

# DHS Primary Health Branch

## Guidelines for the child health teams in Community Health Services initiative

September 2006

### Introduction and overview

The Community Health Services policy, *Creating a Healthier Victoria*, released in September 2004, included as one of five of its strategic directions 'an increased focus on child and family health'. In particular, it states the role Community Health Services (CHSs) can play to address child and family health issues, through early intervention and targeted health promotion. Improved access to coordinated early intervention, treatment and health promotion for children and their families through multidisciplinary paediatric allied health teams is a major initiative to support this strategic direction.

The 2006 Victorian Budget allocated \$5.73 million over four years to extend child health teams in twelve CHSs to provide community based early intervention services and targeted health promotion for children experiencing developmental delays, behavioural issues or other health conditions.

Nine of these teams will be located in communities in outer suburban and growth corridors, as part of the government's *Growing Communities Thriving Children* initiative, which will increase the social infrastructure of rapidly expanding and poorly serviced (rural-metropolitan) 'Interface' Council areas. Three teams are in other high need outer suburban areas. See Appendix A for the list of funded child health teams.

The nine teams that are located in *Growing Communities Thriving Children* areas should refer to the guidelines of this broader initiative for additional information.

### Purpose of this document

These guidelines have been developed to support the implementation of the child health teams in Community Health Services initiative. These apply to all funded CHSs through this initiative, including those within the scope of the *Growing Communities Thriving Children* area based initiative.

These guidelines describe requirements for developing and implementing community based early childhood intervention that builds on the existing expertise provided to children by Community Health Services. The guidelines are intended to assist the targeted CHSs to appropriately plan for implementation of this initiative.

The directions contained within these guidelines will contribute to the development of a consistent approach to child health across community health services.

Community Health Services are also encouraged to refer to the Primary Health Branch Policy and Funding Guidelines 2006-2007 to 2008-2009 that include reference to this initiative, other funded programs and broader directions of the Primary Health Branch.

[http://www.dhs.vic.gov.au/rrhacs/downloads/ph\\_policy\\_funding\\_guidelines.pdf](http://www.dhs.vic.gov.au/rrhacs/downloads/ph_policy_funding_guidelines.pdf)

## **Vision**

This approach to service is pursuing a vision for Community Health Services to:

Provide effective family centred early intervention and health promotion programs for children and their families, especially for vulnerable groups and those in most need, that contributes to an integrated children's service system.

## **Aims**

To develop an integrated approach to children's early intervention and health promotion that results in:

Improved health, wellbeing and development of children and improved capacity of parents, especially those with complex needs and at risk of falling behind key early development milestones.

## **Objectives**

- Promote children's positive health, growth and functioning within the community (i.e. language enrichment, adequate nutrition and physical activity)
- Prevent or minimise the negative effects of evident common child developmental problems, through direct service that is provided accessibly to groups in most need (that may include socio economic disadvantaged, indigenous, recently arrived and culturally and linguistically diverse people)
- Improve the capacity of parents and families, and support their understanding and management of their child's health, development and wellbeing
- Advocate for children and their families passage and interaction with other services and supports
- Improve access to children's multidisciplinary health services
- Develop collaborative relationships between CHS; local government services, Early Childhood Intervention Services, family services, and GPs, hospitals and other children's supports and services.

## Funding

Each CHS funded through the initiative will be allocated \$73,000 in 2006-07, and \$125,000 per year from 2007-08.

Funds should be used to support increased direct service delivery of early interventions<sup>1</sup> that are targeted to children. This may include:

- Recruitment of additional allied health practitioners,
- Establishing a key worker or team coordination role, and/or
- Organisational practices to support improved interdisciplinary working<sup>2</sup>

## Accountability

Funded CHSs will work within the framework provided by the DHS Service Agreement and broader policy context.

In 2006-2007 there will be a target of 520 additional service hours per CHS to children aged 0-12. Targets for 2007-2008 and subsequent years will be advised in line with changes to the Primary Health Funding Approach.

This increase in service hours will be measured by comparing the total number of service hours provided to children 0-12 across the C&WH program, for 2005-2006 (the baseline) with the total service hours for 2006-2007.

CHSs will contribute to improved outcomes for children in their local area, which will be monitored through the Victorian Child and Adolescent Monitoring System. Some data will be available at the LGA level.

## Service approach

This initiative seeks to support improved integration between CHSs, local government children's services, in particular maternal and child health, and other children's services such as Early Childhood Intervention Services.

The development of innovative service is encouraged and funds may be used flexibly to support existing work and pursue coordination with other local interventions. Opportunities to reconfigure services within the centre to respond to child health can be pursued.

## Outcome priorities

Child health teams will contribute to addressing selected priorities from the Children's Health and Wellbeing Outcomes Framework. These are:

- Adequate nutrition/healthy weight
- Optimal language and cognitive development
- Adequate exercise and physical activity
- Positive child behaviour and mental health
- Safe from injury and harm
- Healthy parent lifestyle (including good parental mental health)

The specific priorities should be determined through joint planning for the needs of children in the municipality between (at least) the CHS and local council<sup>3</sup>.

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<sup>1</sup> 'Early Intervention' is defined here as interventions aiming to prevent the escalation of problems *already* evident and *prevent* the emergence of problems in population groups identified as being at *high risk* of that problem developing, through targeted health promotion.

<sup>2</sup> Funds used in this way should demonstrate improved effectiveness of service delivery an increase in direct service provision and quality as a result.

## Target population

A child health team in a Community Health Service should target children with their families who:

- Are 0-6 years, with priority given to children aged 4 years or less<sup>4</sup>
- Have concerns with high priority issues including language, nutrition, cognition, behaviour or other developmental delays (based on Children's Health and Wellbeing Outcomes Framework priorities)
- Children with mild developmental delays -ineligible for Early Childhood Intervention Services (on the basis of not having a disability or developmental delay<sup>5</sup> that results in substantial functional limitation).
- Experience difficulty accessing other local services due to factors including socioeconomic disadvantage, culturally and linguistically diverse -non English speaking background, Aboriginal people and geographical isolation
- Have multiple needs and/or families with complex psychosocial needs.

CHSs may develop specific prioritising protocols that reflect community needs, including targeting Neighbourhood Renewal and Best Start areas where applicable.

## Child health team characteristics

Service model and modes of delivery should be developed in consultation and partnership with local communities and identify and reflect local needs. However, research evidence suggests some core characteristics that would be expected to apply to all CHS child health teams:

### Paediatric expertise

Child health team practitioners should have, or be supervised by practitioner with appropriate paediatric qualifications or experience.

### Family centred

Successful programs see children in the context of their families, and seek to empower families to enhance their abilities to solve problems for themselves<sup>6</sup> and foster self-sustaining behaviours.

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<sup>3</sup> *Growing Communities Thriving Children* funded child health teams will participate in specific strategic planning activity for children across the municipality. It is expected however, that all CHSs will plan and determine priorities in consultation with local council and other stakeholders.

<sup>4</sup> Target age is based on evidence of where most significant gain can be made. Children aged 0-12 years should be given secondary priority based on need and alternative service options available.

<sup>5</sup> As defined by the *Intellectually Disabled Persons Services Act 1986* and *Disability Services Act 2006*.

<sup>6</sup> DHS, (2001) BEST START, Effective Intervention Programs: Examples of Effective Interventions, Programs and Service Models, Melbourne Victoria.

## **Team approach**

Child health teams will have clearly identifiable methods of collaboration, communication, understanding and respect of each other's roles and a shared commitment to an interdisciplinary approach. This may include shared intake, regular case co-ordination, interdisciplinary programs and broader team planning.

Children with multiple or complex needs will need a mechanism to coordinate their care to ensure good communication and that the psychosocial needs of the child and family are considered. This may involve a key worker role.

## **Interdisciplinary**

The model of service should support the development of interdisciplinary practice, recognising that no single health profession has all the knowledge and skills needed to address the complex health needs of many children and their families. Interdisciplinary practice should pursue a partnership between a team of health professionals, child and family with a participatory, collaborative and coordinated approach to shared decision making<sup>7</sup>.

## **Service coordination**

Community Health Services should take steps to further their child health teams service coordination practices. CHSs will be required to participate in a DHS project to revise the Service Coordination Tool Templates to better meet the needs of children and families.

## **Partnership approach**

CHSs and child health teams should develop and strengthen partnerships with local service providers to improve the experience and outcomes of families and children navigating the service system. This should include partnering with local councils to implement the *Growing Communities Thriving Children* initiative and provide a leadership role to children's health priorities within PCPs and other existing early years networks and planning platforms.

## **Quality & safety**

Child health teams as part of their CHS should meet the highest standards of quality and safety. Primary Health Branch developmental work will support change, partnerships and business practices for the sector during 2006-2009.

Child health teams should adopt service practices that support the achievement of outcomes. At minimum, plans should be developed with clients that clearly identify specific treatment goals for achievement.

## **Community oriented**

Effective services consider the needs facing their communities, and are proactive in their response to addressing these in collaboration with other support systems. Child health teams/CHSs should participate in community need identification and local area planning processes in close liaison with local council and the broader network of local agencies to achieve shared long-term outcomes for children.

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<sup>7</sup> Orchare, Curran & Kabene, (2005) Creating a Culture for Interdisciplinary Collaborative Professional Practice.

## **Integrated health promotion**

The CHS' health promotion activity should be targeted to children's priority health and wellbeing issues, with particular attention to the six priority outcomes for intervention within this initiative.

The child health team should contribute to a mix of health promotion interventions and capacity building strategies to optimise children's positive growth and functioning.

Neighbourhood Renewal areas should be targeted for interventions where applicable.

The potential for contribution to existing community based interventions including Best Start, and Go For Your Life should be explored.

## **Flexible settings**

Child health teams should consider the service delivery setting that most effectively facilitates access for children and families, achievement of health outcomes, and ongoing self-management. Services should be provided in natural environments where possible, including home and community settings such as kindergartens, playgroups, and playgrounds, Children's Centres and multipurpose facilities.

## **Evidence based practice**

Practice should be based on current research or literature demonstrating its positive effects for children and families. Where it is not possible to draw on empirical findings, practice should be based on clear stated values and premise<sup>8</sup>. CHSs should pursue opportunities to evaluate practice and contribute to the development of the evidence base. DHS will facilitate the ongoing development of community child health evidence-based practice.

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<sup>8</sup> McClean & Odom (1996) in DHS, (2001) BEST START, Effective Intervention Programs: Examples of Effective Interventions, Programs and Service Models, Melbourne Victoria.

## **Local area planning**

CHSs are required to fit strategically into a wider landscape of services for young children and their families, building on their existing services and developing coordinated and integrated approaches with other relevant initiatives including:

- Municipal Early Years Plans
- Best Start (eg Early Years partnership and action plans)
- Neighbourhood Renewal
- Public Health Initiatives (Municipal Public Health Planning, Kids Go For Your Life, VicHealth activities)
- Primary Care Partnerships (particularly Service Co-ordination and Integrated Health Promotion)
- Integrated area-based planning for community-based health care (being trialled in 2006 in Greater Dandenong, Casey and Cardinia, Yarra Ranges and Gippsland as part of the implementation of Care in your Community)

Local planning for children in the municipality should identify the priority areas for gain that Community Health will focus on.

CHSs will need to identify strategies to effectively support their achievement, including coordination with existing activities, and linkages with other relevant services, including Early Childhood Intervention Services (ECIS), Maternal & Child Health, and Best Start networks.

## **Implementation plan**

CHSs should develop an implementation plan using the attached template that includes:

- Child health services currently provided by the CHS
- Target priority outcome areas
- Services proposal, disciplines, EFT, rationale and budget
- Service development priorities for a child health team.

The plan should be endorsed by your local council and submitted by October 30, 2006 to your DHS Regional Liaison Officer.

## Reporting & evaluation

The child health team initiative will adhere to the reporting requirements specified in the *Community and Women's Health Program data reporting requirements 2006-2007*.

Child health team activity should be recorded through the agency reporting system according to each specific discipline providing treatment. DHS will undertake further development to better support interdisciplinary and family reporting.

Performance measures for the child health team initiative will be collected through hours of service provided to children 0-12years.

The child health team must ensure service delivery and accountability according to organisational guidelines by:

- Contributing to the maintenance of client databases
- Working in accordance with all relevant organisational administrative policies, procedures, guidelines and systems
- Identifying child health team clients in the data collection process.

Child health teams should undertake to maintain sufficient records in order to adequately undertake future evaluation of the work of their child health team.

This initiative seeks to contribute to improving nominated key outcomes for children. These outcomes will be monitored on a regular basis through the Victorian Child and Adolescent Monitoring System, with some data available at an LGA level.

## Fees

CHSs agencies should adhere to the *Community Health Fees Policy*. This includes three fee levels based on client/family income.

Inability to pay cannot be used as a basis for refusing service to people assessed as requiring service.

## Further information

For further information and advice about the development and implementation of the child health teams in CHSs initiative contact:

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## APPENDIX A

### Funded child health teams in Community Health Services 2006-2007 Victorian State Budget

Region	LGA	Community Health Service
NORTH-WEST METRO	Hume	Dianella CHS*
	Hume	Sunbury CHS*
	Whittlesea	Plenty Valley CHS*
	Nillumbik	Nillumbik CHS*
	Wyndham	ISIS Primary Care*
	Melton	Djerriwarrh Health*
EASTERN METRO	Maroondah	Eastern Access Community Health
	Yarra Ranges	Ranges CHS*
SOUTHERN METRO	Mornington Peninsula	Peninsula CHS*
	Frankston	Frankston Community Health
	Casey & Cardinia	Casey-Cardinia CHS*
	Dandenong	Greater Dandenong CHS

\* *Growing Communities Thriving Children* initiative areas