst living in care.

There is currently no partnership agreement between Community Services and Health to promote the health of children and young people in care.

Health care planning

Minimum standards require that each child or young person's medical and dental needs will be met in accordance with reasonable community expectations. This includes medical and dental examination within one month of entry to care and thereafter on an annual basis or as often as their health status and dental needs require.

The LAC process requires a comprehensive health information checklist to be completed. The Health Information Record includes information on issues including:

- Medical consent
- Current Doctor
- Maternal and Child Health service information
- Dental information
- Disability information
- Other medical practitioner and specialist information
- Health assessment information and any alerts
- Specific conditions

The health record includes information on immunisation, treatment for any health conditions, childhood

illnesses, and any periods of hospitalisation.

Work is underway to identify how best to provide for the health care needs of children and young people in care. A project is currently being undertaken between the respective departments to develop a more systematic approach to early assessment of health needs of children and young people entering care. This will support the LAC case planning framework, in relation to health and wellbeing.

All children and young people in care are required to have a care and placement plan, which contains, amongst other areas, health as a major component. The plan requires information that addresses the identification and management of specific health conditions. It requires detail of the specific health needs of the child or young person, who is responsible for addressing these needs and how this will happen, by when and what the planned outcomes will be.

The LAC case management framework requires long term placements to have a care and placement plan review every 6 months regardless of age, and a review of the assessment and action record every six months for children under 5 and every 12 months for children over 5.

LAC requires the involvement of children and young people in planning decisions that affect them. Children and young people in care are informed about the upcoming meeting and their opinion is sought. If a child or young person does not attend a reason for this is sought. Assessment and action plans are always to be completed with children and young people.

Data on the number and proportion of children and young people in care who have a case plan is not currently available. A monitoring project and evaluation of LAC is underway which will provide data about the number of children and young people who have care and placement plans. Data from this monitoring and evaluation should be available by late 2005.

Local or regional collaborative structures and processes

There are no local or regional structures and processes between Community Services and Health.

Regional Implementation Groups were established as part of the implementation of the LAC framework. These groups are comprised representatives of every CSO in a region as well as regional departmental

Placement and Support and Child Protection representatives. These groups look at specific regional issues for the implementation of LAC and this includes addressing issues related to the health needs of children.

Mechanisms to monitor, evaluate and review

The Quality Assurance Strategy (QAS) aims to improve the quality of care children and young people receive in out of home care services. The minimum standards and outcome objectives for home based care services and for residential care services are the foundations of the QAS. The QAS monitors whether standards are being met or not and where improvements are essential or will strengthen the quality of services. Monitoring occurs in two ways: an internal review and an external review. The first round of internal reviews was completed on 30 June 2005. The external review process is currently being piloted within two agencies.

In addition, the Family and Placement Services Sector Development Plan includes a systems governance and performance monitoring working group, which is currently looking at measures that systematically monitor the quality of care that children and young people receive while in care.

Data on the health of children and young people in care is not collected or aggregated.

At this stage LAC data cannot be aggregated. The new Client Information System for Service Providers will have the capacity to provide this information when development is complete. The system is due to be piloted by the end of 2005.

CREATE COMMENTS

Victoria, the broad aims of your child protection system and the outcome objective for health are acknowledged. Unfortunately, the Health section of your department did not respond to our request for information. It would be useful to see how these goals and the health outcome objective are reflected in Health policy.

Whilst it is understood that Community Services and Health are part of a broader human service department in your State, CREATE believes that a partnership agreement between these two areas is still necessary to improve health outcomes for children and

young people in care. Co-location within one department does not guarantee collaboration, pathways to access services or improved health outcomes.

Your standards in requiring initial medical and dental assessments and annual reviews of their medical and dental needs are noted and encouraged. Further, your requirement that all children and young people in care have a care and placement plan and your use of LAC for this purpose is also acknowledged.

It is noted that a monitoring project and evaluation of LAC is underway and it is understood that this will provide data on the number of children and young people in care who have care and placement plans. It is not clear from your response whether this project will also enable reporting on the number of children and young people in care who have had initial medical and dental assessments on entry to care and every 12 months thereafter.

The establishment of regional groups as part your approach to the implementation of LAC is acknowledged. Representatives of regional health services could be invited to join these groups to promote collaboration and assist in addressing the health needs of children and young people in care.

It is noted that you are unable to provide data on indicators of the health of children and young people in care. Your work in developing a new Client Information System for Service Providers that will enable data from LAC to be aggregated is noted and encouraged. Further information is sought on what indicators and measures of health you will seek to report upon.

Your work in developing a quality assurance strategy for out of home care services and progress in establishing processes for monitoring compliance with standards is commended.

SOUTH AUSTRALIA

Goal and objectives

South Australia's child protection reform program sets out key priorities with a vision that all children should, amongst other things, enjoy good physical and mental health in a safe and healthy physical environment. One of the Keeping Them Safe objectives is to improve the standard of care for children and young people in care.

A Memorandum of Understanding, *Child Protection Framework for the Provision of Services between the Community Services and Health Departments*, was developed in 2004. It provides a framework to develop a more seamless service response where responsibility for care, protection and recovery for children and young people is shared across services.

In addition, an across government agreement, Rapid Response Service Framework and Action Plan has been developed. It seeks to provide a holistic, co-ordinated approach to service delivery to address the health, housing, and educational needs of children and young people under the Guardianship of the Minister. The framework has been released with many departments and agencies already commencing implementation.

An Information Sharing and Client Privacy Statement Regarding Children and Young People under the Guardianship of the Minister communicate the government's position on the appropriate sharing of information between government and non-government entities regarding children and young people in care. The Statement seeks to overcome many of the information exchange barriers that currently prevent coordinated service provision across government.

Throughout 2004-05, Health has actively informed its Executive, key policy groups and service providers through a series of presentations, workshops and communiqués of the health needs of children under the Guardianship of the Minister and it has identified how service gaps and inadequacies will be addressed.

Health care planning

All children and young people who are placed under the custody or guardianship of the Minister for a period of 12 months or more receive a comprehensive medical and dental assessment as well as psychological and intellectual screening. Baseline medical

assessments are undertaken under an agreement between community services and the Department of General Medicine, Women's and Children's Hospital. Psychological and intellectual screenings are generally referred to psychologists within the community services department. The South Australian Dental Services aims to ensure that all children in care have the opportunity to reach adulthood with good oral health. Children will be provided with a personalised dental care plan with re-examination periods, treatment and prevention programs based on assessed risk of oral health disease. Assessments are undertaken by school dental clinics closest to where the child or young person lives.

Case management guidelines do not require children and young people in care to have an individual health plan, however, it is a requirement, for each child or young person to have an individual case plan. The case plan is a formal document that provides an assessment of needs and strengths over key life domains of the child or young person including that of health.

A Life Domain Tool is currently being developed and implemented to aid in the gathering of information over eight life domains including health.

Health is currently reviewing how it can play a stronger role in managing the assessment, service response and review of the health needs of children and young people in care.

Case plans are reviewed on a three monthly basis. Annual reviews of children and young people in care are also conducted. This process is overseen by a panel whose role is to ascertain whether the key objectives for the child or young person have been achieved and to approve the case planning directions for the next 12 months.

Case planning is a participatory process and children and young people are provided opportunity, in an age appropriate manner, to have input and influence its contents. On completion, children and young people are invited to sign the case plan.

Data about the number and proportion of children and young people who have case plans is not currently collected. However, the Case Management Project under development will provide greater capacity to collect and collate data and report on outcomes. The project will be staged over four years.

Local or regional collaborative structures and processes

The Rapid Response Framework and Action Plan includes the requirement for Regional Guardianship Service Networks. These networks will be established to plan, provide and evaluate service provision across their respective regions. Two networks have been established as demonstration projects.

In addition, three Regional Support and Development Officers have been appointed to identify and address systemic issues that hinder the provision of services for children and young people under Guardianship of the Minister in their respective regions.

The Child Protection Health Coordinating Group, a leadership group within Health, is implementing child protection reform in Health. Under the direction of the Office of Health Reform, this group which meets monthly, is a significant vehicle in taking the health needs of children and young people in care to regional and local health networks and responsible services and programs.

The Child Adolescent Mental Health Services have collaborative structures in place where members of their staff are located in Community Service District Centres to facilitate smooth and appropriate referrals of children and young people requiring therapeutic services.

Mechanisms to monitor, evaluate and review

Monitoring mechanisms include quarterly reports to the Minister for Community Services on progress of the Memorandum of Understanding and Priority Access as part of the Rapid Response Framework and Action Plan.

Annual reviews also provide a formal review process and monitoring of outcomes. The Guardian will provide regular reports to the Minister from their involvement. Annual file audits provide a monitoring function and check that all relevant documents are on file and easily accessible.

Alternative care program standards are being developed and will be implemented in December 2005. The standards aim to improve consistency in practice and monitor quality across service delivery.

Community Services does not collect and aggregate data relating to the health of children and young people in care. However, the Case Management Project will build improved systems and technological ca-

capacity to record, extract and collate information and data.

The inability of most health agencies to identify the guardianship status of children and young people upon referral has to date been a major obstacle to providing priority access to services. This difficulty is compounded by the many independent electronic systems utilised by health agencies. Within these confines, the following initiatives are occurring:

- the Dental Service has amended its software so that guardianship status can be recorded along with oral risk levels, failure to attend appointments and provide notice of recall
- Child and Mental Health Services are collecting guardianship status manually and they are in the process of altering their data system to record guardianship status electronically to enable them to identify service use and service demand
- Child and Youth Health are exploring ways to extend its unique identifier they have for all children to specifically identifying those under guardianship, which would provide invaluable aggregate information on service use and demand.

CREATE COMMENTS

South Australia, your whole of government approach to the reform of child protection, your memorandum of understanding between Community Services and Health Departments, and your *Rapid Response Service Framework and Action Plan* are highly commended. Collectively, these initiatives provide a comprehensive policy framework for promoting the health of children and young people in care and providing pathways for their access to health services. Further, the work of Health in promoting understanding of government policy, of departmental responsibilities and of the health care needs of children and young people in care amongst its staff is also commended.

It is noted that children and young people who have been in care for 12 months or more receive a comprehensive medical and dental assessment, and psychological and intellectual screening. CREATE believes that children and young people should have an initial health screening on entry to care, a comprehensive medical and dental assessment soon after entry to care, and at a minimum annual checks on medical and dental needs. Health's review of

its role in assessment, service delivery and review is commended. The requirement that all children and young people in care have a case plan that includes assessment of key life domains is acknowledged.

It is noted that you are unable to report on the number and proportion of children and young people in care who have a case plan. However, it is understood that the Case Management Project currently under development will enable the collection and collation of data in the future. Further information is sought on when you will be able to collect and collate this data.

The proposed establishment of Regional Guardianship Service Networks to plan, provide and evaluate service provision across regions and the establishment of two demonstration projects is highly commended. In addition, the establishment of the Child Protection Health Coordinating Group and the location of Child and Adolescent Mental Health staff in Community Service District Centres is further evidence of a commitment to collaboration and enhanced service delivery.

It is noted that you are unable to collect and aggregate data on the health of children and young people in care. However, as previously noted, the Case Management Project will improve capacity to record, extract and collate information and data. Further information is sought on what indicators and measures of health you will seek to report upon. Your work in developing and implementing alternative care standards to improve the quality of service delivery is noted and encouraged. Further information is sought on how you plan to monitor those standards.

Health's initial attempts to address the inability of health agencies to identify the guardianship status of children and young people upon referral in relation to dental services, child and mental health services and child and youth health are commended.

Your broader mechanisms to monitor the Memorandum of Understanding and the Rapid Response Framework and Action Plan are noted.

NEW SOUTH WALES

Goal and objectives

The goal of the out of home care program is to promote and provide quality care for children and young people who are unable to live with their birth families. In this context, it is important that children and young people in care receive a standard of care that meets their individual health needs.

Health works to ensure that consideration of the safety, welfare and well being of children and young people underpins service delivery at all points within the system. The protection and care of children and young people is core business for Health services and is the responsibility of all Health workers. The NSW Health Child Protection Service Plan 2004-2007 was developed to provide clear directions on the focus of services. A range of other policies exist in respect of the health of all children and/or young people.

Community Services and Health are in the process of formulating a Memorandum of Understanding that will outline respective roles and responsibilities, the range of health services available for children in care and the mechanisms for ensuring priority access. A template for local agreements to be agreed at area level between the two departments has also been developed. The MOU has been finalised and is in the sign-off process.

A separate agreement exists between the two departments regarding the provision of therapy to children and families who have experienced significant physical abuse and/or neglect.

Section 17 of the *Children and Young Persons (Care and Protection) Act 1998* also allows Community Services to make a formal request to another government department or community partner in receipt of government funding to provide services to promote the safety, welfare and wellbeing of children and young people. This includes requesting health services for children and young people in care. Community Services and Health have established procedures that outline how Community Services makes a request for a health service and how Health will receive and respond to the request.

Community Services also has a Memorandum of Understanding with Disability Services, which provides guidance to staff of both departments about the way services are delivered to children and young people with a disability.

Health care planning

A 'Placement Needs Assessment' must be completed for all children and young people entering care. This assessment includes an assessment of health and medical issues.

All children and young people are required to have a case plan including their health and medical needs and how these will be addressed.

The NSW Health Personal Health Record or 'blue book' given to parents of newborn children on discharge from hospital provides a maintained record of children's illnesses and injuries, medical consultations, family medical history and immunisation status. Under the MOU, agreement has been reached that identifying this record and taking steps to ensure it remains with the child is an important case management strategy for Community Services and will materially improve the delivery of health care services to any child in care. If a child in care no longer has their 'blue book' and it cannot be located, a new record will be provided by Health on request. A Health professional primarily involved in the care of the child will assist in completing relevant sections in consultation with the child and carers.

Case plans must be reviewed at least every 12 months. A case plan may also be reviewed at other times such as a change of placement or if a health or medical issue arises.

Children and young people in care are supported to fully participate in decision making in relation to their health, medical and dental needs. The child or young person should be involved in the development of their case plan to the extent they are able, and be fully aware of the goals and actions in the plan. To this end, the child or young person is normally included in the case conference organised to develop and review the case plan or have his or her views represented in the conference, if they are unable or unwilling to attend.

Information about health care plans for children and young people in care is not currently held by Community Services. Community Services is presently improving and extending the data collected about children and young people in care, and the way it is collected. In consultation with the non-government sector, new data exchange and collection strategies are being trialed including items relating to health needs and outcomes.

Local or regional collaborative structures and processes

Community Services and Health have a range of collaborative structures across NSW including:

- A service agreement to work collaboratively to deliver multi-disciplinary services to children and young people in care and have intensive support needs
- A partnership agreement to undertake health screenings for Aboriginal children in care
- Meeting and forums to discuss client service issues and improve access to health care, and broader based inter-agency groups.

The MOU will form the basis for local agreements developed at area level between Community Service Regional Offices and Health Area Services. A standard format will be used to facilitate the development of the local protocols. The Local Protocol will identify the specific health services provided and funded by that Area Health Service. It will identify the referral points and processes to receive referrals from Community Services for the provision of health services for children in care.

Mechanisms to monitor, evaluate and review

An evaluation of the OOHHC program is currently under development and will be undertaken in parallel with a proposed longitudinal study of children in care.

The operation of the MOU will be monitored and reported upon. In each area/region, a senior officers group will meet twice a year to review data on the operation of the regional protocol. Both agencies will submit data and a brief report on the operation of the protocol from their viewpoint. These reports will be endorsed by the respective regional chief executive and regional director. Endorsed copies will be forwarded to both agencies head offices for information. Meetings between key senior executives of both organisations will be held annually and a summary report will be prepared annually by each department for submission to their respective Directors-General.

The MOU will be formally evaluated two years from the implementation of local protocols with a baseline measure obtained early in the life of the MOU. The evaluation will be reported to Directors-General within three years of signing.

Data on the health of children and young people in care is not currently collected and aggregated.

The new Minimum Data Set project will include infor-

mation about health assessments on entry to care, during their care period and on the outcomes of the health assessment such as whether treatment is ongoing or has been received. It is envisaged that this data will be used to report against performance indicators such as percentage of children and young people who had health assessments (such as dental, speech, general medical and psychological) on entry to care, and during a reporting period such as a financial year. An attempt will be made to assess the percentage that had treatment in relation to the results of the health assessment.

CREATE COMMENTS

New South Wales, your stated goal for the out of home care program and its relationship to the health of children and young people in care is noted. Health's broad commitment to the safety, welfare and well being of all children and young people and its Child Protection Service Plan 2004-2007 is commended. Whilst the plan's general relevance to children and young people in care is acknowledged, its relevance could be enhanced by specific reference to the health needs of children and young people in care and Health's response to those needs.

The development of a Memorandum of Understanding between Community Services and Health is highly commended. Your further advice is sought when the respective Ministers have signed it off. Your legislative capacity for Community Services to make a formal request to another government department or funded services to provide services including health services is also commended. It is noted that procedures have been established between respective departments about making, receiving and responding to such requests. The Memorandum of Understanding between Community Services and Disability is also noted

It is understood that a Placement Needs Assessment including assessment of medical and dental issues must be completed for all children and young people entering care.

Your requirement that all children and young people in care have a case plan and that it be reviewed at least every 12 months is also noted. Your joint work in attempting to maintain the child's personal health record is commended.

Further information is sought about your capacity to

report on the number and proportion of children and young in care who have a case plan. This is unclear from your response. It is understood that information about health care plans is often held by non-government agencies and that data exchange and collection strategies are being trialed between the department and funded agencies. Your work in this area is commended.

The intention that the Memorandum of Understanding forms the basis for local agreements between regional/area services of your respective departments is highly commended.

It is understood that data on the health of children and young people in care is not currently collected and aggregated. However, your work in developing the Minimum Data Set and consideration of performance indicators is commended. Further advice is sought on when you envisage that this information will be available. Your plan to monitor the operation of the MOU and evaluate its outcomes two years after local protocols are implemented is also commended.

AUSTRALIAN CAPITAL TERRITORY

Goal and objectives

The health of all children and young people in care is of fundamental concern to Health and Community Services. All children and young people in care have their health and medical needs addressed, recorded and monitored.

There is a current Memorandum of Understanding in force between Community Services and Health. This document clearly articulates the roles and responsibilities of both departments. There is also a protocol titled 'Health Assessments for Children Entering Substitute Care'.

Health care planning

All children and young people in care will have a health assessment arranged by Community Services within six weeks of entering care. Comprehensive assessments are undertaken by the Child At Risk Assessment Unit in Health. This examination includes growth, immunisation status, vision, hearing, dental health, special health needs (asthma, injuries, diet etc), developmental level, school progress and difficulties, behaviour and any related concerns, and emotional and psychological well-being. A written report is provided after conducting the health assessment. In situations where there are particular concerns, the Health Unit contacts the child protection workers directly for further discussions and offers to participate in case review meetings.

The Looking After Children program requires that medical information about children is recorded, updated, and accessible to those who have parental responsibility for a child or young person. 'Review of Arrangements' meetings, which discuss the appropriateness of the current care plan, always include discussion and decision making about the physical, developmental, psychological and emotional needs of children and young people.

Children and young people in care have an annual Review of Arrangements meeting and the supporting LAC documentation is completed on an ongoing basis. The Care Plan and Assessment and Action Records are completed every six months, these include information about when the child last had a comprehensive medical examination, tests for vision and hearing test, dental examination, need for speech therapy, child's weight, immunisation status,

illnesses and accidents, diet, and exercise.

Young people are actively encouraged to attend Review of Arrangements meetings and to participate in all care planning and decision-making processes.

Data on the number and proportion of children and young people in care with a case plan is not currently collected and aggregated.

All children and young people in care have comprehensive health records on file as part of their LAC record. Work is underway to establish a formal process to ensure that all children and young people entering care have an initial health check.

Local or regional collaborative structures and processes

Implementation of the Memorandum of Understanding is oversighted by a Management Committee. Collaborative features include a joint training program using officers from both agencies has been initiated to train all staff in Health regarding health matters for children and young people in care and managing child protection matters within the health system. Different levels of training are available depending on the level of involvement staff have with children and young people on a daily basis. In addition, the Management Committee is developing a process for officer exchange between the two agencies. It is anticipated that this exchange program will allow staff to gain a better understanding of the various imperatives at work in child protection and health sectors.

Mechanisms to monitor, evaluate and review

No response

CREATE COMMENTS

Australian Capital Territory, your commitment to ensure that all children and young people in care have their health and medical needs addressed, recorded and monitored is acknowledged.

The existence of Memorandum of Understanding between Community Services and Health and the protocol for health assessments are highly commended.

Your requirement that all children and young people in care have a comprehensive health assessment undertaken by a specialist health unit within six weeks of entering care is commended. It is noted that annual Review of Arrangements and six monthly com-

pletions of the Care Plan and Assessment and Action Records are required for all children and young people in care.

It is understood that data on the number and proportion of children and young people in care with a case plan is not currently collected and aggregated. CREATE believes it is critical that all States and Territories develop the capacity to report on current case plans. Your work to monitor that children and young people entering care have had an initial health check is noted.

The role of the joint Management Committee in overseeing the Memorandum of Understanding and your joint training and officer exchange initiatives are commended.

You did not comment on mechanisms to monitor, evaluate and review your goal and objectives in relation to the health of children and young people in care. CREATE believes it is important that States and Territories establish mechanisms to monitor achievement of objectives, compliance with standards and measure health outcomes to inform ongoing policy and practice development.

TASMANIA

Goal and objectives

Tasmania is committed to the care and protection of children and young people in a manner that maximises their opportunity to grow up in a safe and stable environment and reach their full potential.

No comment was made about the existence of a partnership agreement between Health and Community Services.

Health care planning

Looking After Children (LAC), a case management system, was introduced in 2004. LAC aims to improve the standard of care provided for children and young people and meet their developmental needs across seven dimensions including health. A broad range of health needs is explored including dental, hearing, optic, preventative and disability requirements.

The child or young person's needs are assessed upon entry to care and a care plan is developed. The care plan is initially reviewed after one month in care, then at six months, and thereafter 12 monthly.

The development of care plans involves the children, their carers and significant others and allows the child or young person to participate and have a level of control in the planning process.

No comment was made on the number and proportion of children and young people in care with an individual health plan or case plan.

Local or regional collaborative structures and processes

A range of structures and processes are in place to meet the needs of children and young people in care. Care planning is undertaken at a local level through service centres for Child and Family Services and children and young people are linked into services specific to their individual needs. Statewide structures are also in place to address the needs of children and young people who require a high level of support. They include the Special Needs Allowance Panel and the Board of Exceptional Needs.

Mechanisms to monitor, evaluate and review

The introduction of LAC and its electronic data base, LACES, enables the collection of data on the servic-

es and levels of care planning provided to children and young people in care. It will improve the capacity of Child and Family Services to monitor health outcomes and needs. The data that is collected will be aggregated, reviewed and utilised in planning for services, training, and policy development.

CREATE COMMENTS

Tasmania, your commitment to maximise the opportunities for children and young people in care to grow up in a safe and stable environment and reach their full potential is acknowledged. It is unclear whether the Community Services and Health areas of your department have objectives or standards specific to the health of children and young people in care or not.

Your response did not indicate whether you have a Partnership Agreement between Community Services and Health or not. Whilst it is understood that Community Services and Health are part of a broader human service department in your State, CREATE believes that a partnership agreement between these two areas is still necessary to improve health outcomes for children and young people in care. Co-location within one department does not guarantee collaboration, pathways to access services or improved health outcomes.

Your use of the LAC case management system and its focus on health as one seven dimensions of care is acknowledged. It is noted that a child's or young person's needs are assessed upon entry to care, however, it is unclear what specific health assessments are required at this point. Your requirements for review of care plans after one month in care, then at six months and thereafter twelve monthly is also noted. You did not comment on the number and proportion of children and young people in care who have a current plan. CREATE believe it is critical that states and territories develop this capacity as a matter of priority.

It is understood that a range of structures and processes are in place to facilitate care planning and access to services at a local level and a statewide level to facilitate access to additional resources and services where a child or young person has special care requirements or exceptional needs. Further information is sought on how regional or local personnel from Community Services and Health collaborate to improve access to health services and enhance health

outcomes for children and young people in care. Your introduction of LAC's electronic data base LAC-ES, which enables collection of information in relation to care planning, services delivered and health outcomes, is commended. You indicate that the data is collected and will be aggregated, reviewed and utilized in planning for services, training and policy development. Further information is sought on whether you have the capacity to aggregate the data now or if this capacity is still being developed.

WESTERN AUSTRALIA

Goal and objectives

The *Children and Community Services Act 2004*, to be proclaimed in 2006, has as one of its objects to promote the wellbeing of children, other individuals, families and communities. The Act defines the wellbeing of a child to include the care, development, health and safety of the child.

Health promotes the availability of universal services for all families in Western Australia, with targeted services for those at risk of physical, social or mental health issues.

The Community Services department is to develop a strategic framework for children and young people in care in 2005-06 that will take into account the requirements of the new legislation and will include policy objectives for the health of children and young people in care.

There is currently no partnership agreement between Community Services and Health to promote the health of children and young people in care.

The *Children and Community Services Act 2004* will, when proclaimed, require the CEO to work in cooperation with public authorities and others in relation to the protection and care of children and young people, and enable the CEO to request a public authority and others to take a specified action that would assist in the performance of functions under the Act.

The *Care Responses for the Future 2005-2010*, which is being considered by the Department of Community Services Executive Committee, identifies the need for a whole of government approach to care, safety, health, education, training and employment, housing, economic security, and general wellbeing of children and young people in care. It proposes the concept of State as Parent where responsibility for children's and young people's wellbeing is the responsibility of all government agencies.

Health care planning

A health assessment is required when a child or young person comes into long term care. This includes child development reviews, medical reviews and immunisation checks. The identified health needs inform the development of the Looking After Children (LAC) Assessment and Action Records and the Care Plan.

Funding to employ additional clinical psychologists will enable initial assessments of all children and young people with histories of abuse coming into the CEO's care.

A care plan is prepared for all children and young people in care. Day to day care arrangements are completed for children and young people who are expected to remain in care longer than 28 days. LAC case management system guides the ongoing assessment, planning and response to children and young people's needs while they are in care. LAC Assessment and Action Records include seven dimensions of care and development of which health is one. Within each dimension, a number of age specific objectives and actions are identified to meet the child or young person's needs. The health dimension includes growth and development, immunisation, physical and mental wellbeing, receiving appropriate health care when ill, dental and optical, ongoing health conditions or disability, safety in the home and, for older children, advice and information on issues that have an impact on health including sex education and alcohol and drug misuse, where appropriate.

The *Children and Community Services Act 2004* will require a provisional care plan be developed within 7 days of after the child or young person is taken into provisional protection and care. A care plan will have to be prepared and implemented within 28 days of the Court issuing a protection order or the signing of a negotiated placement agreement or a child receiving placement services.

LAC Assessment and Action records are completed each six months for children under 5 and every 12 months for those over 5 in conjunction with the annual planning forum. The *Children and Community Services Act 2004* will require case plans be reviewed at regular intervals not exceeding 12 months.

The *Children and Community Services Act 2004* includes a principle of child participation in the decisions that are likely to have a significant impact on a child's life. The LAC guide includes information for staff on the involvement of children and young people in the development and review of the Assessment and Action Records.

Data on the number and proportion of children and young people in care who have a case plan is not currently available. The Community Services Department's new client information system, *Assist-D*,

which is currently under development will provide the capability to capture information on care plans.

Local or regional collaborative structures and processes

Community Services District staff work collaboratively with local health services to meet the health needs of children and young people in care. A number of local committees or forums have been established, involving staff from Community Services and Health, to improve the quality of life for children and young people in care.

Mechanisms to monitor, evaluate and review

The methodology for evaluation of the achievement of goals and policy objectives in the new strategic plan for children and young people in care will be considered in its development.

Data on health of children and young people in care is not currently included in the central data-base. Children and young people in care with a disability are recorded and are registered with the Disability Services Commission. The new client information system, *Assist-D*, will provide the capability to capture information recorded on the LAC Assessment and Action Records on the health of children and young people in care.

CREATE COMMENTS

Western Australia, your commitment to promoting the well being of children and young people including their care, development, health and safety is acknowledged. Your intention to develop a strategic framework for children and young people in care that will include policy objectives for the health of children and young people in care is commended. Whilst Health promotes the availability of universal health services and targets services to those at risk of physical, social or mental health issues, it does not make specific reference to children and young people in care.

It is noted that you do not have a Partnership Agreement between Community Services and Health. CREATE believes that a Partnership Agreement provides a policy framework for collaboration between the two departments, promotes access to services and is necessary to improve health outcomes for children and young people in care. Your legislative capacity for Community Services to make a formal request to a public authority and others to take a specified action that would assist in the performance

of the functions under the Act is commended. Further information is sought on how this will be actioned in respect of Health and access to its services. The development of Care Responses for the Future 2005-2010 with its proposed concept of state as parent, where responsibility for children and young people care is the responsibility of all government agencies, is highly commended. Further information is sought on how this concept will be reflected in the policy and operations of other government departments.

Your requirement that children and young people coming into long term care require a health assessment and the links to LAC are noted. CREATE believes that children and young people should have an initial health screening on entry to care, a comprehensive medical and dental assessment soon after entry to care, and at a minimum annual checks on medical and dental needs. The use of LAC and your requirements for care planning are noted.

It is noted that you are unable to collect and aggregate data on the number and proportion of children and young people with a care plan. However, it is understood that the new client information system will have the capacity to provide information on care plans. Further information is sought on when the system will be able to provide this information.

The development of local collaborative initiatives between Community Service and Health staff is acknowledged. CREATE believes that the development of standard protocols for regional or local collaboration are required to support the planning and delivery of health services to children and young people in care in line with government policy and legislation.

It is noted that data on the health of children and young people in care is not currently available. However, it is understood that your new client information system will provide the capacity to capture information recorded on the LAC Assessment and Action Records on the health of children and young people in care. Your proposal to develop a methodology for evaluation of goals and policy objectives in the development of the new strategic plan for children and young people in care is acknowledged.

NORTHERN TERRITORY

Goal and objectives

The overarching objective of the Substitute Care program is to provide quality care appropriate to the needs of the child or young person. Under child protection legislation the Minister has a 'duty of care' including the obligation to provide medical and dental health care for children.

Health and Community Services fall together into a single Department to provide services that work together for the health and well being of communities. Program co-location with community health services such as Alcohol and Other Drugs, Mental Health, and Aged and Disability programs enhances the potential to develop cross program linkages. In recognition that other program areas are responsible for delivering health related services to children and young people, protocols are being sought with other program areas. A protocol has been developed with Aged and Disability Services in relation to the management and financial support of children and young people with a disability in care or at risk of family breakdown. A protocol will be developed with Mental Health to guide provision of services to young people with emerging mental health issues and families where parental mental illness is affecting the care of children.

There is currently no partnership agreement between Community Services and Health to promote the health of children and young people in care.

Health care planning

A Baseline assessment is undertaken soon after a child's entry to care and aims to provide a baseline of information against which future assessments of the child's progress and development can be measured. It is a combination of medical, dental, educational and, where necessary, psychological assessments.

Child in care assessments are a comprehensive assessment of the child's overall development and ability to reach certain desired outcomes. It includes a focus upon health and other domains including education, family and social relationships, emotional and behavioural development and self care. The assessment is commenced when the reason why the child is continuing to reside in care is clear. The assessment should then be repeated at least annually during the child's time in care. Strategies that need to be addressed are included in the child or young

person's case plan.

An Essential Information Record including information about a child or young person's general health and medical status, details of their routines and involvement with any other professionals is completed within three days of the placement and is provided to the carer. It is updated in line with any change in details.

Case plans must be reviewed at least once every three months.

Information management capacity does not enable the program to readily ascertain how many and what proportion of children and young people in care have the required assessments and records.

Local or regional collaborative structures and processes

Child protection teams are located in all major regions. The teams appraise all substantiated child protection investigations. A medical practitioner is a part of the team and can be consulted to provide medical advice.

As previously indicated the protocol with Aged and Disability supports collaboration in the management and financial support of children and young people in care with a disability. A similar protocol will be developed with Mental Health to guide provision of services to children and young people in care with emerging mental health issues.

Local partnerships are being developed in response to children and young people petrol sniffing and the need to coordinate responses appropriate to their needs. In one location monthly case management meetings are held, where stakeholders with a shared interest in youth at risk come together to discuss and plan case management responsibilities.

Mechanisms to monitor, evaluate and review

The client information system does not record specific data relating to the health of children and young people in care. Therefore, there is no capacity to collect and aggregate data that would provide a picture of health trends. Health data will be held within other program areas component of the client information system.

The Information Management Group has prioritised the need to explore options to share information between programs. This would enable access to infor-

mation regarding individual children and young people in care and provide the capacity to track health information such as immunisation records.

CREATE COMMENTS

Northern Territory, your commitment to providing quality care appropriate to the needs of the child or young person and the 'duty of care' to provide medical and dental health care is acknowledged. Further information is sought on how this objective and obligation is reflected in Health policy.

It is understood that Community Services and Health are part of one department and that program co-location community health services enhances the potential to develop cross program linkages. Your recognition that health program areas are responsible for delivering health related services to children and young people in care and the development of protocols with those areas is commended. Nevertheless, CREATE believes that a partnership agreement between Community Services and Health is still necessary to improve health outcomes for children and young people in care. Co-location within one department does not guarantee collaboration, pathways to access services or improved health outcomes.

Your requirements that all children and young people receive a baseline assessment soon after entry to care and that more comprehensive assessments of overall development be undertaken if they are to continue to reside in care and annually thereafter, are noted. Further, it is understood that care plans are reviewed three monthly.

It is noted that you are unable to aggregate data on the number and proportion of children and young people who have a current case plan. CREATE believes that it is critical that all states and territories develop this capacity as a matter of priority.

The role of protocols in guiding local service delivery is acknowledged. CREATE believes that such protocols would be strengthened by an overarching Partnership Agreement that provide standard guidance for their operation at a local level and identify key positions that provide leadership in promoting collaboration and improving health outcomes. The development of local partnerships in response to specific health issues within communities is commended.

It is understood that your client information system does not record specific data on the health of children and young people in care and that such data is held on other health components of that system. Your prioritisation of the need to explore options for information sharing between programs to assist in collecting and collating relevant data is commended.

QUEENSLAND

Goal and objectives

The *Child Protection Act 1999* requires that when children are placed in care they receive the level of care that meets legislated standards including the 'Statement of Standards'. These standards include that 'the child will receive dental, medical and therapeutic services necessary to meet their needs'

The Strategic Policy Framework for Children and Young People's Health (2002-2007) supports re-orienting and enhancing services for children and young people according to three principles: promoting a health development approach, investing early in children's and young people's health and addressing the social determinants of health.

As part of the reform of child protection, a Directors-General Child Safety Coordinating Committee and a Child Safety Directors Network have been established across government departments.

There is currently no partnership agreement between Community Services and Health to promote the health of children and young people in care.

Health care planning

There are no specific requirements in relation to initial health assessments.

Community Services and Health Departments are working to improve child health and well being outcomes for children and young people entering or re-entering care through the introduction of 'baseline health assessments'. This is in the preliminary stages of development but is anticipated that these assessments will improve outcomes by:

- providing a comprehensive health assessment including mapping against key developmental milestones
- providing clear referral pathways to specialist services
- forming closer integration of health needs with general case planning processes
- increasing the capacity of foster and relative carers to identify and respond to the health needs of children in their care.

In addition, the two departments have reviewed the vaccination status of all children under guardianship orders. Health is monitoring the vaccination status

of children on a quarterly basis in addition to providing records of any new clients.

All children and young people are required to have a case plan. The case management framework includes planning for child's needs across a number of daily care requirements including health. The introduction of a child strengths and needs assessment tool, which includes a health domain, will assist workers to consistently identify strengths and needs in this area. The Baseline Health Assessment tool will provide a health care plan for children and young people as part of their case plan. Adherence to the health care plan would then ensure that children access appropriate and timely health care according to their individual need.

The case plan is required to be reviewed every 12 months.

Data on the number and proportion of children and young people in care who have a case plan is not currently available.

Local or regional collaborative structures and processes

Suspected Child Abuse and Neglect Teams provide a forum for consultation on complex child protection cases where a multi-disciplinary and inter-agency approach will result in better outcomes for children and families. Core members include Community Services, Health and Police.

There are local collaborative structures to support implementation of Health's Strategic Framework for Children and Young People's Health 2002-2007. These are developed locally by Health Service Districts to respond to the needs of the population, and are dependent upon the professional and service composition of the area.

Mechanisms to monitor, evaluate and review

An Evaluation Plan for Child Safety Reforms will provide an overarching framework for a series of program evaluations to assess effectiveness and determine whether the reforms achieved the intended outcomes of the Crime and Misconduct Commission's *Protecting Children's Report's* recommendations to achieve a well-integrated and holistic child protection system to ensure that all children at risk of harm, abuse or neglect will be properly protected, cared for and supported.

Evaluation of the proposed Baseline Health Assess-

ment for children entering care will be developed as part of the policy and guidelines for its use.

A proposed performance indicator is whether the child or young person has presented for the required health services e.g. vaccinations, clinic visits, specialist appointments. It is proposed that monitoring this will be incorporated into data collection measuring the effectiveness of case management of children and young people in care.

Data on the health of children and young people in care is not collected and aggregated.

Information regarding the relationship between the parent/carer and the child is not routinely collected so Health cannot provide information on the proportion of children and young people accessing mainstream health services who are in care.

CREATE COMMENTS

Queensland, your requirement that children and young people in care receive the level of care that meets legislative standards included receiving dental, medical and therapeutic services necessary to meet their needs is acknowledged. Whilst Health's strategic policy framework for children and young people's health includes a focus on the social determinants of health, it does not specifically mention children and young people in care and the circumstances that leads them to be at risk of poor health.

Your commitment to cross government department coordination is commended. Nevertheless, it is noted that there is not a Partnership Agreement between Community Services and Health. CREATE believes that a Partnership Agreement provides a policy framework for collaboration between the two departments, promotes access to services and is necessary to improve health outcomes for children and young people in care.

It is noted that there are no specific requirements for initial health assessments of children and young people in care. However, joint work in developing baseline health assessments for children and young people in care or re-entering care is noted and encouraged. Your requirements that all children and young people in care are required to have a case plan and that it is reviewed every 12 months are acknowledged. It is noted that data on the number and proportion of children and young people with a case plan is not available. CREATE believes that it is criti-

cal that all states and territories develop this capacity as a matter of priority.

It is noted that there are no local collaborative structures or processes to support the planning and delivery of health services to children and young people in care in line with government policy and legislation. However, the development of local collaborative structures to support implementation of Health's strategic policy framework for children's and young people's health is acknowledged. CREATE encourages the use of these structures to promote the health care of children and young people in care.

It is noted that data on the health of children and young people in care is not collected and aggregated. Your proposed evaluation of the baseline health assessment and the adoption of performance indicators including access to required health services is acknowledged and encouraged. CREATE believes it is important that States and Territories establish mechanisms to monitor achievement of objectives, compliance with standards and measure health outcomes to inform ongoing policy and practice development.

OVERALL PERFORMANCE

The health of children and young people is a major component of their well being. In relation to children and young people in care, it is a major indicator of how well State and Territory governments and other stakeholders involved in their care are going in ensuring their safety and well being.

This Report Card is the first attempt to examine the health care of children and young people in care across Australia. In line with its approach to education, the framework used by CREATE to examine and assess State and Territory performance in this area is based on factors identified in the UK and US as necessary to promote and improve the health of children and young people in care (DoH, 2002; NCB, 2005; Halfon, 2002; GUCDC, 2002).

In comparison to the first Report Card on Education in 2001, the starting point for health in terms of policy is somewhat stronger. Since that time, reviews of child protection in many States and Territories have continued to highlight the need for a whole of government approach to child protection and acceptance of a shared responsibility across relevant government departments to promote the safety and well being of children and young people in care. These trends are reflected in government policy and agreements between government departments in some jurisdictions.

Across States and Territories, the range of developments and initiatives reported indicate a strong commitment to improve the health of children and young people in care. Nevertheless, no state or territory can report that they have all of the elements of the framework in place. There is considerable work to be done to ensure the health and well being of all Australian children and young people in care.

The lack of data about the health of children and young people in care means that state and territories have no way of knowing if their policies are being actioned in practice and if their strategies are achieving better outcomes. In particular, the inability of all States and Territories to report on the number and proportion of children and young people in care who have a current case plan is unacceptable. CREATE calls on States and Territories to make this a priority for 2006.

This Report Card provides a baseline against which future progress of States and Territories in promoting the health of children and young people in care can be assessed and reported upon. CREATE looks forward to continuing to work collaboratively with State and Territory governments and other stakeholders to improve outcomes for children and young people in care.

Policy

Government policy provides the framework for acknowledging and responding to the health needs of children and young people in care and improving their participation and performance. It provides leadership and a framework for practice.

All States and Territories refer to goals associated with the ensuring the safety and well being of children and young people in care. In some instances this goal is operationalised in objectives or standards that specify aspects of well being such as health.

For example:

- The child or young person has achieved their expected growth and development and has gained their maximum life opportunities through comprehensive health care whilst living in care (Victoria).
- The child will receive dental, medical and therapeutic services necessary to meet their needs (Queensland).

Some jurisdictions make specific reference to whole of government responsibility for the safety and well being of children and young people. For example:

- South Australia's *Keeping Them Safe* – a whole of government plan for the reform of child protection including the Rapid Response Framework providing children and young people in care with priority access to government services
- Western Australia's community services' *Care Responses for the Future 2005-2010* (under consideration of the Executive Committee) identifies the need for a whole of government approach to the care, safety, health, education, training and employment, housing, economic security and general well being of children and young people in care. It proposes the concept of State as Parent where responsibility for children's and young people's well being is the

responsibility of all government agencies.

South Australia and the Australian Capital Territory were the only jurisdictions to indicate that they had a partnership agreement or memorandum of understanding in place between their community services and health departments, whilst New South Wales indicated that its partnership agreement was ready to be 'signed off' by their respective Ministers.

The goals of health departments, where stated, were focused on the health of all children and young people. Whilst in some instances there were references made to at risk groups and the social determinants of health, there tended to be no specific reference to children and young people in care.

In addition to partnership agreements or memorandum of understandings other means of promoting collaboration and priority access to services include:

- appointment of Child Safety Officers in relevant government departments including Health to support a whole of government focus on the protection and care of children and young people (Queensland)
- legislative provisions that enable a formal request to another government department or community partner in receipt of government funding to provide services that promote the safety, welfare and well being of children and young people (New South Wales and Western Australia)
- a Rapid Response Framework and Action Plan – an across government agreement to provide a holistic, co-ordinated approach to service delivery to address the health, housing and educational needs of children and young people in care (South Australia).

CREATE believes it is important that each State and Territory develop partnership agreements that:

- acknowledge the State's role in parenting and looking after children and young people in care
- identify the particular circumstances and needs of children and young people in care
- commit to improving the physical and emotional health of children and young people in care
- outline respective roles and responsibilities for achieving this goal
- require collaboration between government depart-

ments, community and health services, and with other stakeholders

- specify how health information will be maintained and shared, and how health services will be accessed to identify and meet needs
- detail how the agreement and its impact on achieving improved health outcomes will be monitored and evaluated.

Further, agreements need to reflect the complexity of health care in terms of the full range of health needs and health agencies involved.

Whilst some States and Territories have their community services and health portfolios within the one department, co-location within one department does not guarantee collaboration, pathways to access services or improved health outcomes. CREATE believes that a partnership agreement is still necessary to improve health outcomes for children and young people in care.

The National Children's Bureau's *Health Care Programme Handbook (2005)* provides a clear framework for developing partnerships

Health Care Planning

There are three important aspects to health care planning for children and young people in care:

- maintaining and accessing health records
- initial health screening and assessment
- ongoing planning and review.

Maintaining and accessing health records

Research (Underwood, 2000; GUCDC, 2002) highlights the importance of access to the health histories in the assessment and treatment of children and young people. This is problematic for children and young people in care as health information may not have been available or provided on entry to care and placement instability may have led to a variety of medical personnel being involved with them and the loss of information in the move from one place to another.

South Australian Health's response identified the inability of most health agencies to identify the status of children and young people in care as a major obstacle to providing priority access to services. It

further identified that this issue is compounded by the many independent electronic systems utilised by health agencies. South Australia indicated that it has developed an Information Sharing and Client Privacy Statement Regarding Children and Young People under the Guardianship of the Minister. The Statement seeks to overcome many of the information exchange barriers that currently prevent coordinated service provision across government.

New South Wales Health indicated that a Personal Health Record ('blue book') was given to parents of new born children on discharge from hospital. This provides a record of children's illnesses and injuries, medical consultations, family medical history and immunisation status. Under the MOU, identifying this record and taking steps to ensure that it remains with the child will be used as an aid to case management. Queensland Health also identified the use of Personal Health Records for children up to five years of age.

States and Territories that have implemented the Looking After Children (LAC) case management system identified the Health Record as a means of collecting and maintaining individual health information.

CREATE believes that all States and Territories should develop strategies to maintain and access comprehensive health records for children and young people in care.

Initial health screening or assessment

Initial health assessment is essential to identify the immediate and ongoing health needs of children and young people in care (GUCDC, 2002, Leslie, 2003)

Only three states or territories (Australian Capital Territory, Northern Territory and New South Wales) require an initial health screening or assessment of all children and young people entering care. Two states require health assessments after children and young people have been in care for a period of time; twelve months in South Australia and when placed in long term care in Western Australia.

Both Victoria and Queensland indicated that they are in the process of developing standard health assessment processes for children and young people entering care, whilst Tasmania's response was not clear as to their specific health assessment requirements.

New South Wales Health emphasised that the agreement to ensure the Personal Health Record remain with the child and the steps that can be taken to, where necessary, replace the book will provide access to better information about a child or young person's history. Further, they identified that specialist pediatric assessments were being provided by three tertiary hospitals.

CREATE believes that all States and Territories should ensure that children and young people entering care have an initial screening and comprehensive health assessment of their health needs.

Ongoing planning and review

All States and Territories indicated that health care planning is part of their overall case planning and review process.

Those States and Territories that use LAC across all out of home care services (Victoria, Western Australia, Tasmania and Australian Capital Territory) refer to the Health Information Record. The other domain that is relevant to health is emotional and behavioural development. The Assessment and Action record is reviewed every six months for children under 5 years of age and every twelve months for children and young people aged over 5.

The remaining States and Territories all indicated that they have developed care or placement planning tools that include health. Reviews are required but time frames vary from three monthly (South Australia and Northern Territory), to six monthly (Queensland) and 12 monthly (New South Wales).

In addition, some States and Territories indicated that they require annual reviews of statutory case plans (South Australia, Western Australia, Australian Capital Territory, and Victoria).

All States and Territories indicated that health assessment and planning is integrated within broader processes. It is therefore essential that the health dimension is a subset of the overall plan and record. It is also essential that these plans be subject to review to ensure that they are sufficient to promote the health of children and young people in care and to address health care needs identified.

At this stage no state or territory is able to report on the number and proportion of children and young people in care who have had initial health assessments completed or the number and proportion of those with a current case plan. Victoria indicated a

monitoring project and evaluation of LAC was underway, which will provide this data by the end of this year. New South Wales, Western Australia and South Australia indicated that developments to their respective client information systems were underway and would provide this capacity in the future. Other jurisdictions either did not provide a response to this question or did not indicate any future plans to enable reporting. So that, despite significant developments in case planning requirements, processes and tools that are intended to give greater attention to the range of needs of children and young people including health, States and Territories are not able to effectively monitor compliance and quality.

However, as previously indicated, of the 281 children and young people surveyed 131 (46.6%) reported that they had a case plan, whilst 83 (29.5%) reported that they did not have a case plan and 67 (23.8%) reported that did not know if they had a case plan or not. This result is consistent with that found in previous CREATE surveys (CREATE, 2004). The proportion of children and young people indicating that they do not have a case plan or don't know if they do is particularly alarming as the group surveyed had been in care longer than the general in care population. Arguably, it is more likely that this group would have a case plan than those whose care arrangements are less stable and have been in care for shorter periods of time.

Health Programs and Initiatives

Whilst children and young people in care draw on mainstream health services, there have been some specific purpose programs or initiatives developed to meet their needs and/ or to support those involved in their direct care. Key developments include:

- mental health initiatives in Victoria and Queensland
- behavioural support teams in Queensland
- specialist units and clinics in Australian Capital Territory and New South Wales

- specialist service responses in South Australia and the Northern Territory
- training and resources for carers (most States and Territories).

A basic outline of these initiatives can be found in Appendix One.

CREATE believes that all States and Territories should monitor children's and young people's access to mainstream health services and, where necessary, to develop strategies to improve that access. Further consideration of services targeting children and young people in care is required and should be informed by the evaluations being undertaken in some jurisdictions (as detailed later in this section).

Collaboration

Collaboration at a local level has been highlighted as a major factor in promoting the health of children and young people in care (GUCDC, 2002; NCB, 2005). Collaborative structures and processes are required to support the planning and delivery of health services to children and young people in care in line with government policy and legislation. These structures and processes need to acknowledge the roles of government and non-government service providers, direct carers, families and children and young people themselves.

The development of regional or local collaborative structures and process to support the planning and delivery of services across States and Territories is limited at this stage.

The Australian Capital Territory and South Australia are the only jurisdictions that have established structures and processes that are linked to their Memorandum of Understanding or Partnership Agreement.

In the Australian Capital Territory, a Management Committee oversees implementation of the Memorandum of Understanding. Joint training and officer exchange were highlighted as two features that promote the joint goals of these agencies. The role of the Children At Risk Assessment Unit (CARAU) is also critical in establishing the health needs of chil-

dren and young people in care. Whilst in South Australia, the Rapid Response Framework and Action Plan include the requirement for Regional Guardianship Service Networks. These networks will be established to plan, provide and evaluate service provision across their respective regions. Two networks have been established as demonstration projects. In addition, three Regional Support and Development Officers have been appointed to identify and address systemic issues that hinder the provision of services for children and young people under Guardianship of the Minister in their respective regions.

New South Wales has indicated that its Memorandum of Understanding will form the basis for local agreements developed at area level between Community Service Regional Offices and Health Area Services. A standard format will be used to facilitate the development of the local protocols. The Local Protocol will identify the specific health services provided and funded by that Area Health Service. It will identify the referral points and processes to receive referrals from Community Services for the provision of health services for children in care. This will build on a range of local initiatives that are already in place.

In Western Australia a number of local committees or forums have been established, involving staff from Community Services and Health, to improve the quality of life for children and young people in care.

Victoria and Queensland identified local community service or health processes that are relevant but not developed for this purpose. In both instances, these could be further developed for this purpose.

The Northern Territory and Tasmania identified a range of initiatives that strengthen the delivery of health services to children and young people in care.

CREATE encourages all States and Territories to develop and implement collaborative structures and processes to support the planning and delivery of health services to children and young people in care in line with government policy and legislation.

Monitoring and Review

As noted in the Education Report Card (CREATE Foundation, 2004a), policy and practice in responding to the needs of children and young people in care

must be informed by performance information at both the individual and group level. Without performance information there is no way of knowing how an individual child or young person is progressing and whether additional supports and interventions provided are having an impact. Similarly, at the group level, without performance information there is no way of knowing whether government policies, programs and strategies are having an impact on children and young people in care.

The publication of data on health is important in terms of promoting public awareness of the issues facing children and young people in care, in informing other stakeholders of issues and trends and enlisting their support in improving performance, and for the purposes of research. Further, and most importantly, it is essential in terms of public accountability. Governments are accountable to the public in respect of their policies, the expenditure of public funds and the outcomes achieved. As noted by the UK Department of Health (2002), 'Practice and research have shown that the collection and publication of hard information at the local level about the position regarding the health of looked after children has provided the impetus for action.'

At present, no jurisdiction has the capacity to aggregate information about the health needs and outcomes of children and young people in care.

Some jurisdictions indicated that information regarding the relationship between the parent/carer and the child is not routinely collected so Health cannot provide information on the proportion of children and young people accessing mainstream health services who are in care. However, South Australia advised that they were putting in place specific strategies to, in part, address this issue:

- Dental Service has amended its software so that guardianship status can be recorded along with oral risk levels, failure to attend appointments and provide notice of recall
- Child and Mental Health Services are collecting guardianship status manually and they are in the process of altering their data system to record guardianship status electronically to enable them to identify service use and service demand
- Child and Youth Health are exploring ways to extend its unique identifier they have for all children to specifically identifying those under guardianship, which would provide invaluable aggregate information on service use and demand.

Most States and Territories outlined changes to client information systems and indicated that, in time, this would improve their capacity to report on the health of children and young people. New South Wales indicated that their new Minimum Data Set project will include information about health assessments on entry to care, during their care period and on the outcomes of the health assessment such as whether treatment is ongoing or has been received. It is envisaged that this data will be used to report against performance indicators such as percentage of children and young people who had health assessments (such as dental, speech, general medical and psychological) on entry to care, and during a reporting period such as a financial year. An attempt will be made to assess the percentage who had treatment in relation to the results of the health assessment.

Further consideration and discussion is required about the performance information that should be collected and reported about the health of children and young people in care. The UK (DfES, 2005) reports statistical data on:

- annual health assessments
- annual dental check ups
- routine immunizations
- developmental assessments for children aged under 5 who had been in care for over a year.

The US reports (US Department of Health and Human Services, 2003) qualitative data based on a sample of case files and interviews of caseworker, child and carers in relation to:

- Physical health of the child – initial health screening and whether the child’s physical health needs were being addressed (preventive, treatment and immunizations)
- Mental health of child – initial formal screening or assessment and whether the child’s mental health needs were being addressed (ongoing assessment and treatment of identified needs).

CREATE believes that individual States and Territories should identify performance indicators and measures of health outcomes for children and young people in care and develop the capacity to collect and report on aggregated data. At a national level, the National Child Protection and Support Services (NCPASS) group could be requested to support this development.

Research

The role of research is critical to improving our knowledge and understanding of the health of children and young people in care.

Specific health research has recently been undertaken in relation to the mental health of children and young people in care:

- A study of the mental health of primary school aged children living in foster care in New South Wales (Michael Tarren Sweeny, Centre for Mental Health Studies, University of Newcastle in conjunction with the Department of Community Services, New South Wales)
- A study of the mental health and wellbeing of children and young people in home based care (Professor Michael Sawyer, Research and Evaluation Unit, Women’s and Children’s Hospital, in conjunction with the Departments of Health and Children, Youth and Family Services – South Australia)

A number of States and Territories identified planned evaluation and research including:

- Evaluations of mental health treatment initiatives in Victoria and Queensland
- A survey of children to establish benchmarks as a basis for outcomes monitoring is about to be undertaken in Victoria
- A longitudinal study of children in care being designed by the New South Wales Centre for Parenting and Research, which has the capacity to examine a range of wellbeing and developmental outcomes over time.
- An evaluation of the effectiveness of the Sydney Children’s Hospital’s clinic for children in care.

Other initiatives reported included:

- Establishment of a Child Safety Research Advisory Group in Queensland to provide advice on research trends and research priorities to support strategic directions and reform
- A data linkage project between the Western Aus-

tralian Departments of Community Development, Health and others, that will include as one component the de-identified linking of out of home care data and health data. The analysis will allow a broader understanding of the pathways and experiences over time of children and young people in care in terms of health, education, justice, and care and safety and give a better picture of the outcomes for children in care and how they compare with the rest of the population.

A list of evaluations and research reported by States and Territories can be found in Appendix Two.

It is critical that the outcomes of the evaluations and research being undertaken across Australian States and Territories be shared.

CREATE continues to encourage States and Territories, and the Commonwealth to explore avenues for developing a national out of home care research capacity and in particular the health of children and young people in care. Further, CREATE supports the recommendations of the *Audit of Australian Out-Of-Home Care Research* (Cashmore and Ainsworth 2004) that include the development of a national research agenda, the funding of a national longitudinal study, the quarantining of funds to support child welfare research, and the establishment of a data warehouse with research access to de-identified case level data.

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APPENDIX ONE

Health Programs and Initiatives

Victoria

Take 2

Take 2 has been developed as a statewide intensive therapeutic service for clients of the child protection service who are manifesting significant emotional and behavioural disturbance.

Secure Welfare Services (SWS)

All young people placed in SWS undergo a health assessment by a general practitioner employed by SWS. These GP's have developed skills and expertise which are directly relevant to the health needs of the high risk out of home care population

New South Wales

The three tertiary hospitals for paediatric service provision in NSW, in consultation with Community Services, have established specialist clinics for children who have recently entered care.

Other local initiatives include assessment of children with high support needs and a Dual Diagnosis project (mental health and alcohol and other drugs) including the development of resources for caseworkers, carers, and children and young people in care.

Australian Capital Territory

The Child At Risk Assessment Unit provides services almost exclusively to children and young people in care. In some cases, it also provides services to children who have returned home or remain at home but where there are concerns with regard to the child's health and development.

South Australia

The Alternative Care Disability Support Program provides statewide support and assistance for home based carers of children and young people with extreme care needs arising from intellectual, physical or sensory disability or brain injury.

Extension of therapy services within health regions to children and young people involved in the state's child protection system.

New mental health consultative positions are now based in offices of Community Services in the northern metropolitan area and the model is expected to be extended to the northern county area.

A partnership between Community Services and Dental Services has seen progress towards updating and implementing policy and procedures for addressing the dental health of children and young people in care. Completion of this work will:

- allow data sharing between agencies to create a unique identifier for all children and young people in care so information can be readily exchanged
- ensure all children and young people in care have their dental health needs identified and addressed
- ensure all children and young people in care are provided with a baseline dental assessment
- identify children and young people in care through other health units to ensure services are targeted and appropriate.

Western Australia

Health does not provide specific health services for children in care on a statewide basis. However, each Area Health Service implements some form of targeted program to respond to issues which may place a child and/or family at risk. Family breakdown, family stress and the need for a child to be in care are among the risk categories which suggest a need for additional, targeted services from health care providers

Queensland

Therapeutic Services

A range of therapeutic services are being developed for children and young people with complex or extreme needs over the next two years. These include:

- nine Mental Health – Child Safety Support Teams across the State
- therapeutic residential programs to provide up to 16 places for short-term treatment intensive programs
- a Mult-Systemic Therapy project in one location for three years.

Disability Assessment and Behavioural Support Services

Disability Services in partnership with Mental Health will provide specialist assessments and behavioural support services. Disability Services will establish six Child Safety Behaviour Support Teams to provide these services across the state.

A total of \$7.7m has been allocated in 2004-05 across the three departments for therapeutic services for children in care, increasing to \$15.5m in 2005-06 and to \$17.5m in 2006-07.

Northern Territory

Specialist Mental Health Services

The Mental Health Services program has recently expanded its Child and Adolescent Services with the creation of two child and adolescent psychiatrist positions.

High Needs Service

A High Needs/Disability service has been established for children and young people with disabilities and challenging behaviours who have high daily support needs. Specific family based placements are located to care for the child or young person.

Residential Care Service

A therapeutic model of residential care is being developed that will wrap-around services required by young people with intensive support needs.

Sexually Transmitted Infections Protocol

A memorandum regarding underage sexual activity and sexually transmitted disease in minors and reporting has been distributed to all staff to increase awareness of reporting obligations and ensure that children and young people receive appropriate services.

Strategies to assist carers and staff in understanding and meeting the health care needs of children and young people in care

Victoria

Foster carer training package

A common, competency based Foster Carer training packages is currently being finalized. The assessment guide for this training package contains a competency related to the positive development of

children and young people in foster care. Carers are required to demonstrate an ability to identify and advocate for the emotional, physical and special needs of children and young people in care.

ZOOM

This resource is in the final stages of development. It will provide carers with information and resources on a range of topics including the health needs of children and young people in care. Areas pertaining to health include: sexual health, exercise, food and diet, nutrition, and healthy eating.

New South Wales

Regional foster care training includes health needs of children and young people in care including sessions on health and hygiene, first aid, caring for special babies, sexual behaviour, attention deficit disorder, and Triple P.

Community Services staff are provided with training to assist their understanding of the health needs of children and young people in care and how these need to be considered as part of a holistic assessment and planning process.

South Australia

Health and child protection services have begun to deliver joint training to foster carers and schools about the needs of children in care.

Australian Capital Territory

CARAU provides regular training to potential carers through care provision agencies such as Barnardos and Marymead. This training covers the impact of trauma on early brain development and the effects of this in terms of learning and behavioural difficulties. It also covers bonding and attachment and the importance of these factors in foster care. The unit also provides individual support to carers of specific children and is hoping to expand its teaching and counseling service late in 2005.

APPENDIX TWO

Research

Victoria

There is an action research and development strategy as part of the Take Two program to lead the development of a model of best practice in relation to the treatment of severely abused or neglected children. A comprehensive evaluation of its first year of operation will be published later this year.

In addition, 3 monthly qualitative research circles linked to regional advisory groups will be developed with Latrobe University to problem solve casework issues and develop practice knowledge about 'what works' across agencies.

A survey of children to establish benchmarks as a basis for outcomes monitoring is about to be undertaken. Discussions are underway as to how children and young people in out of home care can be included in this process.

South Australia

In 2003-04, Child and Adolescent Mental Health undertook a project to identify a model of best practice in therapeutic service provision for children in care. A report was developed leading to changes in processes to facilitate improved continuity of care for children and young people in care.

An extensive review of the national and international literature of the health needs, policy and best practice to children and young people under guardianship was undertaken to inform the development of Rapid Response.

The Women's and Children's Hospital, Research and Evaluation Unit and Community Services have entered into a partnership to study the mental health and wellbeing of children and young people in home based care. The study measures the prevalence of emotional and behavioural difficulties, the impact these difficulties have on their lives and those of their carers. It also investigates the extent to which children and young people are accessing help from professional services for emotional and behavioural

problems. It is anticipated that the research findings will be available at the end of 2005.

New South Wales

The proposed longitudinal study of children in out of home care being designed by the NSW Centre for Parenting and Research has the capacity to examine a range of wellbeing and developmental outcomes over time.

The clinic at the Sydney Children's Hospital is currently engaged in research to evaluate the effectiveness of the clinic for children in care.

Western Australia

The Community Services department, in partnership with Health and others, is participating in a data linkage project that will include as one component the de-identified linking of out of home care data and health data. The analysis will allow a broader understanding of the pathways and experiences over time of children and young people in care in terms of health, education, justice, and care and safety and give a better picture of the outcomes for children in care and how they compare with the rest of the population.

A research project examining multiple placements and their implications for practice and outcomes for children and young people has commenced.

Preliminary discussions have been held with the Ministerial Council for Suicide Prevention on a joint research project on the characteristics that pre-dispose children and young people to suicide, with a focus on children and young people in care.

The Community Services Department, the Disabilities Services Commission and ACROD are undertaking a project on the recruitment and support of foster carers for children with a disability.

Queensland

A Child Safety Research Advisory Group has recently been established to provide advice on research trends and research priorities to support strategic directions and reform.

A three year Multisystemic Therapy Research proj-

ect will be conducted by the Mater Child and Youth Mental Health Service. The project will research the effectiveness of the program in Australian conditions and its appropriateness for Indigenous children and young people.

The work of the Mental Health – Child Safety Therapeutic Support Teams will be evaluated. This will include clinical effectiveness, identifying factors contributing to success, effectiveness of interagency collaboration and key contributing factors and the effects of external factors on therapeutic outcomes.

ABBREVIATIONS USED

CSO.....Community Service Organisation

ABS.....Australian Bureau of Statistics

AIHW.....Australian Institute of Health and Welfare

LAC.....Looking After Children

MOU.....Memorandum of Understanding

NCPASS.....National Child Protection and Support Services

QAS.....Quality Assurance Strategy

