

Keep Them Safe: A Shared Approach to Child Wellbeing 2009–2014

Prevalence Study on the Health Care of
Children in Out of Home Care in NSW



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Executive summary

Background and aim

*Keep Them Safe: A shared approach to child wellbeing, 2009-2014*¹ is the NSW Government's response to the *Report of the Special Commission of Inquiry into Child Protection Services in NSW*.² In early 2010, as part of implementing *Keep Them Safe*, NSW Health introduced health assessments for all children and young people entering out of home care (OOHC) and committed to ensuring that children in care have timely and ongoing priority access to health services that meet their individual needs. 4,830 children and young people entered care in NSW in 2008/09 and a total of 16,524 children and young people were in OOHC in NSW as at 30 June 2009. Of the total number of children and young people in OOHC at that time, 65.3% were in statutory care and 34.4% were in supported care with care arrangements for the remaining 0.3% not specified.³ The different categories of OOHC are defined in the glossary (Appendix 2).

This research has been undertaken in response to a related Government action in *Keep Them Safe* for NSW Health to undertake a prevalence study to consider the health status of children already in OOHC, what services they are receiving, and what further care they require.⁴

Data from Australia and overseas, including studies from NSW, indicate that children and young people in OOHC have significant health care needs involving physical, psychological, behavioural, emotional and developmental needs.

The extent to which children and young people in OOHC are currently receiving health care from the public (NSW Health) and private systems is not known, however, nor is the nature and complexity of that care (e.g. the range of medical specialists and allied health professionals involved). There is also little information available on how many of these children and young people had an initial health assessment, let alone a comprehensive assessment within the first 30 days. Thus the aim of this research is to understand the current access to health services for children and young people in OOHC in order to improve that access and ultimately their health outcomes.

Method

A NSW Health OOHC Research Advisory Group including representatives from Local Health Networks and Community Services has assisted in planning and overseeing this research. Their terms of reference envisaged the conduct of research in two phases:

1. Facilitate a study to sample the extent of current access to health services (both public and private) for children in OOHC (including assessment, therapy and treatment services)
2. Identify areas for future research relating to NSW Health's implementation of OOHC actions in *Keep Them Safe*.

The Advisory Group devised a set of research questions for consideration in the first phase of research covering: (1) Health status and care prior to entry into OOHC; (2) Health and/or developmental assessments since entering care and the domains of health and development covered within their assessment; and (3) Outcomes following the assessments (by way of diagnosis, referral and treatment) and if the outcomes following the assessments have been actioned.

For the first phase of research, the Advisory Group agreed to rely on data already being collected in file reviews undertaken by the NSW Children's Guardian as part of the Children's Guardian Case File Audit Program. The Children's Guardian most recent Case File Audit focussed on the health needs of children in OOHC. The Audit collected data from case files on a representative sample of children and young people in OOHC on either interim or final orders (i.e. either in or likely to end up in statutory care). The total sample of 3,448 included 816 children who had recently entered OOHC, that is, they had entered their current placement in the 15 months prior to the Audit date.

The Advisory Group analysed the data from the Case File Audit against the research questions and described the results for each of the demographic groups. Chi-square testing setting a statistically significant level of $p < 0.05$ was used to look at variations within the demographic groups.

Results

1. Health status and care

It was not possible to identify from the Audit if the child or young person had a pre-existing recognised health and/or developmental problem for which they were receiving treatment prior to entering care. Nor is it possible to ascertain who, if anyone, has been providing that care.

With regard to medical information on file: 90.3% of the total sample of 3,448 children had a Medicare number recorded for the child or young person and 37.5% had the medical history of the child or young person. The Audit also revealed that 39.5% of children or young persons had recorded medical problems, 13.1% had medical conditions such as asthma, diabetes, epilepsy and severe allergies, 31.8% had dental problems, and 38.6% had mental health or behavioural problems. The Audit did not examine if the hospital of birth of the child was on the file.

With regard to health professionals' information: 62.6% had GPs' contact details, 39.1% of those applicable (i.e. children aged 2 years and over and young persons) had the dentists' contact details; 54.6% of children and young persons had other health professionals mentioned on their files and 44.3% had details of other health professionals; 64.4% of Aboriginal children's and young persons' files mentioned Aboriginal Medical Services and 30.4% had details of an Aboriginal Medical Service on file.

2. Health and/or developmental assessments since entering care

Of the 816 files examined that were eligible in that the child or young person had been placed within the past 15 months, 22.1% had an initial health assessment within 60 days (which was part of Community Services' procedure at the time) recorded on the file.

3. Outcomes following the assessments

It is not possible to ascertain from the Audit:

- if referrals to health services were recommended in the health and/or developmental assessment/s;
- to whom the referrals were made;
- if the referrals were to public or private providers; or
- what, if any action has occurred.

It is not possible to identify from the Audit information, if referrals and treatment arising from the health and/or developmental assessments had been incorporated into the child or young person's current care plan/review. The Audit did however identify that:

- 70.9% of files contained a current care plan/review;
- 59.9% had a current care plan/review that included addressing and/or reviewing health;
- 41.3% had a current care plan/review that addressed dental issues;
- 61.8% had a current care plan/review that reviewed behavioural issues; and
- 56.4% had a current report on psychological or psychiatric wellbeing.

Conclusion and discussion

The opportunistic use of the Children's Guardian Case File Audit has yielded some rich data and provides useful baseline information for the NSW Government's *Keep Them Safe* reforms aimed at improving the health of children and young people in OOHC. Some observations from the data include:

- The case files suggest a relatively low baseline of children or young persons entering care receiving initial health assessments (at around 20% of those eligible);
- The case files are not showing evidence of universal coverage at this time in important areas of primary health care (i.e. Medicare, GPs, dental care, immunisation, Blue Book);
- The case files include contact details for a range of health professional categories in relation to a small proportion of children and young persons in OOHC;
- The case files are showing a relatively low rate of children and young persons in care with recorded personal medical histories and family medical histories;
- The case files are recording lower rates of children and young persons in OOHC with mental health or behavioural problems than indicated by other studies;
- Health issues are not being routinely addressed in Community Services' care plans/reviews for children and young people in OOHC.

As described in this report, a number of the research questions were not answered by the data from the Children's Guardian Case File Audit. This study was unable to answer those questions either because of its opportunistic nature in that various items were not included in the Audit instrument

(e.g. birth hospital or outcomes of health assessments) and it was relying only on information recorded in the case files. The Audit study has also highlighted the need to adopt a consistent approach across Community Services, accredited agencies providing OOHC services and NSW Health to the recording of data on the health needs of children in OOHC.

In order to answer all of the research questions, more comprehensive work would need to be undertaken that not only includes a review of the case files for children and young persons in OOHC but also includes interviews with key informants for the child such as carers, caseworkers, and health professionals, access to other data collected on the child or young person (such as medical records, hospital admissions, etc) and monitors the child and their interactions with the health system over time.

Current projects underway in NSW provide an opportunity to further consider a number of the research questions which were not answered or only partially answered through this file audit study.

First, as the NSW Government's *Keep Them Safe* commitment for a comprehensive health assessment program for children entering OOHC is implemented across NSW, an action research strategy examining processes and outcomes would be valuable. The upcoming pathways of care study to be undertaken by Community Services in conjunction with Chapin Hall Policy Research Center at the University of Chicago and the Australian Institute of Family Studies is also an opportunity to consider medium and longer term outcomes of those assessments and to incorporate some of the unanswered research questions.

SECTION 1 Ä

Background Ä

Children and young people in OOHC are more likely to have significant, often unrecognised and unmet, acute and chronic health needs than those in the general population.⁵

Data from Australia and overseas, including studies from NSW, indicates that children and young people entering OOHC tend to have poor physical and mental health, increased rates of developmental difficulties and are less likely to access preventative health services such as immunisation compared to the general population.⁶

In recognition of the increased health needs of this target group, some secondary and tertiary facilities in the NSW public health system have been conducting health screening clinics for children and young people entering care for some time. Some children and young people entering care present to primary, secondary and tertiary care practitioners for assessment, diagnosis and treatment by their carers or caseworkers when health needs become apparent. Other children and young people, who were receiving treatment before they entered care, continue to do so.

The OOHC health assessments conducted in NSW to date have identified a wide range of health problems of children and young people entering OOHC, which either had not been identified previously or, where identified, were not well managed. For example, the Kari Clinic, a program for Aboriginal and Torres Strait Islander children, observed high levels of language delays or disorder (63%) and reported 37% with oral health problems.⁷ Another screening program conducted at Sydney Children's Hospital found that of 122 children screened, 24% had incomplete immunisations, 20% had visual problems, 26% had hearing loss, 60% failed the developmental screen, and 54% had significant behavioural and emotional problems.⁸

The Wood Special Commission of Inquiry into Child Protection Services in NSW, reporting in November 2008,⁹ acknowledged this research and other relevant studies noting that:

'It is well recognised nationally and internationally that children and young persons in OOHC are a vulnerable and at risk group in the population. Research indicates that those entering OOHC have poorer outcomes than the average child or young person. They have been identified as having increased developmental, behavioural, emotional and mental health issues and are less likely to access continuous education, treatment and medical care as a consequence of multiple placements, changes in caseworkers or alternating periods of placement at home and in OOHC'. (para 16.102)

Justice Wood found there was widespread understanding of the importance of comprehensive health and developmental assessments for children entering OOHC in NSW but access to such services was limited. He also found that access to follow-up health and developmental interventions was a concern across the State, for example, a major gap in the availability of speech pathology services was identified.¹⁰

Keep Them Safe, A shared approach to child wellbeing 2009-2014 (the NSW Government response to the Wood Special Commission of Inquiry into Child Protection Services in NSW) indicates the Government's support for the findings of the Wood Inquiry about the need for all children and young people entering, and in OOHC to have timely and ongoing priority access to health services that meet their individual needs. *Keep Them Safe* includes commitments for:

- Comprehensive health and developmental assessments of children and young people entering OOHC (to be commenced in the first 30 days of entry into care) and of those already in care;
- Review of existing OOHC assessment services provided by NSW Health and other agencies and development of appropriate service models to provide these services;
- The establishment of OOHC health co-ordinators in each of the Local Health Networks to facilitate comprehensive health assessments and reviews and facilitate access to health treatment for all children in care;

- Specialised packages of health care for these children to also be considered;
- Additional Blue Book pages to record the health assessments/ reviews/ follow-up treatment;
- Mechanisms established for monitoring and evaluating achievement of health outcomes for children;
- Prevalence study to be undertaken by NSW Health to consider the health status of children already in OOHC, what services they are receiving, and what further care they require.¹¹

4,830 children and young people entered care in NSW in 2008/09 and a total of 16,524 children and young people were in OOHC in NSW as at 30 June 2009. Of the total number of children and young people in OOHC at that time, 65.3% were in statutory care and 34.4% were in supported care with care arrangements for the remaining 0.3% not specified.¹² The different categories of OOHC are defined in the glossary (Appendix 2). In relation to types of placement, 57.5% were in the care of relatives, parents or kin, with or without a court order, while approximately 42.5% were in foster care with a non-related person or in another care arrangement e.g. residential care or supported accommodation.¹³

There is a significant overrepresentation of Aboriginal children and young people in OOHC, with 32.1% of the 'in care' population being Aboriginal. Therefore as at 30 June 2009, for every 1,000 Aboriginal children and young people in NSW, 84.3 were in care. This figure compares with 7.4 per 1,000 for other children.¹⁴

Purpose of research

This research has been undertaken in response to the *Keep Them Safe* commitment for NSW Health to undertake a prevalence study on the health care of children in OOHC as outlined above.

The extent to which all children and young people in care are currently receiving health care from the public (NSW Health) and private systems is not known, nor is the nature and complexity of that care (e.g. the range of medical specialists and allied health professionals involved). There is also little information available on how many of these children and young people have had an initial health assessment, let alone a comprehensive assessment. Without this information, the estimated additional demand on resources that will be generated by comprehensive health and developmental assessments for all children and young people entering care is difficult to determine.

The long-term aim of this research is to improve access to health services for all children and young people in OOHC and ultimately their health outcomes.

Method

Role of NSW Health OOHC Research Advisory Group

A NSW Health OOHC Research Advisory Group established in March 2009 and including representatives from Local Health Networks and Community Services assisted in planning and overseeing this research. The Group's terms of reference (Appendix A) envisaged the conduct of research in two phases:

1. Facilitate a study to sample the extent of current access to health services (both public and private) for children in OOHC (including assessment, therapy and treatment services)
2. Identify areas for future research relating to NSW Health's implementation of OOHC actions in *Keep Them Safe*.

The Advisory Group devised a set of research questions for consideration in the first phase of research covering (1) Health status and care prior to entry into OOHC; (2) Health and/or developmental assessments since entering care and the domains of health and development covered within their assessment; and (3) Outcomes following the assessments (by way of diagnosis, referral and treatment) and if the outcomes following the assessments have been actioned.

Research questions

1. Health status and care

The specific research questions to be answered regarding the child's health status and care prior to entry into OOHC are:

- 1.1 Did the child or young person have a pre-existing recognised health and or developmental problem for which they were receiving treatment prior to entering care? If so, who, if anyone has been providing that care?
- 1.2 Is the child or young person's key health information recorded on the files, including: a Medicare number; medical conditions; allergies; immunisations; hospital of birth?

1.3 Is the child or young person's Personal Health Record (Blue Book) available and being used?

1.4 What health care providers have been identified for this child or young person? e.g. GP, Child and Family Health Service, Aboriginal Medical Service and/or paediatrician?

2. Health and/or development assessments

The specific research questions to be answered regarding the health and/or developmental assessments since entering care are:

2.1 Has a health and/or developmental assessment been conducted?

2.2 If a health and/or developmental assessment has been conducted, what details are available about the content and comprehensiveness of the assessment/s?

2.3 If a health and/or developmental assessment has been conducted, who conducted the assessment/s?

3. Outcomes following the assessments

The specific research questions to be answered regarding the outcomes following the assessments are:

3.1 If referrals were recommended in the health and/or developmental assessment/s: Who were the referrals to? Were the referrals to public or private providers? and What, if any, action has occurred?

3.2 If any ongoing treatment has been considered necessary, has this occurred and has continuity of care been maintained?

3.3 Has information, referrals and treatment arising from the health and/or developmental assessments, been incorporated into the child or young person's case plan or care plan?

Sourcing of data from Children's Guardian Case File Audit

For the first phase of research involving the identified research questions, the OOHC Research Advisory Group agreed to rely on data already being collected in file reviews undertaken by the NSW Children's Guardian as part of the Children's Guardian Case File Audit Program.

The NSW Children's Guardian has a key role under the *Children and Young Persons (Care and Protection) Act 1998* in promoting the best interests of all children and young persons in OOHC. The Guardian's functions also include:

- Ensuring the rights of all children and young persons in OOHC are safeguarded and promoted;
- Accrediting designated OOHC agencies (Community Services, Ageing Disability and Home Care and NGOs) and monitor their responsibilities under the Act and the regulations.

The Children's Guardian undertakes case file audits as one means of monitoring whether designated agencies providing OOHC services are meeting their responsibility for providing good quality care to children and young people. Case file audits are reviews of files held by designated agencies relating to children and young people in OOHC. These files document what has happened in their lives and what plans are in place for their current and future care. The auditors are staff from the Children's Guardian accreditation team who have backgrounds in areas such as casework, teaching, early childhood services, community services, and service accreditation. They do not have a health background.

The most recent Case File Audit has focused on the health needs of children and young people in court ordered OOHC. It was completed in 2 phases during 2008-2009, and 2009-2010. The Children's Guardian's final report on the Audit is expected to be published shortly.

The Audit collected data from cases files on a representative sample of children and young people in OOHC on either interim or final orders. The sample of 3,448 included 816 children who entered their current placement within 15 months of the Audit date.

As the Children's Guardian included health needs in the recent Children's Guardian Case File Audit it was appropriate to re-examine this data first before embarking on any new data collection. Although the Audit was organised before the proposal for this research was developed it was anticipated that the use of the Children's Guardian's Audit would enable some initial identification of the extent of met and unmet health care needs of this population, and the additional resources required to achieve the NSW Government's commitments in *Keep Them Safe*.

In developing the 2008-2010 Audit, the Children's Guardian established an advisory group comprised of representatives of specialist OOHC clinics at Sydney Children's Hospital, the Children's Hospital at Westmead, John Hunter Children's Hospital and the KARI clinic. In addition, recommendations by the following organisations were considered:

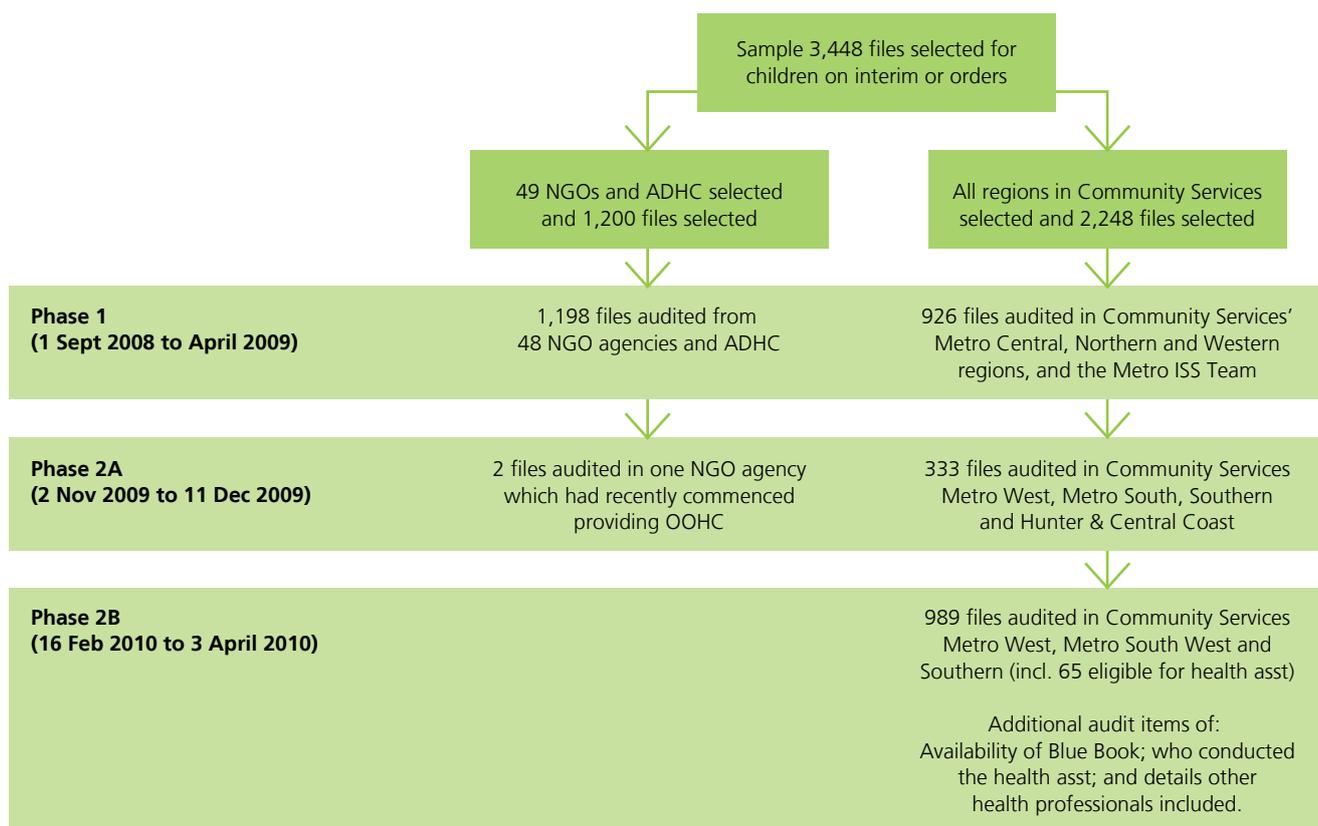
- the Royal Australasian College of Physicians;
- the Royal Australian and New Zealand College of Psychiatrists;
- the National Health and Medical Research Council;
- CREATE Foundation Ltd; and
- the Department of Community Services.

At the time of the 2008-2010 Audit, there was no standardised practice requirement for some areas examined. For example, the completion of initial health assessments, annual health assessments and health plans were not routinely required (although the conduct of a health, developmental and mental health/behavioural assessment within 60 days of entering care was part of the Community Services' procedure for all children and young people entering care). In examining practice in these areas, the Children's Guardian hoped to identify opportunities for improvement in practice.

The 2008-2010 Audit included 51 designated agencies which were providing court ordered OOHC over the period of the Audit. This included 49 non-government agencies; Ageing, Disability and Home Care, and Community Services.

The sample represented children and young people in OOHC on either interim or final orders. The Children’s Guardian developed a profile of the number of children and young people placed with each agency. A statistically valid sample was drawn for each agency using *iSix Sigma* methodology. Due to Community Services’s larger sample size, PricewaterhouseCoopers was engaged to assist the Children’s Guardian to draw the sample for each region.

The 2008-2010 Audit was conducted in 2 phases as shown in the following figure. The Children’s Guardian agreed to include some additional audit questions in the second part of phase 2 of the Audit which was conducted in early 2010 to help answer the research questions for NSW Health’s study.



The Advisory Group analysed the data from the Case File Audit against the research questions and described the results using Chi-squared testing setting a statistically significant level of $p < 0.05$. This testing was conducted where possible on all of the demographic groups for each column in the data tables set out in this report. The tests highlight differences between the groups to that which

would be expected based on the overall figures. It should be noted that there may be some missed variation that is not statistically different because of sample size.

Results

The Children's Guardian Case File Audit collected data from cases files on a representative sample of children and young people in OOHC on either interim or final orders so the following results can only be extrapolated to this group. The sample of 3,448 included 816 children who were placed within 15 months of the Audit date.

Over half of the children in the sample were in the early to middle childhood age range, including 0-4 years (20%) or 5-11 years (34%). Close to a third of the group was aged 12-15 years (29%). Just over half of the children in the sample were males (52.3%) and 47.7% were females. Slightly more than a quarter (27.5%) of the sample was made up of Aboriginal children and young people. Just less than a fifth (17.1%) of children were in the Hunter and New England Health Area, 16.5% were in Sydney West Health Area, 14.9% were in Sydney South West Health Area, 11.8% were in South East Sydney and Illawarra Health Area, 10.4% were in North Sydney and Central Coast Health Area, 8.5% were in North Coast Health Area, 7.3% were in Greater Southern Health Area and 6.4% were in Greater Western Health Area.

1. Health status and care

The following section discusses the extent to which the Audit information answers the research questions relating to child's health status and care:

1.1 Did the child or young person have a pre-existing recognised health and or developmental problem for which they were receiving treatment prior to entering care?

It is not possible to identify from the Audit if the child or young person had a pre-existing recognised health and or developmental problem for which they were receiving treatment prior to entering care. Nor is it possible to ascertain who, if anyone, had been providing that care.

1.2 Is the child or young person's key health information recorded on the files, including: a Medicare number; medical problems (asthma, diabetes, epilepsy and severe allergies, dental problems, mental or behavioural problems; hospital of birth?

Of the 3,448 files examined, 90.3% had a Medicare number recorded for the child or young person, 37.5% had the medical history of the child or young person. The Audit also revealed that 39.5% of children and young persons had recorded medical problems, 13.1% had medical conditions such as asthma, diabetes, epilepsy and severe allergies, 31.8% had dental problems, and 38.6% had mental health or behavioural problems. (Note that medical/dental/mental health or behavioural problems were not defined for the auditors but they were instructed to refer to the client information profile, summary sheet, professional reports and similar documents and select 'yes' only where there were known problems and details were documented).

The Audit did not examine if the hospital of birth of the child was on the file which was also part of the research questions.

Percentages by age, gender, Aboriginal status, Health Area and placement type are shown in Table 1.

For Medicare number on file there was no obvious difference by age group, gender, Aboriginal status, Health Area or placement type. Medical history on file varied significantly by health area and placement type and medical family history on file varied significantly by Aboriginal status and placement type.

The auditors considered medical problems to be present where there was any mention of this in the file. With regard to medical conditions: medical problems varied significantly by gender, Aboriginal status, Health Area and placement type; medical conditions such as asthma, diabetes, epilepsy and severe allergies varied significantly by Aboriginal status,

Health Area and placement type; dental problems varied significantly by age group and Health Area; and mental health or behavioural problems varied significantly by age group, gender, Aboriginal status, Health Area and placement type.

Table 1: Percentages of children with Medicare number, medical history and medical conditions recorded on file by age, gender, Aboriginal status, Health Area and placement type (n=3,448)

Categories	No. of files examined	Percentage of children with...							
		Medicare no. on file	Medical history on file	Medical history of family on file	Medical problems recorded on file	Asthma, epilepsy, diabetes or severe allergies recorded on file	Dental problems recorded on file	Mental health or behavioural problems recorded on file	
Age	0–4 years	714	88.2	40.3	13.2	40.1	13.6	20.9	11.9
	5–11 years	1174	91.1	39.4	12.4	38.9	11.4	32.5	36.0
	12–15 years	983	91.3	36.5	12.2	39.5	14.3	35.9	54.1
	16–18 years	577	89.6	32.2	10.1	39.9	13.5	36.9	50.3
Gender	Males	1804	91.1	39.9	11.9	41.7	14.0	31.2	43.3
	Females	1644	89.4	35.0	12.3	37.0	12.0	32.5	33.4
Aboriginal status	Aboriginal	947	90.0	36.5	9.0	32.1	10.6	32.0	33.1
	Non-Aboriginal	2501	90.4	37.7	13.3	38.1	13.6	31.3	39.6
Health Area	Sydney South West	515	93.8	36.9	13.0	34.0	14.6	25.2	29.7
	South East Sydney and Illawarra	408	91.4	41.2	12.3	36.8	12.0	31.4	31.9
	Sydney West	569	92.4	45.0	11.8	40.6	10.9	28.6	38.3
	North Sydney and Central Coast	357	86.8	34.2	14.9	49.9	19.0	42.6	49.3
	Hunter & New England	589	87.8	37.7	11.9	40.7	14.6	38.2	44.8
	North Coast	292	91.1	36.6	12.0	38.4	11.3	26.7	39.7
	Greater Southern	253	84.2	24.1	10.7	37.2	9.5	36.0	36.4
	Greater Western	221	93.2	27.6	7.7	38.9	10.0	30.8	31.7
Placement type	Relative/kinship	1097	85.1	24.5	12.1	33.3	10.0	31.9	27.0
	Non-relative/non-kinship	2009	92.1	42.6	12.8	38.6	13.0	31.1	37.9
	Independent living arrangement	76	84.2	27.6	7.9	39.5	14.5	35.5	55.3
	Residential care	266	99.6	56.0	19.5	60.5	25.6	35.7	86.5
TOTAL	3448	90.3	37.5	12.1	39.5	13.1	31.8	38.6	

Note: **Medical/dental/behavioural problems** were not defined for the auditors but they were instructed to refer to client information profile, summary sheet, professional reports and similar documents and select 'yes' only where there were known problems and details were documented.

1.3 Is the child or young person's Personal Health Record (Blue Book) available and being used?

Details about the Blue Book were only collected in Phase 2b of the Audit and therefore only included 989 Community Services files from Met West, Southern and Met South West Regions. The Blue Book was also limited to children aged 0 to 5 years. Therefore out of the 205 files examined 2.9% either had the Blue Book or a record of it.

The Audit did not include collecting data on the use of the Blue Book but the overall Audit did collect information on immunisation status which is one aspect of health care recorded in the Blue Book. With regard to the information on immunisation, the files showed that 61.6% of children aged 8 years or less had up-to-date immunisation records on their file, as did 43.8% of children or young people aged 9 years or over.

Immunisation records on file by age, gender, Aboriginal status, Health Area and placement type are shown in Table 2.

Table 2: Percentages of children with file showing up-to-date immunisations' by age, gender, Aboriginal status, Health Area and placement type (n=3,448)

Categories		Percentage of children 8 years or less with up to date immunisation records on file	Percentage of children 9 years or over with up to date immunisation records on file
Age	0–4 years	57.1	n/a
	5–11 years	68.6	64.0
	12–15 years	n/a	41.9
	16–18 years	n/a	21.8
Gender	Males	64.0	46.6
	Females	59.1	41.1
Aboriginal status	Aboriginal	64.5	42.6
	Non-Aboriginal	59.9	44.1
Health Area	Sydney South West	67.8	47.3
	South East Sydney and Illawarra	63.2	49.5
	Sydney West	68.2	51.6
	North Sydney and Central Coast	53.9	40.6
	Hunter & New England	51.0	46.7
	North Coast	53.9	35.8
	Greater Southern	59.1	30.3
	Greater Western	51.3	32.9
	TOTAL		61.6
Placement type	Relative/ kinship	54.2	37.1
	Non-relative/ non-kinship	66.3	49.8
	Independent living arrangement	n/a	14.5
	Residential care	71.4	38.6

Note: Up-to-date immunisation records was defined by reference to child's age: files of children 8 years or less have a current copy of the ACIR statement or current detailed immunisation history recorded; files of children 9 years and over have detailed immunisation history recorded.

1.4 What health care providers have been identified for this child or young person? For example: GP, Dentist, Child and Family Health Service, Aboriginal Medical Services, Other health professional such as paediatrician?

Of the 3448 files examined, 62.6% had the GPs' contact details, 39.1% of those applicable (i.e. children aged 2 years and over) had the dentists' contact details; 54.6% of children and young persons were assessed from the file as

needing other health professionals to meet their health needs and 44.3% had details of other health professionals; 64.4% of Aboriginal children's and young persons' files mentioned Aboriginal Medical Services and 30.4% had details of an Aboriginal Medical Service on file.

Details about health professional contact details by age, gender, Aboriginal status, Health Area and placement type are shown in Table 3a.

Table 3a: Percentages of files with details of health professionals recorded by age, gender, Aboriginal status, Health Area and placement type (n=3,448)

Categories		Percentage of ...						
		Files with GP details	Files with dentist s details	Children with mention of other health professionals	Files with other health professionals details	Aboriginal children where mention of Aboriginal Medical Service on file	Files with Aboriginal Medical Service details	
Age	0–4 years	56.3	20.1	45.0	34.9	61.1	24.7	
	5–11 years	64.7	38.4	54.4	44.1	68.3	37.5	
	12–15 years	65.0	48.9	60.0	49.9	64.0	28.9	
	16–18 years	62.1	45.6	57.9	46.8	61.3	25.8	
Gender	Males	65.7	40.4	56.6	47.5	62.7	28.3	
	Females	59.1	37.7	52.5	40.8	66.2	32.6	
Aboriginal status	Aboriginal	59.6	32.9	49.0	36.8	64.4	30.4	
	Non-Aboriginal	63.6	41.2	55.5	46.0	n/a	n/a	
Health Area	Sydney South West	66.5	36.0	42.3	35.3	84.9	39.7	
	South East Sydney and Illawarra	67.2	42.0	45.6	41.9	63.8	37.5	
	Sydney West	67.0	41.2	42.7	36.6	51.4	19.2	
	North Sydney and Central Coast	60.5	45.3	69.2	51.3	69.7	24.3	
	Hunter & New England	57.1	37.0	64.0	48.2	69.4	30.1	
	North Coast	68.2	46.9	69.2	62.7	71.0	53.3	
	Greater Southern	49.8	28.2	50.2	34.0	66.2	29.4	
	Greater Western	52.5	25.3	59.3	46.6	54.7	19.8	
	Placement type	Relative/ kinship	44.1	19.6	37.4	13.1	69.1	24.3
		Non-relative/ non-kinship	69.0	45.3	59.6	35.9	60.6	36.5
Independent living arrangement		55.3	43.2	53.9	36.8	66.7	25.0	
Residential care		92.5	71.7	88.7	84.6	58.5	30.2	
TOTAL		62.6	39.1	54.6	44.3	64.4	30.4	

The rates for GP contact details varied significantly by gender, Health Area and placement type. The rates for dentist contact details varied significantly by age, Aboriginal status, Health Area and placement. The rates for other health professional contact details varied significantly by placement type. The rates for Aboriginal Medical Service contact details varied significantly by Health Area and placement type.

Phases 1 and 2a of the Audit did not specifically collect details about Child and Family Health services or paediatricians as they were included in with other health professionals.

A breakdown of other health professionals was collected in the Phase 2b of the Audit which included 989 Community Services' files from Met West, Southern and Met South West Community Services' Regions. This breakdown covered 15 professional categories as set out in Table 3b. It should be noted that the employment role of these professionals is not defined, nor whether they were working in the public or private system. The auditors were instructed to look for contact details of those other professionals only in 'applicable files', that is where the files made mention of those professionals in the past 12 months. The results have been extrapolated out to all files audited in Phase 2b.

Table 3b: Percentage of files with breakdown of other health professionals (n=989)

Health professional group	Percentage of children where mention of this professional group occurs on file in last 12 months	Percentage of files with contact details of the health professional
Dental Technician/Therapist	8.0	4.1
Aboriginal family health worker	7.4	2.1
Paediatrician	48.0	33.8
Child and family health nurse	5.7	1.3
Youth health worker	3.8	0.7
Orthoptist	4.7	1.8
Optometrist	9.2	3.4
Occupational Therapist	7.0	3.7
Speech pathologist	15.8	10.3
Psychologist	23.9	16.9
Psychiatrist	5.6	2.9
Social Worker	6.0	3.3
Child and adolescent mental health service worker	7.5	2.5
Audiologist	7.0	3.4

2. Health and/or developmental assessment

The following section discusses the extent to which the Audit information answers the research questions relating to a health and/or developmental assessment:

2.1 Has a health and/or developmental assessment been conducted?

Of the 816 files examined that were eligible in that the child or young person had been placed in their current placement within the past 15 months, 22.1% (or 178 children) had an initial health assessment within 60 days (which was Community Services' procedure at the time). The initial health assessment by age, gender, Aboriginal status, Health Area and placement type are shown in Table 4. Rates varied significantly by age group, Health Area and placement type.

Table 4: Percentage of eligible children and percentage of children who had an initial health assessment within 60 days of entry into care by age, gender, Aboriginal status, Health Area and placement type (n=816)

Categories	Initial health assessment within 60 days of assessment n 816 (placed within the past 15 months)		
	n	Percentage of eligible children with an initial health assessment on file	
Age	0–4 years	254	30.7
	5–11 years	266	22.6
	12–15 years	205	16.1
	16–18 years	91	9.9
Gender	Males	409	23.7
	Females	407	20.4
Aboriginal status	Aboriginal	225	24.4
	Non-Aboriginal	581	20.5
Health Area	Sydney South West	124	24.2
	South East Sydney and Illawarra	97	39.2
	Sydney West	124	12.1
	North Sydney and Central Coast	74	18.2
	Hunter & New England	161	14.9
	North Coast	70	34.3
	Greater Southern	55	20.0
	Greater Western	35	28.6
Placement type	Relative/ kinship	225	16.4
	Non-relative/ non-kinship	422	27.7
	Independent living arrangement	12	0.0
	Residential care	157	16.6
TOTAL	816	22.1	

Note: Initial health assessment was defined to cover any appointments/assessments with health services which have occurred within 60 days of placement.

2.2 If a health and/or developmental assessment has been conducted, what details are available about the content and comprehensiveness of the assessment/s?

Of the 178 files examined where an initial health assessment was recorded, 93.3% included a physical examination, 55.6% included a medical history of the child, 16.9% included a medical history of the family, 47.8% included a immunisation register check, 40.3% (children 2 years and over) included dental health, 65.2% included a developmental assessment, 47.7% included a visual check, 47.2% included a hearing check, 74.0% of those included a mental health/behavioural assessment and 66.7% included screening for pathological conditions.

However as only 22.1% of eligible files had an initial health assessment recorded, in reality only 20.6% of the 816 who entered care in the past 15 months included evidence of a

physical examination, 12.3% included a medical history of the child, 3.7% included a medical history of the family, 16.2% had a mental health/behavioural assessment, 10.6% included an immunisation register check, 19.9% included dental health, 14.4% included a developmental assessment, 10.5% included a visual check and 10.4% included a hearing check.

Higher proportions of Aboriginal children and young people were shown on the files as receiving a physical examination, developmental assessment, immunisation register check, visual check and hearing check as part of an initial health assessment than for the non-Aboriginal population.

What was included in the health assessment by age, gender, Aboriginal status, Health Area and placement type is shown in Table 5. The rates are shown as both of the files examined as well as an extrapolation back to the proportion of eligible children where possible.

Table 5: Content of initial assessment as a percentage of files examined and all eligible children by age, gender, Aboriginal status, Health Area and placement type (files eligible=816; examined=178)

Categories		Assessment included physical examination			Assessment included history of child			Assessment included medical history of family		
		n	% of files examined	% of all eligible (n 816)	n	% of files examined	% of all eligible (n 816)	n	% of files examined	% of all eligible (n 816)
Age	0–4 years	77	96.1	29.5	77	66.2	20.3	77	22.1	6.8
	5–11 years	59	96.6	21.8	59	50.9	11.5	59	17.0	3.8
	12–15 years	33	78.8	12.7	33	39.4	6.3	33	6.1	1.0
	16–18 years	9	100.0	9.9	9	55.6	5.5	9	11.1	1.1
Gender	Males	96	91.7	21.7	96	56.3	13.3	96	15.6	3.7
	Females	82	95.1	19.4	82	54.9	11.2	82	18.3	3.7
Aboriginal status	Aboriginal	55	90.9	22.2	55	43.6	10.6	55	9.1	2.2
	Non-Aboriginal	117	94.0	19.3	117	60.7	12.4	117	20.5	4.2
Health Area	Sydney South West	29	93.1	22.5	29	48.3	11.7	29	3.5	0.8
	South East Sydney and Illawarra	38	92.1	36.1	38	57.9	22.7	38	21.1	8.3
	Sydney West	15	100.0	12.1	15	53.3	6.4	15	26.7	3.2
	North Sydney and Central Coast	14	92.9	16.9	14	35.7	6.5	14	14.3	2.6
	Hunter & New England	23	82.6	12.3	23	56.5	8.4	23	26.1	3.9
	North Coast	24	100.0	34.3	24	70.8	24.3	24	25.0	8.6
	Greater Southern	11	90.9	18.2	11	54.6	10.9	11	9.1	1.8
	Greater Western	10	100.0	28.6	10	30.0	8.6	10	10.0	2.9
Placement type	Relative/kinship	37	97.3	16.0	37	62.2	10.2	37	35.1	5.8
	Non-relative/non-kinship	115	95.7	26.5	115	53.9	14.9	115	13.9	3.9
	Independent living arrangement	0	n/a	0.0	0	n/a	0.0	0	n/a	0.0
	Residential care	26	76.9	12.8	26	53.9	8.9	26	3.9	0.6
TOTAL		178	93.3	20.6	178	55.6	12.3	178	16.9	3.7

Table 5 cont: Content of initial assessment as a percentage of files examined and all eligible children by age, gender, Aboriginal status, Health Area and placement type (files eligible=816; examined=178)

Categories		Assessment included dental health (2-18 years)			Assessment included developmental assessment			Assessment included immunisation register check		
		n	% of files examined	% of all eligible (n=816)	n	% of files examined	% of all eligible (n=816)	n	% of files examined	% of all eligible (n=816)
Age	0-4 years	58	48.3	24.7	77	83.1	25.5	77	53.3	16.4
	5-11 years	59	42.4	22.2	59	64.4	14.6	59	50.9	11.5
	12-15 years	33	27.3	16.1	33	30.3	4.9	33	36.4	5.9
	16-18 years	9	22.2	9.9	9	44.4	4.4	9	22.2	2.2
Gender	Males	86	38.4	21.6	96	69.8	16.5	96	50.0	11.9
	Females	73	42.5	18.3	82	59.8	12.2	82	45.1	9.2
Aboriginal status	Aboriginal	49	40.8	22.4	55	58.2	14.2	55	50.9	12.4
	Non-Aboriginal	105	41.0	18.5	117	68.4	14.0	117	47.9	9.8
Health Area	Sydney South West	28	32.1	22.8	29	55.2	13.4	29	48.3	11.7
	South East Sydney and Illawarra	32	34.4	35.2	38	68.4	26.8	38	55.3	21.7
	Sydney West	14	64.3	11.4	15	80.0	9.7	15	60.0	7.3
	North Sydney and Central Coast	11	27.3	15.5	14	64.3	11.7	14	42.9	7.8
	Hunter & New England	22	50.0	13.8	23	56.5	8.4	23	52.2	7.8
	North Coast	22	40.9	32.4	24	70.8	24.3	24	50.0	17.2
	Greater Southern	10	60.0	18.5	11	63.6	12.7	11	27.3	5.5
	Greater Western	10	10.0	28.6	10	60.0	17.2	10	10.0	2.9
Placement type	Relative/kinship	35	51.4	15.7	37	73.0	12.0	37	73.0	12.0
	Non-relative/non-kinship	100	38.0	24.6	115	68.7	19.0	115	41.7	11.6
	Independent living arrangement	0	0.0	0.0	0	n/a	0.0	0	n/a	0.0
	Residential care	24	33.3	15.5	26	38.5	6.4	26	38.5	6.4
TOTAL		159	40.3	19.9	178	65.2	14.4	178	47.8	10.6

Note: **Developmental assessment** was recorded where the initial health assessment included an assessment and/or information about the development of the child/young person (including in the areas of general cognitive functioning, language and communication skills, gross/fine motor skills, and socialisation). The auditors were asked to refer to developmental checklists, Action and Assessment reports (LAC), paediatric reports, full developmental assessments using standardised screening tools, independent living skills checklists.

Table 5 cont: Content of initial assessment as a percentage of files examined and all eligible children by age, gender, Aboriginal status, Health Area and placement type (files eligible=816; examined=178)

Categories		Assessment included mental health / behavioural assessment			Assessment included visual check			Assessment included hearing check		
		% children with mental/ behavioural assessment	n	% of files examined	n	% of files examined	% of all eligible (n 816)	n	% of files examined	% of all eligible (n 816)
Age	0–4 years	22.1	17	16.9	77	52.0	16.0	77	53.3	16.4
	5–11 years	52.5	31	42.4	59	52.5	11.9	59	52.5	11.9
	12–15 years	66.7	22	45.5	33	33.3	5.4	33	30.3	4.9
	16–18 years	77.8	7	44.4	9	33.3	3.3	9	22.2	2.2
Gender	Males	46.9	45	36.5	96	47.9	11.4	96	44.8	10.6
	Females	39.0	32	26.8	82	47.6	9.7	82	50	10.2
Aboriginal status	Aboriginal	40.0	22	25.4	55	49.1	12.0	55	54.6	13.3
	Non-Aboriginal	44.4	52	35.1	117	47.9	9.8	117	44.4	9.1
Health Area	Sydney South West	65.5	19	41.4	29	62.1	15.0	29	48.3	11.7
	South East Sydney and Illawarra	36.8	14	21.0	38	36.8	14.4	38	31.6	12.4
	Sydney West	40.0	6	33.3	15	66.7	8.1	15	60.0	7.3
	North Sydney and Central Coast	50.0	7	35.7	14	42.9	7.8	14	50.0	9.1
	Hunter & New England	60.9	14	52.2	23	47.8	7.1	23	43.5	6.5
	North Coast	20.8	5	20.8	24	50.0	17.2	24	66.7	22.9
	Greater Southern	36.4	4	27.3	11	45.5	9.1	11	54.6	10.9
	Greater Western	40.0	4	40.0	10	20.0	5.7	10	30.0	8.6
	TOTAL		43.3	77	32.0	178	47.7	10.5	178	47.2

2.3 If a health and/or developmental assessment has been conducted, who conducted the assessment/s?

Phases 1 and 2a of the Audit did not specifically collect details about who conducted the assessment or components of the assessment. The breakdown of who conducted the

assessments however was collected in Phase 2b of the Audit and is summarised in Table 6. This Phase included 65 children and young people eligible for an initial health assessment having been placed in their current placement the past 15 months.

Table 6: Breakdown of Health professionals conducting initial assessments as indicated in Phase 2b of Audit (n=65)

Content	Details available	Assessment conducted by:			
		Paediatricians	GPs	Child and Family Health Nurse	Other
Physical examination	42	36	2		4
Medical history of child	16	14			2
Medical history of family	10	8			2
Dental health (2-18 years)	12				12
Developmental assessment	30	26			4
Immunisation register check	18	14		2	2
Mental health / behavioural assessment	14	12	2		
Visual check	18	16	2		
Hearing check	22	20	2		

3. Outcomes and actions following an assessment

The following section discusses the extent to which the Audit information answers the research questions relating to outcomes and actions following an assessment:

3.1 If referrals were recommended in the health and/or developmental assessment/s: Who were the referrals to? Were the referrals to public or private providers? What, if any, action has occurred?

It is not possible to ascertain from the Audit if referrals were recommended in the health and/or developmental assessment/s, to whom the referrals were made, if the referrals were to public or private providers or what, if any, action has occurred.

3.2 If any ongoing treatment has been considered necessary, has this occurred and has continuity of care been maintained?

It is not possible to identify from the Audit if any ongoing treatment has been considered necessary, whether this has occurred and whether continuity of care has been maintained.

3.3 Has information, referrals and treatment arising from the health and/or developmental assessments, been incorporated into the child or young person's case plan or care plan?

'Care plans/reviews' are defined under the *Children and Young Persons (Care and Protection) Act 1998* to mean a plan to meet the needs of a child or young person:

- a) that is developed through agreement with the parents of a child or young person [who has been the subject of a child protection report], or
- b) that represents a set of proposals for consideration by the Children's Court.

All files should have had a current care plan/review under Community Services' requirements. Care plans/reviews by age, gender, Aboriginal status, Health Area and placement type are shown in Table 7.

It is not possible to identify from the Audit information, if referrals and treatment arising from the health and/or developmental assessments have been incorporated into the child or young person's current care plan/review but the Audit did identify if the care plans/reviews addressed/reviewed health, dental issues and/or behavioural management issues.

The Audit showed that only 70.9% had a current care plan/review; 59.9% had a current care plan/review that included addressing and/or reviewing health issues; 41.3% had a current care plan/review that addressed dental issues and 61.8% had a current care plan/review that reviewed behavioural issues and 52.7% had a current care plan/review that included a report on psychological or psychiatric wellbeing.

Rates for having a current care plan/review varied significantly by Health Area and placement type.

Rates for current care plans/reviews that addressed health issues, dental issues and behavioural issues and included current psychological or psychiatric reports varied significantly by placement type with files for children and young persons in non-relative/non-kinship care showing significantly more up to date information on these matters than files for those in kinship care.

Rates for current care plan/reviews/reviews that addressed dental issues varied significantly by age, Aboriginal status, Health Area and placement type. Rates for current care plan/reviews/reviews that reviewed behavioural issues varied significantly by Health Area and placement type. Rates for current care plan/reviews/reviews that included a report on psychological or psychiatric wellbeing varied significantly by age, gender, Aboriginal status and placement type.

Table 7: Current care plan/reviews/reviews by age, gender, Aboriginal status, Health Area and placement type (Eligible=3448)

Categories		No. of files with current plans	Percentage of files with current...				
			Plans	Plans that include a review of issues	Plans that include a review of dental issues	Plans that include a review of behavioural issues	Psychological or psychiatric report
Age	0–4 years	477	66.8	56.4	29.5	59.3	62.5
	5–11 years	852	72.6	60.6	38.5	63.6	57.5
	12–15 years	721	73.3	62.0	47.2	63.2	52.6
	16–18 years	396	68.6	59.4	47.2	60.1	43.0
Gender	Males	1286	71.3	61.7	42.9	63.2	55.7
	Females	1160	70.6	58.0	39.5	59.6	48.4
Aboriginal status	Aboriginal	660	69.7	58.2	36.4	60.4	47.5
	Non-Aboriginal	1750	70.0	59.3	42.0	61.1	54.3
Health Area	Sydney South West	349	67.8	53.3	35.0	54.7	48.6
	South East Sydney and Illawarra	292	71.6	60.8	43.9	64.1	57.4
	Sydney West	438	77.0	60.6	40.3	62.1	52.1
	North Sydney and Central Coast	251	70.3	62.4	49.3	61.1	51.5
	Hunter & New England	399	67.7	58.2	39.7	58.3	52.1
	North Coast	239	81.8	66.0	46.9	73.5	58.3
	Greater Southern	176	69.6	58.5	44.7	63.9	48.7
	Greater Western	129	58.4	50.1	33.3	48.6	53.7
Placement type	Relative/ kinship	659	60.1	46.2	26.1	46.4	34.6
	Non-relative/ non-kinship	1496	74.5	64.4	46.5	66.6	57.7
	Independent living arrangement	51	67.1	52.6	39.9	49.1	25.7
	Residential care	240	90.2	84.6	65.7	80.4	59.9
TOTAL	2446	70.9	59.9	41.3	61.8	52.7	

Note: Current care plan/review was defined to include (inter alia) a plan conducted/reviewed in the last 12 months for children on final orders or a plan submitted with the care application where the interim order is less than 4 months old or a plan reviewed within 4 months of the date of the interim order.

Summary and conclusions Ä

Inherent with case file audits, the results reflect what is recorded on file and may not necessarily reflect the care provided. However in the case of children and young persons in OOHC, particularly for those who have had multiple placements and caseworkers this may be the most complete information on that child or young person for which health and welfare decisions are made.

This opportunistic use of an existing process has yielded some rich data which provides useful baseline information for the *Keep Them Safe* reforms. As described in this report, the Children's Guardian data has answered some but not all of the research questions initially proposed.

The Audit was able to answer the following research questions:

- Is the child or young person's key health information recorded on the files, including: a Medicare number; medical problems; asthma, diabetes, epilepsy and severe allergies; dental problems; mental or behavioural problems?
- What health care providers have been identified for this child or young person? e.g. GP, Child and Family Health Service, Aboriginal Medical Service and/or paediatrician?
- Has a health and/or developmental assessment been conducted?

The Audit was partially able to answer the following research questions:

- Is the child or young person's Personal Health Record (Blue Book) available and being used?
- If a health and/or developmental assessment has been conducted, what details are available about the content and comprehensiveness of the assessment/s?
- If a health and/or developmental assessment has been conducted, who conducted the health assessment/s?
- Has information, referrals and treatment arising from the health and/or developmental assessments, been incorporated into the child or young person's case plan or care plan?

The Audit was not able to answer the following research questions:

- Did the child or young person have a pre-existing recognised health and or developmental problem for which they were receiving treatment prior to entering care? If so, who, if anyone has been providing that care?
- Is the child or young person's hospital of birth recorded on the file?
- If referrals were recommended in the health and/or developmental assessment/s: Who were the referrals to? Were the referrals to public or private providers? and What, if any, action has occurred?
- If any ongoing treatment has been considered necessary from the health assessments, has this occurred and has continuity of care been maintained?

Research questions answered by the Audit

With regard to the research questions that the Audit was able to provide answers:

Is the child or young person's key health information recorded on the files, including: a Medicare number; medical problems; asthma, diabetes, epilepsy and severe allergies; dental problems; mental or behavioural problems?

The Audit is evidence that the majority of children in care have a Medicare number which is important for them to be able to access health services in the same way as other children from private practitioners (GPs and specialists) and through the public health system. All children in care should have this information on their files.

The Audit reveals that just over a third of children in care have a medical history recorded on their file. This is a low baseline with much scope for improvement with the introduction of the new system of comprehensive health and developmental assessments.

It is evident from this data that only a small number of children in care have recorded details of their family medical history. Consideration is needed of whether there is scope to obtain more of this information prior to the assumption of care.

Details of key health information are recorded less often for children in kinship care compared with children in non-relative foster care.

Dental health problems and mental health or behavioural problems were recorded for about a third of children in care indicating particular needs in these areas.

The proportion of children and young people with mental health problems increases with age. Based on other studies of children in out of home care, the actual proportion of children with mental health and behavioural problems could be higher than shown by the files. For example, recent Australian surveys of the mental health of children in OOHC have demonstrated scores above the recommended cut-off on the Child Behavior Check List in over half of the children sampled.¹⁵ This contrasts with the finding from this Audit that 38.6% of children and young people had mental health or behavioural problems recorded in their files and only 23.9% of files included mention of a psychologist, 7.5% mentioned a child and adolescent mental health worker and 5.6% included mention of a psychiatrist in the previous 12 months.

Fewer children in kinship care had recorded mental health/behaviour problems than those in non-relative foster care. It is not clear from the files if this reflects actual prevalence of these problems or inconsistent recording. It is noted however that other research which has highlighted the protective factors involved in growing up within one's extended biological family.¹⁶

What health care providers have been identified for this child or young person? e.g. GP, Child and Family Health Service, Aboriginal Medical Service and/or paediatrician?

The data on health care provider contact details does not show definitively that referrals have been made and services have been accessed. It is however assumed from the Audit that those with health care provider contact details are likely to be receiving health services from those providers. Rates of accessing health services could even be higher if children are in practice seeing health providers whose details are not recorded on their files.

The statistics reveal a level of need among children in care for particular types of primary health care, e.g. 100% of children should have an identified GP yet this is not recorded for almost 40% in care (55% for those in kinship care, 30% in foster care) and 100% of those over 2 should have an identified dentist yet this is not recorded for some 60%.

In those files which included mention of one of several health professional categories (e.g. psychiatrists, speech pathologists) in the previous 12 months, the files record a smaller proportion of children and young people with contact details of those professionals. It is unclear from the files how many of those children are actually seeing those professionals.

Details of health care providers are recorded less often for children in kinship care compared with children in non-relative foster care.

Has a health and/or developmental assessment been conducted?

The data provide a low baseline (22.1%) for health assessments with these intended to increase to 100% for children entering statutory care with the introduction of the new comprehensive health and developmental assessments.

Ongoing monitoring of health assessments for children and young persons entering OOHC needs to occur.

Research questions partially answered by the Audit

With regard to the questions that the Audit was able to partially answer:

Has information, referrals and treatment arising from the health and/or developmental assessments, been incorporated into the child or young person's case plan or care plan?

It is not possible to identify from the Audit information, if referrals and treatment arising from the health and/or developmental assessments, have been incorporated into the child or young person's current care plan/review in accordance with Community Services' requirements. The Audit did, however, identify if the care plans/reviews addressed or reviewed health, dental issues and/or behavioural management issues. This is significant because matters included in a care plan should be reviewed annually.

Is the child or young person's Personal Health Record (Blue Book) available and being used?

Phase 2b of the Audit suggests a very low baseline (2.9%) for use of the Blue Book even though it has been Community Services' policy for some time to ensure children in care have a Blue Book. It is noted however that as carers should have the Blue Book, it would not be expected to find the actual book on file, rather only a record of it.

Data from the child component of the NSW Population Health Survey on Blue Books provided by just over 100 legal guardians/foster carers found that 40% had a Blue Book for the child. This data, however, is not a representative sample of children in OOHC.

The pathways of care study to be conducted by Community Services in conjunction with Professor Fred Wolczyn from Chapin Hall Policy Research Center at the University of Chicago and the Australian Institute of Family Studies ('the pathways of care study') will also be able to be used to try and better understand the availability of the Blue Book to carers.

It is clear that immunisation status should be recorded on all files in order to help ensure all children in care are up to date with their immunisations or else they face serious health risks from harmful diseases. A check of immunisation status will be an important initial step in the new comprehensive health and developmental assessments. Community Services could help clarify this matter by seeking details on individual children from the Australian Childhood Immunisation Register which records details of vaccinations given to children under seven years of age who live in Australia.

If a health and/or developmental assessment has been conducted, what details are available about the content and comprehensiveness of the assessment/s?

This data again provides useful baseline information for the introduction of comprehensive health and developmental assessments. It revealed that: most assessments include a physical examination; over half included a developmental assessment; about half included a medical history, immunisation check, vision and hearing checks; just less than half include a dental check; and less than a fifth included a medical history of the family.

It also suggested that physical examinations, immunisation, vision and hearing checks are being conducted for a higher proportion of Aboriginal children and young persons than for the non-Aboriginal population. This is reflective of current efforts to address the physical health needs of those in Aboriginal communities although there are still improvements to be made in this area.

If a health and/or developmental assessment has been conducted, who conducted the assessment/s?

The inclusion of this data in phase 2b of the Audit provided some interesting information in that the majority of the assessments were conducted by paediatricians.

Research questions not answered by the Audit

With regard to the research questions for which the Audit was unable to provide answers:

Did the child or young person have a pre-existing recognised health and or developmental problem for which they were receiving treatment prior to entering care? If so, who, if anyone has been providing that care?

As the Audit was unable to provide a baseline of known health problems of children entering care, previous studies such as the screening program conducted at Sydney Children's Hospital (as described above) will have to be relied on when considering the impact of the new comprehensive system of health and developmental assessments on children and young people to determine whether or not the new assessments uncover a higher level of known health problems upon entry into care.

It is understood the Children's Guardian has observed there is minimal information on the health status of children or their biological families on their files prior to assumption of care, whilst there is significantly more information on files about the parenting capacity of their birth parents.

The pathways of care study may be able to be used to better understand if carers and case workers know more about the health of the children than the case file audit was able to provide.

Is the child or young person's hospital of birth recorded on the file?

Information may be on the files regarding the child or young person's birth hospital but as this was not included as an item in the Audit it was not collected. This might be included in the pathways of care study.

If referrals were recommended in the health and/or developmental assessment/s: Who were the referrals to? Were the referrals to public or private providers? and What, if any, action has occurred?

Information may be on the files regarding the outcomes of the health assessments but as this was not included as an item in the Audit it was not collected. Information about the outcomes of referrals might be included as part of the upcoming pathways of care study.

The importance of having complete records on the outcomes and actions from the health assessments cannot be overstated. It is important to be able to ascertain if the appropriate referrals are being made and if not followed up what are the reasons and how the system can better assist the child and the carers.

If any ongoing treatment has been considered necessary from the health assessments, has this occurred and has continuity of care been maintained?

It is not possible to identify from the Audit if any ongoing treatment has been considered necessary, whether this has occurred and whether continuity of care has been maintained.

Information may be on the files regarding the ongoing treatment as a result of the health assessments but as this was not included as an item in the Audit it was not collected.

The *Keep Them Safe* commitment for additional Blue Book pages to record the health assessments/ reviews/ follow-up treatment is one strategy for ensuring continuity of care for individual children and young people in care.

Further information on whether or not the introduction of comprehensive health assessments results in children and young people in care receiving the ongoing treatment they need might also be obtained by establishing a data collection on health assessments and follow-up reviews as well as through the pathways of care study.

It will be important to determine whether intervening at the time of entry into care improves health and wellbeing outcomes for these children and young people, or whether in some children, the health and wellbeing problems that have followed their earlier experiences of disadvantage, trauma and neglect are so entrenched by the time they enter care that significant improvements at this late stage are difficult to achieve. Earlier identification of health and developmental issues and effective intervention at the time risk of significant harm has first been substantiated may be required.

SECTION 5 Ä

Key issues and implications

The opportunistic use of the Children's Guardian Case File Audit has yielded some rich data and provides useful baseline information for the NSW Government's *Keep Them Safe* reforms aimed at improving the health of children and young people in OOHC. Some observations from the data include:

- The case files suggest a relatively low baseline of children or young persons entering care receiving initial health assessments (at around 20% of those eligible);
- The case files are not showing evidence of universal coverage at this time in important areas of primary health care (i.e. Medicare, GPs, dental care, immunisation, Blue Book);
- The files include contact details for a range of health professional categories in relation to a small proportion of children and young persons in OOHC;
- The case files are showing a relatively low rate of children and young persons in care with recorded personal medical histories and family medical histories;
- The case files are recording lower rates of children and young persons in OOHC with mental health or behavioural problems than indicated by other studies;
- Health issues are not being routinely addressed in Community Services' care plans/reviews for children and young people in OOHC.

As described in this report, a number of the research questions could not be answered or were only partially answered by the data from the Children's Guardian Case File Audit. This reflects both the opportunistic nature of this study with various items not included in the Audit instrument (e.g. birth hospital or outcomes of health assessments) and the fact that it was a file audit and did not include interviews with key informants for the child or young person such as carers, caseworkers, and health professionals.

The study was able to ascertain what questions could be answered from a file audit. It has also provided information about what is readily available on file and therefore does not need to be asked of key informants of the child or young person in any future studies.

More work is needed to consider the differences shown in the data between various demographic groups (e.g. for those in kinship care compared with foster care) and determine whether those differences reflect actual trends in the extent of medical problems and access to health services for those groups or differences in record keeping.

Given that there is currently no standard way of ascertaining or recording health information about the child, young person or their biological families on agency files, it would be helpful if NSW Health, Community Services and relevant non-government organisations could develop an agreed template covering what items should be included in a minimum data set; what indicators of physical and mental health status; development and behaviour might be collected; and how they might be stored. Clearly beginning the collection of this data earlier in the child or young person's journey through the child protection system and the development of an e-record for children in OOHC would facilitate this process.

Current projects underway in NSW provide an opportunity to further consider a number of the research questions which were not answered or only partially answered through this file audit study.

First, as the NSW Government's *Keep Them Safe* commitment for a comprehensive health assessment program for children entering OOHC is implemented across NSW, an action research strategy that examines the processes and outcomes of this initiative would be valuable. As well as ensuring there is comprehensive record keeping on the outcomes and actions from health assessments, this strategy would include interviews with key informants for the child and access to other health data collected on the child or young person, including medical records held by the public health system.

The upcoming pathways of care study to be undertaken by Community Services in conjunction with Chapin Hall Policy Research Center at the University of Chicago and the Australian Institute of Family Studies is an opportunity to seek further information on the extent to which a comprehensive health assessment at the time of entering care leads to improved medium and long-term health and wellbeing outcomes of these vulnerable children and young people through. It is important that NSW Health work closely with Community Services to ensure that the information required to answer key research questions which were not answered by this study is included in the upcoming study.

NSW Health OOHHC Research Advisory Group

A. Terms of reference

1. Assist the NSW Department of Health in planning and overseeing research to support the implementation of OOHHC related actions in *Keep Them Safe, A Shared Approach To Child Wellbeing 2009–2014*.
2. Facilitate a study that will sample the extent of current access to health services (both public and private) for children in OOHHC (including assessment, therapy and treatment services) and ensure that this study receives relevant ethics approval.
3. Identify areas for future research relating to NSW Health's implementation of OOHHC actions in *Keep Them Safe*.
4. In carrying out the tasks identified in paragraphs 2 and 3:
 - a. Ensure there is appropriate representation of the needs of children; and
 - b. Ensure liaison occurs with Community Services.
5. Report back to the Deputy Director General, Strategic Development via the Health Advisory Group on the outcomes of the extent of current access study and the areas identified for future research.

B. Membership

Prof Graham Vimpani (chair)

NSW Department of Health

Ms Cathrine Lynch

Dr Elisabeth Murphy

Ms Mailin Suchting

Ms Deborah Beasley/Ms Trish Stubbins

Ms Jenny Marshall/ Ms Rosemary Fitzgerald

Dr Titia Sprague/ Dr Sandra Heriot, MH Kids

Local Health Networks

Dr Shanti Raman, Western Clinical Support Cluster

Prof Philip Hazell, Western Clinical Support Cluster

Dr Dimitra Tzoumi, Southern Clinical Support Cluster

Dr Anna Stachurska, Sydney Children's Hospital Network

Ms Susan Heyman, Northern Clinical Support Cluster

Dr Katrina Williams, Southern Clinical Support Cluster

Education Centre Against Violence

Ms Lorna McNamara

Community Services, Department of Human Services

Mr Peter Walsh, Director Research

Ms Margo Barr, A/Director, Research (on secondment from NSW Health)

Glossary

Blue Book

NSW Health provides a child's Personal Health Record, *My Health Record* (also known as the 'Blue Book') to all mothers in hospital when they have a baby. The child's parents, family health nurse, doctor, and any other health professional the child sees, should make notes about the child's health and progress in the Blue Book. The Blue Book includes a recommended schedule for child health and developmental checks for surveillance and screening between birth and age 5. It also includes an immunisation schedule.

Care plan/review

A care plan is defined under the *Children and Young Persons (Care and Protection) Act 1998* to mean a plan to meet the needs of a child or young person:

- a. That is developed through agreement with the parents of the child or young person, or
- b. That represents a set of proposals for consideration by the Children's Court.

In relation to the Case File Audit, the auditors were asked to take into account both the 'care plan' (plan submitted to/ approved by the Court) or any subsequent case plan/review. That is, not all of the plans/reviews on file are the original 'care plan'.

Chi-Square Test

Chi-square is a statistical test commonly used to compare observed data with data expected to be obtained according to a specific hypothesis. The question for analysis is whether the deviations (differences between observed and expected) were the result of chance, or were due to other factors. The chi-square test is always testing what scientists call the null hypothesis, which states that there is no significant difference between the expected and observed result. The p-value is the probability of observing data at least as extreme as that observed. A p-value of 0.5% means there is a 5 in a thousand chance this could have happened by coincidence.

Out-of-Home Care (OOHC)

Care and control of a child or young person at a place other than their usual home, by a person who is not their parent.

The Children and Young Persons (Care and Protection) Act 1998 (s135) specifies three types of out-of-home care (OOHC):

- Statutory OOHC
- Supported OOHC
- Voluntary OOHC

Statutory OOHC (s135A)

At 30 June 2009, there were 10,791 children and young people in statutory OOHC.

This is where the Minister for Community Services has parental responsibility for a child or young person by virtue of an order of the Children's Court. Most children and young people in statutory OOHC live with authorised foster carers, relative carers, or kinship carers. In a small number of cases children or young people aged 12 years and over live in a residential care placement, usually because a family-like setting is unlikely to meet their needs.

Supported OOHC (s135B)

At 30 June 2009, there were 5,685 children and young people in supported OOHC.

Supported OOHC is OOHC arranged, provided or otherwise supported by Community Services following the determination that a child or young person is in need of care and protection. An aim of supported care is to help prevent the child or young person from entering Statutory OOHC.

Supported OOHC includes:

a) Temporary care arrangements (s151):

- Which are short-term arrangements made with parental consent for up to 6 months in a 12 month period.

- Provide care and protection for a child or young person whilst the family is supported to resolve issues of concern, with the goal of restoring the child or young person to the family.
- When parents are incapable of giving consent (e.g. the parent is unconscious or cannot be located), temporary care arrangements can be made without parental consent up to a maximum of 14 days.

b) Other supported OOHC arrangements (s153):

- Involve care arrangements (other than temporary care arrangements) that are arranged and provided following an assessment that a child or young person is in need of care and protection;
- Usually involve OOHC placements of children and young people with relatives and/or kin;
- Include care arrangements where a court order has been made transferring parental responsibility to a relative/kin carer.

Community Services supports these care arrangements through payment of a Supported Care Allowance to the carers.

Voluntary OOHC (s156A)

This is when a parent(s) makes a private arrangement with an OOHC agency to provide an OOHC placement for their child. It primarily relates to children and young people with disabilities in respite care arrangements.

An agency providing voluntary care must be accredited by the Children’s Guardian. Community Services will not usually be involved unless the placement fails to comply with Children’s Guardian requirements and risk of significant harm concerns emerge.

Pathways of Care study

Pathways of Care is a 5-year longitudinal study of children in OOHC in NSW. It is planned to be conducted by Community Services in conjunction with Professor Fred Wulczyn from Chapin Hall Policy Research Center at the University of Chicago and the Australian Institute of Family Studies. The aim of study is to collect detailed information about the development and experiences of children and young people in kinship care and foster care. The study will inform improvements to OOHC policy and practice and result in more positive outcomes for children and young people in care.

Placement type

Identifies the type of placement in OOHC. For administrative and reporting purposes, the following major categories are used to differentiate placements in OOHC:

- Foster Care
- With Parents
- Relative & Kinship Care
- Non-related person
- Supported Accommodation
- Residential Care (includes Juvenile Justice)
- Independent Living
- Others

Relative/Kinship care

Relative/kinship care is provided by an extended family member, friends or persons of significance to the child or young person. Relative and kinship care placements involve arrangements made with or between family members or kin to care for children or young people. Some may be informal arrangements while others may be as a result of court-ordered placements.

Support for a child in a voluntary placement, may be considered where the child is considered to be at risk of coming into formal care. This is determined on a case-by-case basis.

Aboriginal and Torres Strait Islander children and young people are often placed with relatives or kin, in statutory or voluntary arrangements, in accordance with the Aboriginal and Torres Strait Islander Child and Young Person Placement Principle.

Placement of children or young people in the care of relatives or next of kin is increasing. This acknowledges the importance of the child or young person’s identity and maintaining their links with family, culture and community.

Residential care

Residential care is provided to a small number of children and young people who have challenging behaviours and high supports needs, for as long as required. It is provided in a property owned or rented by an agency and is staffed by direct care workers. Residential care units are small community-based residences for two to four young people, supported by rostered residential care staff.

Residential care is a placement option for older children and young people with medium to high needs. Such a placement aims to stabilise behaviour and address complex

needs of the young person so they can move on to other care types, restoration or independent living. The Children's Guardian may accredit agencies for residential care with restrictions on placement of children under 12 years (except in special circumstances).

Supported family group home care

Supported family group home care refers to medium to long term care provided for a specific group of children or young people who have low to moderate support needs, including sibling groups and adolescents transitioning to independent living. It is provided in regular houses in the community in a family-like environment by carers who live in the home 7 days a week.

Supported independent living services

Supported independent living services are provided for young people with low to moderate support needs who are in transition to independent living. The client group is young people aged 16 to 18 years in the parental responsibility of the Minister.

Endnotes

- 1 *Keep Them Safe: A shared approach to child wellbeing 2009-2014*, NSW Government, March 2009.
- 2 Hon Justice James Wood AO QC, Report of the Special Commission of Inquiry into Child Protection Services in NSW, Nov 2008.
- 3 Department of Human Services (Community Services), *Annual Statistical Report 2008/09*, May 2010, pp. 41, 47, 54.
- 4 *Keep Them Safe*, p. 21.
- 5 Royal Australasian College of Physicians, *Paediatric Policy, Health of children in out-of-home care*. Sydney, 2006, reviewed 2008, pp. 5, 14-15.
- 6 *Ibid*, p. 15.
- 7 Piper A, *Meeting the Health Needs of Children in OOH*, the KARI Clinic, Child Protection Kaleidoscope in Greater Newcastle Hunter Children's Health Network 2005.
- 8 D Nathanson & D Tzioumi, 'Health needs of Australian children living in out-of-home care', *Journal of Paediatrics and Child Health*, 2007, No. 43, 695-699.
- 9 Justice Wood, p. 613, para 12.102.
- 10 Justice Wood, pp. 666-667, paras 16.374-16.375
- 11 *Keep Them Safe*, p. 21.
- 12 Department of Human Services (Community Services), *Annual Statistical Report 2008/09*, pp. 41, 47, 54.
- 13 *Ibid*, p. 49.
- 14 *Ibid*, p. 44.
- 15 Tarren-Sweeney M, Hazell P, *Mental health of children in foster and kinship care in New South Wales*, Australia, *Journal of Paediatrics and Child Health* 2006 No. 42: 89-97, p. 91; Sawyer, M.G., Carbone, J.A., Searle, A.K., & Robinson, P. (2007), *The mental health and wellbeing of children and adolescents in home-based foster care*, *The Medical Journal of Australia*, 186(4), 181-184, p. 181.
- 16 Tarren-Sweeney M and Philip Hazell, P, op cit, p. 95.

