



# Canberra Health Services Consultation Paper Protecting Children A Shared Medical Response

Division of Women, Youth and Children.

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- 1.1. **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- 1.2. **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- 1.3. **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- 1.4. **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- 1.5. **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- 1.6. **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- 1.7. A range of **community-based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

## 2. Background

The Women, Youth, and Children’s Community Health Program (WYCCHP) provides a range of services to meet the health needs of women, children, young people, and families in the community. Services are provided at locations across Canberra, including at Canberra Hospital campus, Community Health Centres, schools, outreach locations and in homes.

Many services provided by WYCCHP are universal in nature and include childhood immunisation services, Maternal and Child Health (MACH) services and school-based services. Other services provided by WYCCHP are provided for women, children, young people, and families for whom there is an intersection of complex health and psychosocial issues. Consumers of these services may have experiences of child abuse and neglect, family violence, and complex trauma and require a scaling up of services beyond what is provided in the universal health services of WYCCHP.

The growth of the WYCCHP services and organic accommodation of these services into existing governance arrangements resulted in a community child health service that was not conducive to collaboration and has contributed to unclear and inconsistent service pathways. As a result, following consultation in April-May 2022, a new governance structure was endorsed and is currently being implemented within the WYCCHP. This structure is at Chart 1, Section 6 of this document.

### Reviews

There have been two recent reviews that have examined WYCCHP.

#### **A. CHS – Paediatrics: Stabilising, Strengthening, Expanding 2021-2023**

(Resolve Health Advisory)

This review covered the following areas within CHS:

- Paediatric medicine (including subspecialities)
- Paediatric surgery
- Community child health.

General comments about the paediatric service included:

- There should be a greater emphasis on interprofessional working
- Improving psychological safety of staff within the workspace
- Greater role definition
- Ensuring recruitment and job planning meet needs
- Improving information services for consumers and professional colleagues
- Better demand forecasting
- Defining relationships with Sydney Children’s Hospital Network (SCHN)

#### **Community Child Health (Child Health Targeted Support Services - CHTSS)**

More specifically, the report stated that “The immediate priority for Community Child Health is to move to an interprofessional model of community health care for children, with streamlining of pathways to meet the needs of all children, **including those with complexity or vulnerability**” (p10.)

Recommendations included:

- Implementation of an interprofessional model through increasing and integrating nursing and allied health roles that work alongside the paediatricians to undertake triaging, assessment, and treatment for children.
- Review and finalisation of the governance model for WYCCH
- Review of care pathways and determine referral criteria
- Review of the adequacy of service levels in areas such as early intervention for developmental delays.
- Integration of information across the ACT Government Directorates.

## **B. Child Health Targeted Support Services (CHTSS)– Child at Risk Health Unit (CARHU)**

The second review undertaken by Dr Catherine Skellern (May 2022), supported the findings of the broader paediatric review for an interprofessional model of care and provided more specific detail on service improvements with respect to the provision of paediatric forensic medical services.

### **Objectives of the Review:**

- to inform best practice, evidence based, trauma informed models of care in the field
- to ensure a quality sustainable workforce in the field
- to develop a framework for ongoing professional measurement, monitoring and quality assurance

Prof. Skellern made several recommendations against the objectives which are summarised below:

### **Best Practice**

- Provision of 24/7 access to a paediatrician for phone advice and onsite attendance up to 11pm
- Align timeframes for forensic sampling as per the Faculty of Clinical Forensic Medicine guidelines
- Establish longitudinal models of care where appropriate
- Health screening as per national guidelines
- Adoption of electronic medical record system to allow for sharing of information across services
- Engage a unit clinical lead with paediatric and post graduate qualifications in Clinical Forensic Medicine

### **Sustainable workforce**

- That community paediatricians reinstate their support and contribution to the out of hours roster for child protection and forensic medicine. Consider recruiting to GPs with forensic training.
- The unit should be staffed with suitably qualified medical staff
- Consider a nurse practitioner model
- Allied health staff should have experience in paediatrics/child protection

### **Quality Framework**

- Establish peer review of court evidence
- Participate in training programs on being an expert witness
- Encourage medical staff to participate in education modules through the Victorian Institute for Forensic Medicine or NSW Education Centre Against Violence (ECAV).

## **3. Purpose**

The reviews provided recommendations that impact on the Child Health Targeted Support Services. This has resulted in the reconfiguration of services and resources within the Child Health Targeted Support Services (CHTSS). Following consultation and decision on this reconfiguration, the CHTSS is now known as the WYCCHP Enhanced Health Services (EHS). The Enhanced Health Services support

the provision of high quality, holistic care and interventions to women, children, young people, and families for whom there is an intersection of complex health and psychosocial needs

This consultation paper focuses on:

- A. the organisational governance of paediatric medical services in Women Youth and Children; and
- B. The shared medical service delivery model for children who are or have been subjected to abuse and neglect (commonly referred to as “child protection”)

## A. Organisational governance of paediatric medical services

Current organisational structure

Chart 1



## 4. Current service provision

The Skellern Review (May 2022) provides some background information on the establishment and development of CARHU. This describes a service that is experiencing difficulties and needs an operational restructure.

Since this was written, there has been further deterioration in the service provided for children who have been subject to abuse and are vulnerable due to ongoing staff leave and an inability to recruit paediatricians to work in the unit.

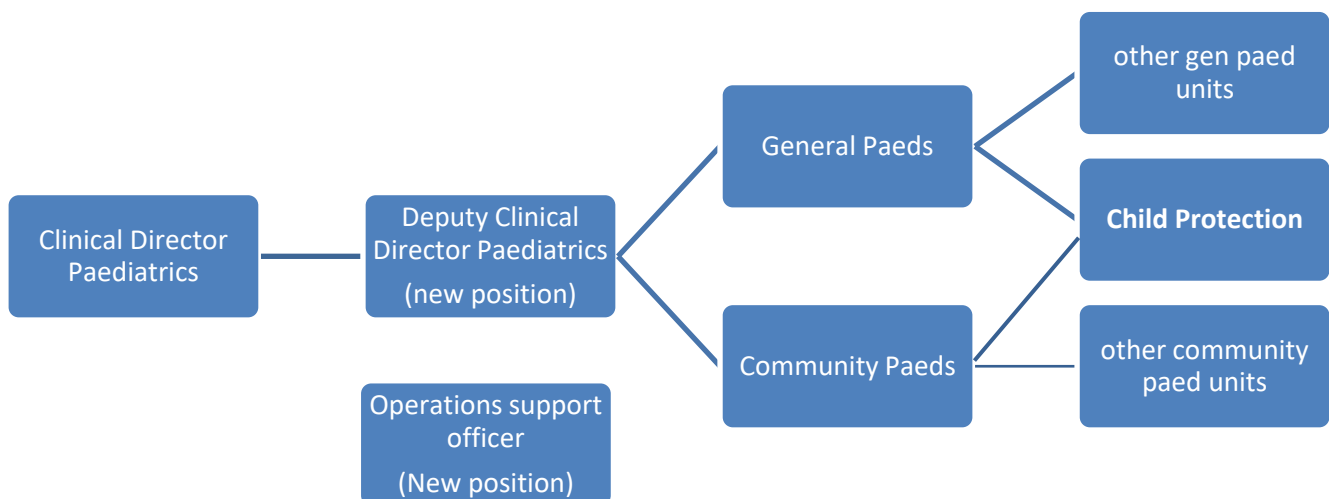
Consultation with the other CHS forensic service - Forensic and Medical Sexual Assault Care (FAMSAC), who care for people over the age of 14 years who report a sexual assault in the ACT and Southern NSW, has resulted in few avenues being identified where that service can be of assistance.

In summary:

1. There is currently no staff who are trained to undertake forensic examinations either during or after business hours currently working within the service.
2. Care of children subjected to abuse, and neglect is still provided by community paediatricians, nurses and allied health professionals during business hours, but the absence of forensic trained workforce has impacted the services capacity to meet the obligations to community and statutory stakeholders.
3. After hours – children are required to present to the emergency department, CHS, for a medical response from the on-call paediatrician with advice provided by the Sydney Children’s Hospital Network Child Protection Unit. The paediatrician cannot provide forensic response.
4. Nursing and allied health support have been sustained during business hours but are under significant pressure given the very limited access to medical assessment and care.

## B. Proposed Organisational Structure

Chart 2



This proposed change will result in all paediatricians employed within the Division of WYC will report to the new position of Deputy Clinical Director of Paediatrics.

## 5.Rationale for change

Notwithstanding the mandate for change that came from recommendations from the two recent reviews

which indicate the need for a greater interdisciplinary focus on care, engagement of suitably qualified paediatric staff and that the service provided should meet the requirements of the jurisdiction, the current CARHU (child protection) 'standalone unit' and service is no longer viable.

The CARHU service, while it has served its purpose in the past, is increasingly unable to provide a level of service that is required for the ACT and surrounding communities. Reasons for this include the inability to engage appropriately qualified paediatricians to engage solely in this demanding work, outdated systems and processes and an inability to affect change within the medical staff in the unit. Similarly, poor work practices and an insular culture has made the service inaccessible to the other providers within WYCCHP Enhanced Health Services, the WYCCHP and indeed the broader paediatric and child health services within, and outside of, CHS. There has been considerable work undertaken within the nursing and allied health disciplines to improve the service through changed work practices but the critical issue of lack of paediatricians remains.

These challenges have escalated the need to undertake a major rethink on how the paediatric services within CHS are supporting the healthcare needs of children who are/have been subjected to abuse and neglect should be resourced and delivered within the ACT.

## 6. Proposed paediatric medical service

This discussion will focus on the delivery of services within the Enhanced Child Health Service and the Developmental Paediatric and Child Protection Medical Service.

The following principles will apply

The service will

1. Be focused on the child.
2. Effectively use resources. There are resource constraints that are impacting on the delivery of services and better utilisation of existing WYC resources is required.
3. Provide Interprofessional care

### **Proposed Service Model (in brief)**

It is proposed that medical paediatric workforce resources available within the WYC general and community programs be shared in order support the provision of services across both programs. The medical governance will fall under the Clinical Director for Paediatrics. The new proposed structure is in [Chart 2](#).

The medical services previously provided by CARHU and CPCHS would be delivered by these paediatricians. They would work collaboratively with both community and acute care based paediatric services to provide the individual medical needs of the child.

The medical services will provide child protection services to the meet the child and family's health and safety needs, as well as the requirements of statutory agencies. It will enable safe and



defensible paediatric forensic services. In conjunction with nursing and allied health professionals, it will deliver holistic interdisciplinary, interprofessional care and support to children and their families.

## Rosters

It is proposed that six (6) paediatricians from the community and general paediatric medical workforce, will work a 1:4 – 1:6 rotating roster. There will be a separate roster for responding to urgent acute cases. This will be managed by the general paediatrics team. Cases requiring a non-urgent response and follow up cases will be provided in booked clinics provided by the community team.

The paediatricians will work across community paediatrics and child protection. The hours will be as follows:

Monday to Friday

It is proposed that the business day roster will be 0800-1700

On call arrangements during weekdays will be

- 1700-2300- close call
- 2300-0800 – remote call

Saturday – Sunday (and public holidays)

0800-2300 – close call

2300-0800 – remote call

(Close call = answering all phone calls, attending to urgent cases in person)

(Remote call = being available to answer calls if required)

Rostering patterns will be developed according to local demands and requirements.

Note: All appropriate allowances will be applied in accordance with the relevant enterprise agreement.

## Benefits

This approach has the advantage of integrating child protection skills across community and general paediatrics and building team collegiality. It will create opportunities for shared peer review and supervision and learning and development opportunities. The integrated community paediatrics and child protection approach acknowledges that children presenting for acute forensic examinations are frequently referred for ongoing management within the community child health service. This approach will provide single point of governance for paediatricians within the WYC Division.

## Staff support and training

It is accepted that all staff who work with children who are abused and neglected require support and training.

Staff Specialists: All Staff Specialists will be provided with access to specialised training as well as mentoring and clinical support to ensure that they are competent in the duties that are performing.

The options currently being considered are:

- a) formalise ongoing arrangements with the Sydney Children's Hospital Network to provide afterhours telephone support and advice – for example via the Child Abuse & Sexual Assault Clinical Advice Line (CASACAL)
- b) provide on call access to a forensically trained paediatric physician
- c) support doctors to attend a large metropolitan paediatric sexual assault service for a short-term observation period
- d) accessing formal post graduate training through the Victorian Institute of Forensic Medicine and other training organisations such as ECAV.
- e) fortnightly peer mentoring and supervision by the NSW Chapter of Community Child Health Child Protection Special Interest Group
- f) Local peer mentoring and supervision

## Registrar supervision.

The staff specialists have a role in providing ongoing supervision and training for the registrars that working within the WYCCHP. All consultant staff will supervise and support registrar clinics.

## Peer support

The impact of this type of work on staff should never be underestimated. The impact of vicarious trauma on staff exposed to abuse and neglect of children is well documented. All staff should be provided with appropriate supervision and support through their professional or administrative managers. All staff will be encouraged to access the Employee Assistance Program provided by the CHS as needed and access to more specialised formal trauma support services will be considered by the organisation.

To support a service into the future the following should be considered:

1. Building a sustainable multidisciplinary skilled workforce – including implementing a forensic nurse examiner model
2. Building a cohesive team and addressing historical cultural issues
3. Providing a strong supportive workplace structure for staff
4. Develop clear care pathways and care coordination that will facilitate not only the entry of children into the service but also their transition out of the service.

## 7. Consultation methodology

This paper provides an outline of the proposed movement of governance of medical staff from WYCCHP to the Clinical Director of Paediatrics, and the provision of forensic and supportive health services for children who have been subjected to abuse and neglect.

Following two recent reviews into paediatric services within CHS, there are significant challenges facing the service and that a new approach is needed to meet the healthcare needs of children who are/have been subjected to abuse and neglect. Care of these children requires a shared response from the acute, community and primary care sectors and our service models should reflect this.

Feedback can be provided via email to: [WYC-communityhealth@act.gov.au](mailto:WYC-communityhealth@act.gov.au)

Feedback is due by Wednesday 25<sup>th</sup> January 2023

Contact: Deborah Colliver at [Deborah.colliver@act.gov.au](mailto:Deborah.colliver@act.gov.au)

## 8. References

Document	Author
<i>Exceptional Care Framework 2020-2023</i>	<i>Strategy, Policy and Planning, Canberra Health Services</i>
<i>Department of Paediatrics Organisational and Service Plan 2021-2023</i>	<i>Resolve Health Advisory</i>
<i>Child at Risk Health Unit – Child Health Targeted Support Service – Service Review May 2022</i>	<i>Dr Catherine Skellern</i>
<i>The Best Start for Canberra’s Children: the first 1000 days Framework</i>	<i>ACT Government</i>