



Children in Out of Home Care (OOHC) – tips and tricks

Dr Karen McLean MBBS MEpid FRACP PhD

Vulnerable Child Health Lead & Paediatric Lead,

Alice Cookson BNBM GDipNurCFC

Nursing Lead & Clinical Nurse Consultant,

Victorian Centre of Health Leadership for Children in Care

Acknowledgement of Country

I would like to begin by acknowledging the traditional owners of this land, the Wurundjeri people, and pay my respects to their Elders, past, present and emerging.



Learning objectives



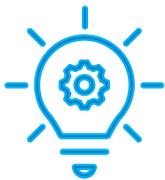
- Outline the national standards for healthcare of children in out-of-home care



- To introduce the challenges of identifying and addressing health needs for this cohort



- To discuss the role of Maternal and Child Health Nurses in contributing to improved health outcomes for children in care



- To share some tips and tricks for working in partnership with Child Protection



Child protection care services

- Out-of-home care, or "in care services"
 - Child unable to live with biological family
 - Majority involves statutory child protection
- Care types:
 - Kinship (75% of all kids in care)
 - Foster
 - Family group homes
 - Residential care
- Sometimes known as foster care, looked after children, children 'in care'

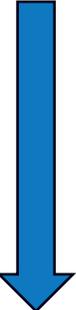
Around 9000 Victorian children on any given night are in an out-of-home care placement



Entry and exit to and from OOHC in Victoria

 Report made to police or to Child Protection

Main phases of Child Protection involvement:

 Intake
Investigation and Response
Case Management (Protective intervention or Protection order)
Case Contracting (referred for case management with external agency e.g. Anglicare)
Permanency

 Exit: reunification, permanent care order or aging out of the system



Intake phase - where a report is made



Intake is a statewide service – 2 call centres only



Victoria receives on average 3,000 reports per week



30% of intake reports convert to an investigation



When a report reaches Investigations and Response, it is transferred to a Division then filtered into Area

- Example – West Division has 5 areas.



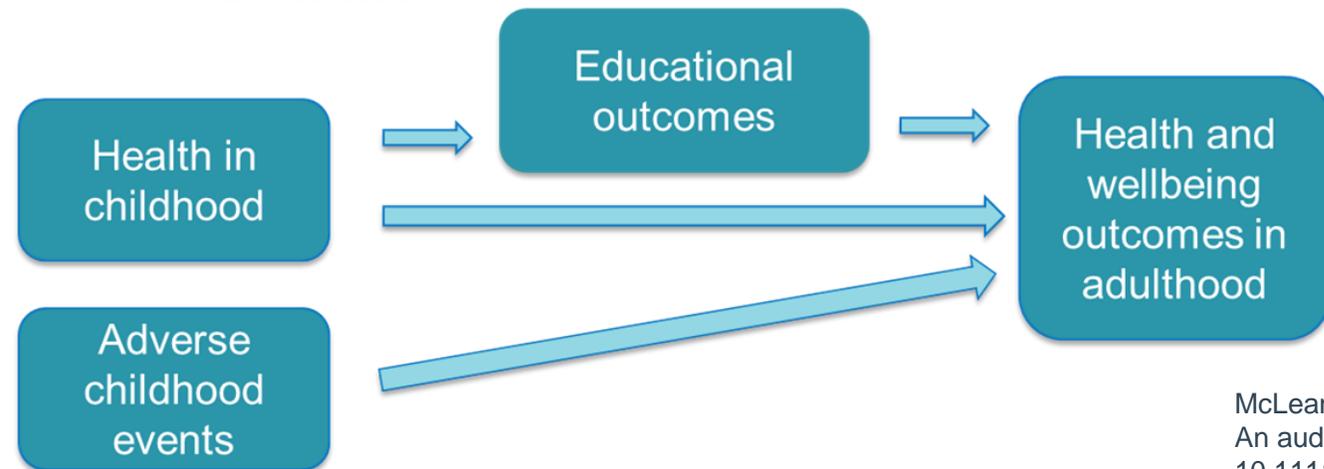
Why are we concerned about healthcare for children in out-of-home care?



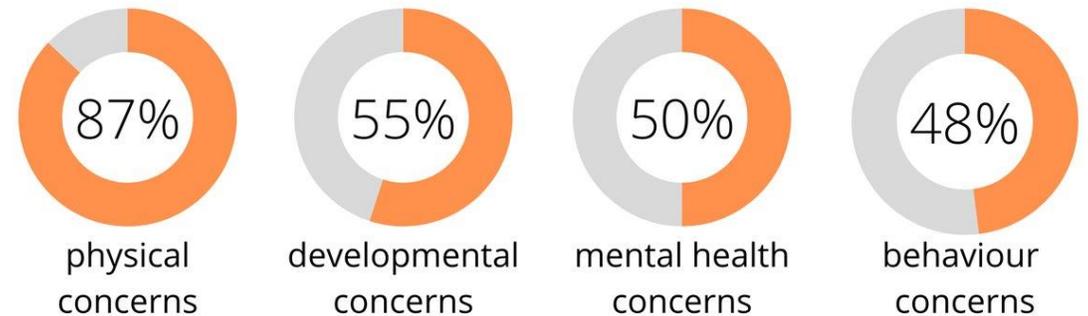
Children in out-of-home care have high health needs

Children who have experienced adverse childhood events, particularly those in out-of-home care, have more health needs in all domains of health.

This can lead to poorer health in childhood, poorer health as an adult and poorer educational outcomes.



Proportion of children in OOHC aged 0 to 12 years with health concerns



McLean et al, Health needs and timeliness of assessment of Victorian children entering out-of-home care: An audit of a multidisciplinary assessment clinic, *Journal of Paediatrics and Child Health*, 2019. doi: 10.1111/jpc.1472



National standards for out-of-home care

Standard 5

Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

Department of Families, Housing, Community Services and Indigenous Affairs
together with the National Framework Implementation Working Group

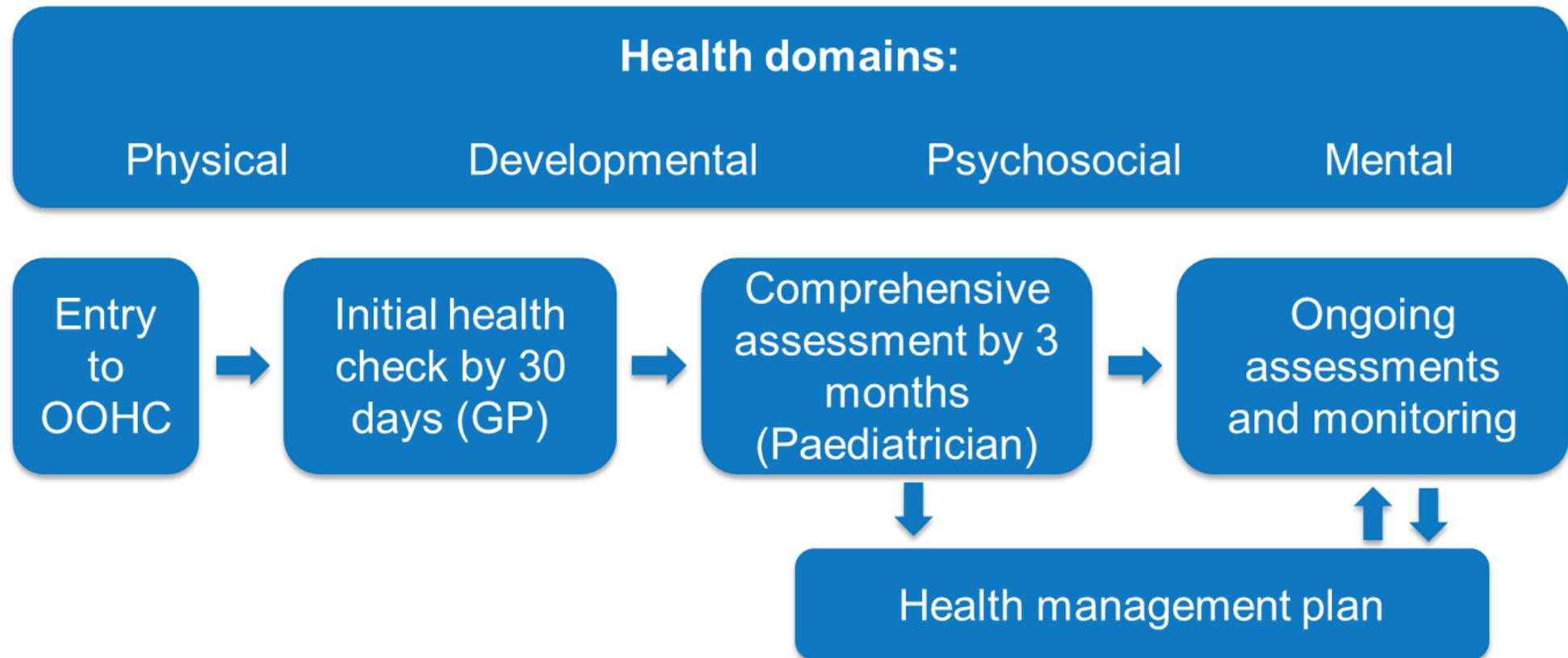
An outline of National Standards for out-of-home care

A Priority Project under the National Framework
for Protecting Australia's Children 2009 – 2020





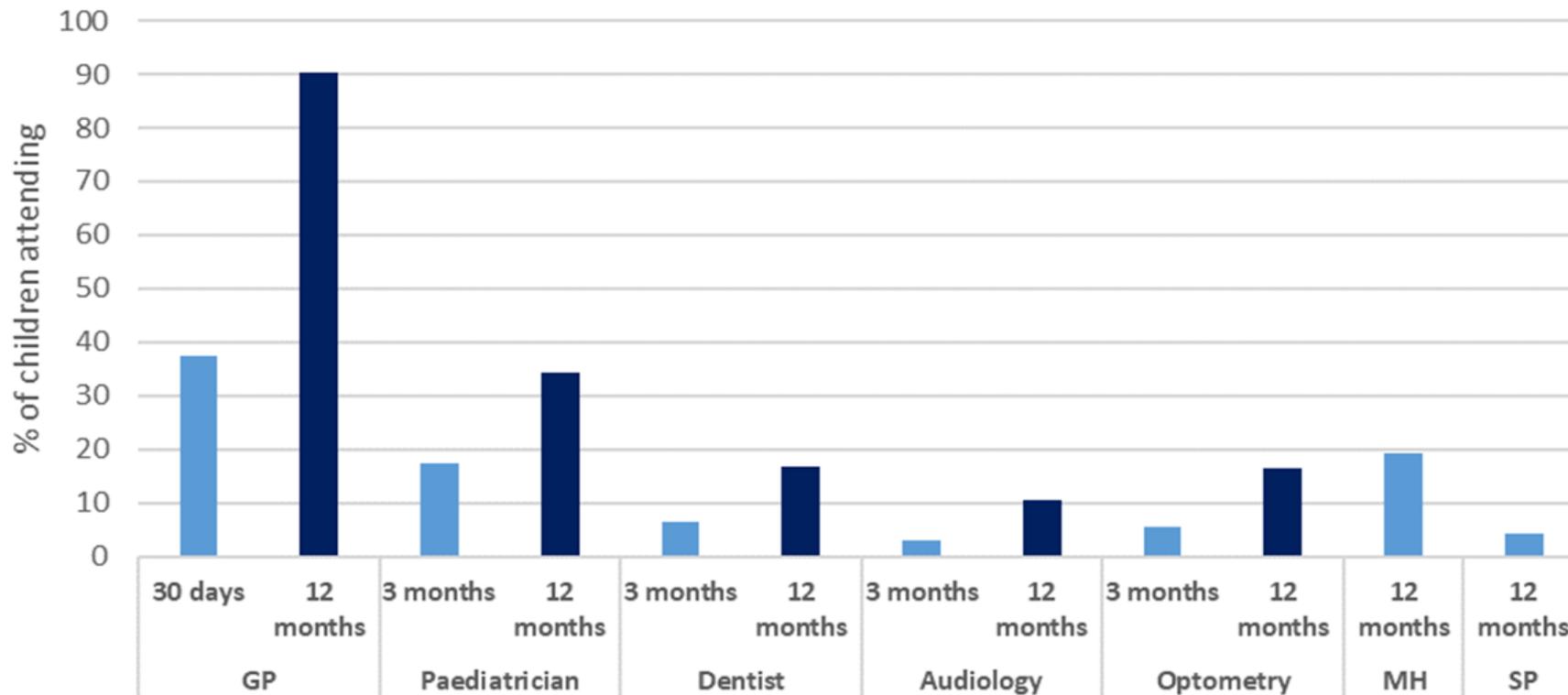
National clinical assessment framework





How are we going in Victoria?

Health service use within recommended timeframes/within 12 months



McLean K, Hiscock H and Goldfeld S. Timeliness and extent of health service use by Victorian (Australian) children within first year after entry to out-of-home care: Retrospective data linkage cohort study. Children and Youth Services Review 2022. Volume 134: 106359



Challenges of healthcare provision

Barriers to timely routine health assessment include:

- Healthcare challenges

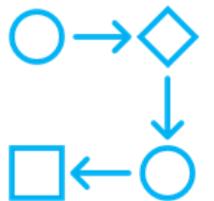
- Lack of priority access, long wait times, catchment areas
- Complex system

- Bureaucratic challenges

- Medicare number access
- Lack of clear guidelines & support

- Information challenges

- Accuracy, transfer





The role of MCH nurses in supporting healthcare for children in out-of-home care



Role of MCH supporting children in OOHC

- Mandatory Reporters – seek updates, escalate concerns to Child Protection
- Seek support professionally - MCH Team Leaders and Coordinators, access EAP

Advocacy directly to Child Protection:



for inclusion in the multidisciplinary team



for National Standards to be met



for funded assessments or private health services when there is an urgent need identified – e.g. allied health assessments



Role of MCH supporting children in OOHC

- Utilise expansive MCH service
- Identify barriers to accessing health services
- Seek support from team leaders for capacity for additional appointments
- Liaise and connect with the care team
- Leadership teams may consider implementation of policy
- MCH representation at external Child Protection panels e.g. Intensive Infant Response Panels



Tips and tricks:
an overview of the Victorian CP system
(i.e. who to talk to)

Regions and Areas



- North Western Victoria Region**
 - Mallee
 - Loddon Campaspe
 - Hume Merri-bek
 - North Eastern Melbourne
- North Eastern Victoria Region**
 - Ovens Murray
 - Goulburn
 - Outer Eastern Melbourne
 - Inner Eastern Melbourne
- South Eastern Victoria Region**
 - Outer Gippsland
 - Inner Gippsland
 - Southern Melbourne
 - Bayside Peninsula
- South Western Victoria Region**
 - Wimmera South West
 - Barwon
 - Central Highlands
 - Western Melbourne
 - Brimbank Melton



Area Office

Area 1

Area 2

Director

Director

Principal Practitioner (PP)

Deputy Area Operations Manager (DAOM) for Investigations and Response

Deputy Area Operations Manager (DAOM) for Case Management

Deputy Area Operations Manager (DAOM) for Case Contracting & Practice Leadership

Principal Practitioner (PP)

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Deputy Area Operations Manager (DAOM) for Case Contracting & Practice Leadership



Area 1

Team Managers

Practice Leaders

Team 1 – 5
Investigations
and Response

Team 1 – 5
Case
Management

Team 1 – 5
Case Contracting

Case Managers

- Senior Child Protection Practitioner (sometimes sit in Supervisory roles) (CPP5)
- Advanced Child Protection Practitioner (CPP4)
- Child Protection Practitioner (CPP3)
- Case Practice Support Practitioners (CPP2)

Communication
with MCH often
happens here

Area 2

Team Managers

Practice Leaders

Team 1 – 5
Investigations
and Response

Team 1 – 5
Case
Management

Team 1 – 5
Case Contracting

Case Managers

- Senior Child Protection Practitioner (sometimes sit in Supervisory roles) (CPP5)
- Advanced Child Protection Practitioner (CPP4)
- Child Protection Practitioner (CPP3)
- Case Practice Support Practitioners (CPP2)



Tips and tricks: requesting information from DFFH

MCH Nurses can request **historical information on closed Child Protection cases** under the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS)

<https://informationsharingteam.powerappsportals.com/FVISSCISS/>





Things to include in an information request about a closed case:

- Date of closure of most recent report
- If the family were contacted or interviewed prior to closure – i.e. did the family know there was a report?
- If any referrals were made upon closure – e.g. Child First, Orange Door
- Important contacts of the wider care team – e.g. Orange door worker
- Active court orders (e.g. IVO)
- Living arrangements at time of closure (legal order OR closure recommendation)
- Identified risks or barriers to accessing health and support services
- Pending health concerns that MCH could support with e.g. referral to local speech therapist, NDIS



Tips and tricks: understanding the CP workforce

- **What does it take to become a CP practitioner?**
 - Tertiary educated – Welfare background, Social Work Degree OR Psychology Degree
 - Health system exposure is varied – use layman's terms, be clear and concise
- **How do CP practitioners spend their time?**
 - Significant time spent in court hearings
 - Complexity of caseloads held by practitioners – families are in perpetual states of crises, prioritisation of workload for more complex families
 - Departmental requirements – e.g. some infants require weekly visits which can impact responsiveness to external services
- **What are some challenges for the workforce**
 - Significant staffing vacancies statewide
 - Attracting people to work within DFFH a challenge – the content of the work can be a challenge for many
 - Varying levels of experience across all roles



Tips and tricks:

When your concerns need to be escalated ...

- Identify the allocated practitioner's Team Manager – include them in correspondence
- Know who the Deputy Area Operations Manager is - escalate accordingly

If all else fails ...

- Contact the Area Director

Child Protection workers receive appropriate escalation to senior leadership well!



What is on the horizon?



- State-wide roll-out of multidisciplinary assessment teams for the comprehensive assessments



- Pathway to Good Health teams; NB GP referral won't be required, but initial health check still recommended



- State-wide roll-out of clinical navigator roles
- Based in community health



- Connected for capacity building, networking and training through the Victorian Centre of Health Leadership for Children in Care



Remember...

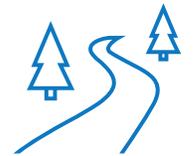
Be kind to yourselves and seek support.



There is no key to solving every aspect of a vulnerable child's life.



Their health and social concerns are complex and impact a lifetime.



You can contribute positively to their wellbeing.





karen.mclean@rch.org.au

alice.cookson@rch.org.au

The Centre For Community Child Health
The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville 3052 VIC

www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

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