



PROCEDURE

Children In Care – managing referrals for assessment

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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Aim

To enable community health staff to meet legislative and departmental requirements for managing referrals within the health care planning pathway for children in care (CIC).

Risk

Failure to follow this guideline may result in a child's health and developmental needs not being identified or addressed in a timely manner and failure to meet performance indicators.

Background

The *Children and Community Services Act, 2004* (the Act)¹ is the legal framework guiding the protection and care of children in WA. The Department of Communities administers the Act and is the key government organisation providing child safety and family support services. The Act requires children in care to have a care plan which identifies their needs while they are in care, and outlines measures to address those² needs.

The *Bilateral Schedule Between the Department for Child Protection and Family Support and WA Health Care Planning for Children in Care 2015* (The Schedule)² states that all health service providers should prioritise services on the basis of clinical need, and it acknowledges that children in care have high needs. The Department of Communities and Department of Health are signatories to the Cabinet-endorsed Rapid Response framework³, which prioritises access to services for a child in the CEO's care.

NB. The [Children in Care – Supporting information](#) document is **required pre-reading** to inform the implementation of this procedure.

Terminology

- Department of Communities - formerly known as Department of Child Protection and Family Services, and referred to throughout procedure as case manager
- Department of Communities case manager - referred to throughout procedure as case manager
- Department of Communities team leader - referred to throughout procedure as team leader
- CEO - refers to the Chief Executive Officer of the Department of Communities
- Comprehensive Health and Development Assessments are also referred to as Comprehensive Health Assessments by the Department of Communities

Key points

- The best interests of the child are paramount. Healthcare planning should be a collaborative process between the child, case manager, carer (if appropriate) and most appropriate health service provider.

- Nurses need to be sensitive and client-focused and consider issues of trauma and its associated effects on physical health, development, social and emotional wellbeing, and educational outcomes when working with children and young people. These factors are considered holistically rather than in isolation.
- Nurses need to provide culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of all clients.
- The health service system in WA is complex. To enable a child in care to access appropriate services, community health staff need to inform and support case managers and the child's carer to respond to, and plan for the child's health needs.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

The Healthcare Planning Pathway

The Healthcare Planning Schedule² is described in more detail in the [Children in Care – Supporting information](#) document.

The pathway is comprised of three phases. These are the initial medical assessment of the child's health to identify and treat any immediate health concerns, and then a comprehensive health and development assessment and subsequent annual reviews by a community nurse or GP to identify current and emerging health issues and required actions.

All processes in the health care planning pathway must focus on the best interests of a child in care and include:

- Engagement of children in the assessment process.
- Effective information sharing and collaboration between community health staff and Department of Communities.
- Engagement of carers, consideration of their views, and sharing of information with them where appropriate.
- Continuity of health care providers to allow relationships to develop. A carer's preference for a particular health care provider is also considered.
- Use of standardised, evidence-based screening and assessment tools wherever appropriate/practicable in assessments.

Role of Department of Communities

Department of Communities is responsible for the wellbeing of children in care in WA⁴. The Chief Executive Officer (CEO) assumes parental responsibility for most children in care as described in the Act. In practice, the CEO delegates authority to a case manager to give consent and to develop and implement a care plan for these children.

A child's case manager will make a referral for a comprehensive health assessment, either for a child new to care or as an annual review. They complete and send a

Department of Communities Form 510, providing background information on the child, consent to receive services and share information, and contact details for the carer, case manager and team leader.

The appointed carer is responsible for the child's day to day physical and emotional care, including attendance at universal child health schedule contacts.

Role of Central Referrals Administration

The initial management of referrals from Communities for CIC Comprehensive Health Assessments is coordinated by WA Health Central Referrals Administration (CRA).

CRA receives ALL Comprehensive Health Assessment referrals from Communities case managers state-wide for community health services in WA. CRA screens referrals for completeness of required information, not for clinical information. If information is incomplete, CRA returns the referral to Communities for completion. Complete referrals are allocated to CIC Key Contacts in CAHS-CH or WACHS.

The CRA manages the central email address for all CIC referrals:

DOH.CICreferrals@health.wa.gov.au

Role of Community Health Staff

Community Health Clinical Nurse Managers (and some Clinical Nurse Specialists in WACHS) carry out the CIC Key Contact role. The CIC Key Contact coordinates between the CRA, nurses, and Communities case managers in the management of CIC healthcare planning pathway referrals allocated to their area. They review CIC referrals to their health service area and allocate them to a community health nurses. They monitor their local referral list to ensure timely assessments, and ensure the child is added to the relevant CoC list as appropriate.

The CIC Key Contact provides clear communication about Leave Cover arrangements, including contact details, and provides support as needed to the nurse conducting the Comprehensive Health Assessment.

The role of the community health nurse is to provide Comprehensive Health and Development Assessments and annual reviews as requested through the referral process. (See [Children in Care – conducting an assessment](#) procedure)

Health Service Providers must prioritise undertaking comprehensive CIC health assessments and health care planning for children in care. The nurse is the advocate for the child in care and must escalate any identified concerns to Communities⁵.

- For a child new to the CEO's care, the first Comprehensive Health and Development Assessment will be undertaken **within 30 business days** (6 weeks) of WA Health Central Referral Administration (CRA) receiving the completed referral from Communities for allocation to either CAHS-CH or WACHS².
- For all other children in the care of Communities, staff will complete annual assessments **within 30 business days** (6 weeks) of CRA receiving a completed referral.

- Community health staff must send the CIC assessment report and any associated documents to Department of Communities **within five business days** (1 week) of the assessment being completed.

Information Sharing, Communication and Consent

The method for sharing information between community health staff and Department of Communities staff is bound by organisational policies and the [Joint Guidelines on the mutual exchange of relevant information between WA Health and Department of Child Protection for the purpose of promoting the safety and wellbeing of children](#)⁶.

In health care planning, note that:

- Department of Communities policy is for their staff to email all referrals and supplementary information.
- Community health staff must communicate all confidential information, including health assessment information, via encryption.

Refer to CAHS CH [Consent for Services](#) and [Consent for release of client information](#) policies or WACHS [Consent for Sharing of Information: Child 0-17 years](#) procedure for further information on consent requirements.

See [Appendix A](#) and [Appendix B](#) for the key steps for CAHS-CH and WACHS CIC Key Contacts in managing CIC referrals.

Process

Steps
<p>Communication</p> <p>The following points apply throughout the process of managing referrals and conducting CIC assessments for all staff.</p> <ul style="list-style-type: none"> • Confidential information should not be sent via unencrypted email. My File Transfer / My File eXchange (MyFT/MyFX) allows for encrypted electronic transfer of confidential information. • In the first instance, communications should be with the case manager, with the team leader copied into all correspondence. The contact details for case manager and team leader are provided on the Communities Form 510 - Comprehensive Health Assessment: Health Care Planning for Children in Care.
<p>Receive referral</p> <p>CAHS-CH:</p> <ul style="list-style-type: none"> • Each CIC Key Contact has a list of CIC referrals in CDIS. Email notification is sent when a referral has been allocated to a CIC Key Contact. • Alert flags are generated automatically by Child Development Information System (CDIS) for children in care when CRA enter the referral.

Steps
<p>WACHS:</p> <ul style="list-style-type: none"> • CIC Key Contacts monitor a CIC email account for their local area. All CIC Comprehensive Health Assessment referrals are sent to these email accounts by the CRA. • Clinical Nurses Specialists maintain oversight of the regional CIC referral register. • All children (0-18 years) who are in the care of Communities require a <i>Child at Risk Alert</i> entered into WebPAS. This flows automatically through to Community Health Information System (CHIS). Refer to the WACHS WebPAS <i>Child at Risk Alert</i> procedure and <i>WebPAS PMI Standards</i> for more information. <ul style="list-style-type: none"> ○ Review status of Child in Care tick box in CHIS <p>CAHS-CH and WACHS:</p> <ul style="list-style-type: none"> • Comprehensive Health Assessment referrals are <u>not</u> to be accepted directly from Communities or from another CIC Key Contact (except where this occurs through reassignment in CDIS). Return to sender and request the referral is sent to: DOH.CICreferrals@health.wa.gov.au
Review referral
<ul style="list-style-type: none"> • Review the suitability of community health services to provide the assessment by considering identified health needs and other current or previous service providers. • Consider continuity of care for a child who has ongoing medical or health needs which are currently managed by another service provider who is also able to provide a comprehensive health assessment. The referral should be returned directly to the case manager with a recommendation to forward the referral to that service provider. <ul style="list-style-type: none"> ○ This is particularly applicable for children in care with special considerations for their health care pathway (see above). ○ Information about other service providers may come from a previous contact with the child noted in CDIS Service Summary section (CAHS-CH). ○ If there is no information on previous service providers, the referral should be allocated to a CHN, who will then establish if there is a preferred service provider when contacting the carer. • Identify missing health information on child’s referral and follow-up with case manager. • If child attends a school not receiving services from CAHS-CH or WACHS, contact the case worker about the assessment being provided in another community setting, or by an alternative service provider such as a GP.

Steps
<ul style="list-style-type: none"> • A special request for an assessment to be conducted outside the normal annual review cycle should be considered where there is, or will be, a significant change to a child's circumstances, such as reunification with parents, which may affect the management of their health needs. • Where a referral is received less than nine months after the last assessment, query the reason with case manager prior to accepting or declining the referral. <p>Aboriginal children</p> <ul style="list-style-type: none"> • CAHS-CH: If the child is under 5 years of age, ask the carer if they would prefer to receive an assessment from the Aboriginal Health Team (AHT) or another Aboriginal Health/Medical Service. If the AHT is nominated, assign the referral to the AHT CIC Key Contact in CDIS. If a different Aboriginal health service is nominated, decline the referral in CDIS, compose the decline referral letter with the name of the preferred service provider including, and provide directly to case manager. • WACHS: The child's health assessment may be provided by WACHS Community Health Services or a partner agency, according to local and contractual arrangements. If a partner agency is nominated, return the referral to Communities, and update details in the regional CIC referral register.
<p>Accept and allocate</p> <p>Considerations for allocation:</p> <ul style="list-style-type: none"> • Priority is based on clinical need and service availability. • Highest priority is given to referrals for children new to care, who require an assessment within 30 working days of the referral being received by CRA. • Allocation is guided by additional factors such as the child's age, where the child resides or goes to school, and previous assessment provider/s. <ul style="list-style-type: none"> ○ Referrals may be allocated to a nurse in a child health setting (0 - 4.5 years), in a school setting (4 - 18 years), a generalist nurse, or Remote Area Nurse as available, taking into consideration resourcing and competencies. <p>NB. A child's case manager and team leader must be notified of any foreseeable delay in allocation or assessment.</p> <p>School holidays</p> <p>It is the responsibility of the CIC Key Contact to develop and maintain a local process for completing CIC referrals during school holidays according to local resources.</p> <p>Client of Concern (COC) list</p> <p>Children who are in the care of Communities are required to be added to the relevant Client of Concern (COC) list, where applicable.</p>

MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Steps
<ul style="list-style-type: none"> • Brief reminders of any actions and/or referrals arising from the CIC assessment will be noted on the COC list to ensure adequate follow up. • Review or follow up of referrals will occur in a timeframe commensurate with clinical judgment about the health concern. <p>CAHS-CH: Allocate directly through CDIS to a nurse or assign to an alternative Nurse Manager (including CIC Key Contact for the AHT) for allocation to a nurse.</p> <p>WACHS: Allocate each accepted referral to a nurse. Record the name of the nurse and date the referral was allocated in the CIC referral register. CIC referral is scanned to CHIS and all interactions fully documented in client record.</p>
<p>Decline referral</p> <p>Communities must be notified if the referral is not accepted for assessment.</p> <p>CAHS-CH: Document the reason for decline in CDIS. Send the decline referral letter and provide directly to case manager and team leader.</p> <p>WACHS: Return the referral to the case manager and team leader, stating the reason for decline.</p>
<p>Close record</p> <p>Close the referral record in the relevant list or register.</p> <p>CAHS-CH: Key Contact will review the CIC Active List in CDIS. When the child's referral status is "Report Printed" for applicable referrals, the Key Contact or Nurse Manager will check that a CNP has been recorded about providing the report to Communities (service type: CIC Report sent to DCPFS (CIC only)).</p> <ul style="list-style-type: none"> • If CNP has been completed, close the referral. • If not completed, contact CHN to prompt to record this CNP. <p>WACHS: Key Contact will update the local area's CIC referral register with:</p> <ul style="list-style-type: none"> • date referral allocated • name of CHN • date assessment completed • date returned to Key Contact • date assessment report forwarded by Key Contact to case manager and team leader • comments or information • whether the child in care is Aboriginal • reason the assessment was unable to be completed, with date referral returned to Communities.

Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

All documentation regarding children in care must be completed using minimal medical terminology and no shorthand, as the information reported will be read, interpreted, and recorded elsewhere by Communities staff who may not have a health system background or clinical training.

Compliance Monitoring

Monthly reviews of the timely assessment and reporting of CIC referrals are conducted, and compliance reports are reviewed by Clinical Governance.

- Assessments for both children new to care and for annual reviews will be undertaken **within 30 business days** of CRA receiving a completed referral from Department of Communities.

References

1. Children and Community Services Act 2004 (2004).
2. Department of Communities, Department of Health. Bilateral Schedule between the Department for Child Protection and Family Support and WA Health: Health Care Planning for Children in Care. Government of Western Australia; 2015.
3. Department of Communities. Rapid Response: Prioritising services for children and young people in care. 2019.
4. Western Australia Department for Child Protection and Family Support. Annual Report 2015/2016. 2016.
5. Australian Institute of Health and Welfare. Safety of children in care,. 2021.
6. Department of Communities, Department of Health. Joint guidelines on the mutual exchange of relevant information between WA Health and Department of Child Protection for the purpose of promoting the safety and wellbeing of children (Appendix 2 of Bilateral Schedule MOU). Government of Western Australia; N/A.

Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health [Clinical Nursing Manual](#): [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

Children in Care – conducting an assessment
Clients of Concern Management
Factors impacting on child health and development
The following documents can be accessed in the CAHS-CH Operational Manual
Client Record Transfer
Consent for Services
The following documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17 years
WebPAS Child at Risk Alert Procedure
WebPAS PMI Standards
The following documents can be accessed in the CAHS Policy Manual
Child Safety and Protection
Consent for Release of Client Information
The following documents can be accessed in the Department of Health Policy Frameworks
Information Retention and Disposal (MP0144/20)
Guidelines for the Transmission of Personal Health Information by Fax Machine
Information Security Policy (MP0067/17)
WA Health System Language Services Policy (MP0051/17)
WA Aboriginal Health and Wellbeing Framework 2015-2030
Related internal resources and forms
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Children in Care: Process for Assessment by Community Health Nurses (Infographic)
Children in Care – Supporting information
Factors impacting child health and development - Staff Resources

[Guidelines for Protecting Children 2020](#)

Additional related resources
CDIS tip sheets
Child Safety Toolbox (WACHS)
Consumer Care and Cultural Learning Guidelines
eHFN_030 form
Employee Assistance Program (CAHS)
Employee Assistance Program (sharepoint.com) (WACHS)
Information Sharing for the Protection of Children
Mandatory Reporting of Child Sexual Abuse eLearning
My File eXchange (MyFX) User Guide
SPOCC Education Videos
The Impact of Trauma on the Child (WACHS-only online training)
Trauma – Understanding the Impact on Children, Adolescents and Families (CAHS-CH training)
WACHS Community Health Information System Child Health Clinical Item Guide
WA Systems Escalation Process with Department of Communities
Working with Youth: A legal resource for community-based health professionals

This document can be made available in alternative formats on request.

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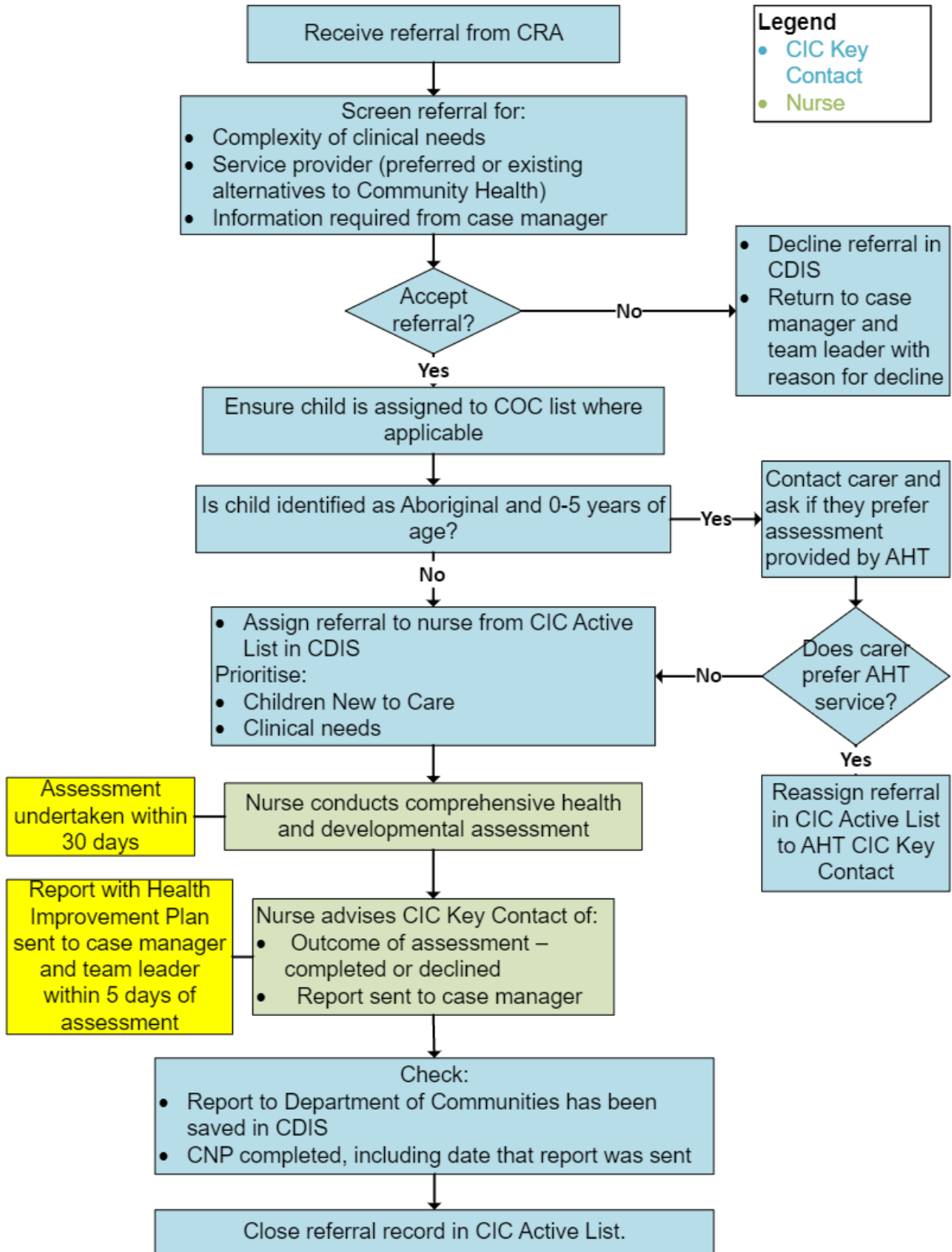


Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

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Appendix A: CAHS-CH CIC Key Contact referral management process



Appendix B: WACHS CIC Key Contact referral management process

