National Framework for Child and Family Health Services – secondary and tertiary services

December 2015

Australian Health Ministers’ Advisory Council
Acknowledgements

The National Framework for Child and Family Health Services – secondary and tertiary services (the Framework), has been prepared by the Queensland Government on behalf of the Australian Health Ministers’ Advisory Council (AHMAC).

The Standing Committee on Child and Youth Health (SCCYH) is a national organisation which supports the Community Care and Population Health Principal Committee (CCPHPC) of the Australian Health Ministers’ Advisory Council (AHMAC). The purpose of the SCCYH is to provide national leadership on child and youth health and wellbeing.

The Framework is intended to support and compliment the National Framework for Universal Child and Family Health Services, which was endorsed by AHMAC for publication in July 2011.

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<th>Description</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>AEDC</td>
<td>Australian Early Developmental Census</td>
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<td>AHMAC</td>
<td>Australian Health Ministers’ Advisory Council</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ARACY</td>
<td>Australian Research Alliance for Children and Youth</td>
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<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>MAP</td>
<td>Measuring Australian’s Progress indicators</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>OOHHC</td>
<td>Out-of-home care</td>
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<td>PCEHR</td>
<td>Personally-controlled electronic health record</td>
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<td>QLD</td>
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<td>SCCYH</td>
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<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
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<td>VIC</td>
<td>Victoria</td>
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<td>WA</td>
<td>Western Australia</td>
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**Reading Note**

The term family, as used in this Framework, is inclusive of carers as well as parents. This is consistent with terminology used in the National Framework for Universal Child and Family Health Services.
1 Executive Summary

The National Framework for Child and Family Health Services - secondary and tertiary services (the Framework) articulates a vision that:

All children and families or communities with additional needs or increased likelihood of poor health or developmental outcomes receive the support and care they need to achieve the best possible health, development and wellbeing.

It aims to deliver a number of benefits including:

- Articulating the core service elements of secondary and tertiary child and family health services
- Facilitating consistency in the planning of secondary and tertiary child and family health services
- Providing a contemporary evidence base for service delivery
- Providing a basis for jurisdictions to develop measures to monitor performance

Secondary child and family health services identify, support and respond to children and families with increasingly complex physical, developmental, psychosocial, and behavioural and health needs usually in a single domain. Ongoing monitoring ensures timely referral for intervention at a more specialised level.

Tertiary child and family health services provide specialised assessment, advanced intervention, support and follow up for highly complex or significant physical, developmental, psychosocial, behavioural and health needs often across multiple domains. Family needs may be complicated by socioeconomic, social and environmental factors. Care is often multidisciplinary in nature, requiring care coordination and case management, and collaboration or partnerships with multiple services.

It is important to recognise that the boundary between universal, secondary and tertiary services is not clearly defined and nor should it be – these services act as part of a continuum and children and their families should be able to move between levels of services to meet their health needs.

The Framework is one of a suite of frameworks complementing the overarching Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health. It builds upon and should be read in conjunction with the National Framework for Universal Child and Family Health Services (Universal Framework) for all Australian children aged zero to eight years and their families.

The Framework promotes evidence based practice, innovation and flexibility in delivery of care to all children and families with a need for secondary and tertiary level services, including those who exhibit vulnerabilities due to impacts of adverse childhood experiences and disadvantage with the primary aim of optimising a child’s functioning and quality of life.
**Table 1** Vision, Objectives, Principles and Core Service Elements

<table>
<thead>
<tr>
<th>National Framework for Child and Family Health Services – secondary and tertiary services</th>
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<tr>
<td><strong>VISION</strong></td>
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<tr>
<td>All children and families or communities with additional needs or increased likelihood of poor health or developmental outcomes receive the support and care they need to achieve the best possible health, development and wellbeing.</td>
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<td><strong>OBJECTIVES</strong></td>
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<tr>
<td>1. To minimise the impact of health and development issues through timely identification, and timely and coordinated responses to referrals from universal child and family health services, primary health care services, other related services or directly from the child’s family</td>
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<td>2. To further identify needs through holistic specialised assessment, for children with complex physical, developmental, psychosocial, behavioural and health needs; and initiate care planning in partnership with families and in collaboration with relevant stakeholders. Taking into consideration the impact on family functioning</td>
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<tr>
<td>3. To promote health, development and wellbeing through enhancing health literacy, parenting capabilities, and family and community capacity where need is identified, employing targeted approaches for groups with vulnerability due to cultural, socioeconomic and geographic factors</td>
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<td>4. Strengthening capacity of the secondary and tertiary workforce to provide support and act as a resource to advance the capability of universal, primary health care services and other stakeholders</td>
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<td><strong>PRINCIPLES</strong></td>
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<td>Access</td>
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<td>• Services are available and accessible and delivered flexibly for those children and families that need them, recognising some families will require support to access services</td>
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<td>• Access to high quality, evidence based assessment, diagnosis and interventions</td>
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<td>• Where safe and appropriate services are provided as close as possible to the family’s home and community, acknowledging that many secondary, and most tertiary services will be located in major regional and metropolitan areas due to the highly specialised nature of these services and the need to ensure safe and sustainable services</td>
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<tr>
<td>Equity</td>
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<tr>
<td>• Equity of access for families living in regional, rural and remote areas will be achieved through the use of innovative models of care and service delivery</td>
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<tr>
<td>• Services are responsive to children and families from culturally and linguistically diverse backgrounds</td>
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<tr>
<td>• Flexibility and affordability is considered in designing services</td>
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A focus on promotion and prevention |
• Secondary and tertiary child and family health services will include a focus on health promotion, prevention of harm, and early intervention through implementation of evidence based policy, programs and practice

Diversity: services are culturally responsive |
• Secondary and tertiary child and family health services are responsive to the diverse values, beliefs and behaviours of children and families and provide care that is culturally safe and trauma informed

Needs based, tailored response |
• Secondary and tertiary child and family health services respond to identified needs for children and families, employing targeted approaches for groups with vulnerability due to cultural, socioeconomic and geographic factors
• Responses should be timely in order to minimise the impact of identified health and developmental needs and to improve health and wellbeing outcomes
• Care should be locally co-ordinated to provide a seamless patient journey through the health system

The National Framework for Child and Family Health Services - secondary and tertiary services

### National Framework for Secondary and Tertiary Child and Family Health Services

#### PRINCIPLES continued

**Working in partnership with families: child and family centred care**
- Service responses address the needs of the child and family, recognising the primary role of parents/carers in their child’s health and responsibility for decision-making for their children with consideration to the impact on family functioning
- Services are planned and delivered in partnership with parents/carers and local communities
- Service providers present health information to children and their families in a way that can be easily understood by them, and can assist them to make decisions related to their health care
- Enabling children, carers and families to take responsibility for their health and be active participants in their health care; offering support and assistance for those who have additional needs
- Mobilising, capitalising and developing the strengths of children and families to promote and facilitate health and wellbeing

**Collaboration and continuity: an integrated approach to services**
- Secondary and tertiary child and family health services work collaboratively with universal services, the broader health system, education, disability and social service sectors to reduce disadvantage and improve health and wellbeing outcomes for children and families
- Multidirectional pathways and referrals exist between services to achieve an integrated approach across health, education, disability and social service sectors

**High quality, evidence based and safe services**
- Services are planned and developed based on contemporary best-practice evidence, and quality and safety data
- Services are continually improved and developed through a process of regular performance monitoring and evaluation to ensure optimal child and family health outcomes are achieved
- Workforce is appropriately trained, including in delivering child and family centred care and family and community capacity building

### CORE SERVICE ELEMENTS

#### Secondary Services
1. Monitoring and responding to needs identified through universal developmental surveillance and health monitoring, primary health care assessment and parents/carers directly
2. Managing risk to maintain optimal child and family health, development and wellbeing
3. Identification and further assessment of child and family needs impacting on children’s health, development and wellbeing and family functioning
4. Targeted response, including support, intervention and timely referral, to address complex identified health needs of children and families

#### Tertiary Services
1. Provision of specialised assessment and interventions that respond to significant needs identified through universal developmental surveillance and health monitoring, primary health care assessment and secondary services
2. Timely, and where indicated, sustained intervention support and follow up to manage risks and minimise impacts of identified health needs
3. Specialised assessment of complex child and family needs impacting on children’s health, development and wellbeing
4. Expert, specialised and often multidisciplinary response to highly complex or significant identified health, development and wellbeing needs of children and families

7
2 Introduction

The National Framework for Child and Family Health Services - secondary and tertiary services (the Framework) focuses on the provision of secondary and tertiary level response that supports the best possible health, development and wellbeing of Australian children from birth to eight years and their families who have identified additional need.

As child and family health needs increase in complexity, access to specialised services and support is critical. The services and support offered should be responsive to the unique and changing needs of a child and their family.

Secondary child and family health services provide monitoring, assessment and a targeted response through support and intervention with an aim to resolve concerns or identify timely referral for a service response at a more specialised level.

Tertiary child and family health services provide specialised assessment, sustained intervention and support where required, individually tailored and coordinated and often multidisciplinary responses to highly complex child and family health needs.

Secondary and tertiary services in the broader health system also play an important role in providing emergency, trauma and specialised services to respond to health needs beyond the capacity of child and family health services. Child and family health services integrate, and coordinate with the broader health system, other service sectors and play a pivotal role in facilitating access to these services for children and their families.

Development of the Framework has been informed by a review of relevant national and international child and family health service frameworks, research evidence for secondary and tertiary health service provision, a national consultation process, and in consultation with members of the Standing Committee on Child and Youth Health (SCCYH).

2.1 Policy context

There are a number of national policy documents and frameworks that are related to child and family health services at this point in time such as:

- Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health
- National Framework for Universal Child and Family Health Services
- The National Framework for Health Services for Aboriginal and Torres Strait Islanders Children and Families (draft)\(^1\) outlines how a more holistic approach to health and wellbeing, that draws on the strengths of Aboriginal and Torres Strait Islander peoples and cultures, must inform how high quality, evidence based child and family health services are delivered to Aboriginal and Torres Strait Islander people.
- The National Early Childhood Development Strategy\(^2\) which highlights the need for an effective early childhood development system
- The National Disability Strategy\(^3\) which arose from the need to address the gap between health outcomes of disabled and non-disabled Australians

\(^1\) KBC Australia 2013
\(^2\) Council of Australian Governments 2009
\(^3\) Council of Australian Governments 2010
The National Framework for Child and Family Health Services - secondary and tertiary services

- **National Disability Insurance Agency Draft 2013-2016 Strategic Plan**: The National Disability Insurance Scheme has been established to provide people with disability with the full access to the support they need. The intention is to put people with disabilities, their families and carers at the centre of the scheme.

- **COAG Principles**: to determine the responsibilities of the NDIS and other service systems including applied principles to health, mental health and early childhood development.

- **The National Framework for Protecting Australia’s Children, Protecting Children is Everyone’s Business**: which supports the need for a strong and responsive network of services (universal, secondary and tertiary) that are accessible, inclusive and non-stigmatising.

- **The National Maternity Services Plan**: which identifies the need for better access, service delivery, workforce qualification and infrastructure that is required to improve health outcomes for Australian mothers.

- **National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015**: which outlines the need for continued partnerships and collaboration across sectors and professional boundaries.

- **The National Mental Health Strategy**: which aims to promote mental health and reduce the impact of mental disorders on individuals, families and the community.

- **National Strategic Framework for Rural and Remote Health**: which recognises the unique challenges of providing health care in rural and remote Australia and the importance to all Australians of providing timely access to quality and safe health care services, no matter where they live.

There are also a number of relevant jurisdictional policy documents and frameworks which guide service delivery at the state and territory level.

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1. National Disability Insurance Agency 2013
2. Council of Australian Governments 2013
3. Commonwealth of Australia 2009b
5. HWA 2011
6. Department of Health 2014
7. Commonwealth of Australia 2012

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3 Background

The concept of ‘progressive or proportionate’ universalism as outlined in the Universal and Strategic Frameworks continues to apply for secondary and tertiary child and family health services. Unlike universal services, not all children and families will need to access secondary and tertiary health services.

A system of universal, targeted, secondary and tertiary services

Australia has a well-accepted system of free, universal health services based on the principles of primary health care to meet the needs of pregnant women, children and families at multiple contact points. Universal health services are delivered by midwives, child and family health nurses and general practitioners. Universal child and family health services focus on increasing protective factors and reducing risks that impact on children’s health and wellbeing and provide early identification and referral for children and families who may require targeted, secondary or tertiary services. It is expected that 100% of families are able to access universal services.

Targeted services are often provided from within the universal platform and aim to minimise the effect of risk factors for children and to build protective factors and resilience. Proactive outreach by universal health service professionals to encourage engagement with universal services is one form of targeted support. Other forms include: extended home visiting programs, outreach programs in disadvantaged communities, day stay services and supported playgroups.

Secondary level services also form part of targeted services and usually fall outside the scope of practice of the universal health providers. Examples of secondary level services include allied health intervention programs, developmental disability and inclusion support services and parenting or family relationships programs. General practitioners play a significant role in both accepting and making appropriate referrals. Approximately, 30% of families are expected to require secondary level services as illustrated in Figure 1.

Tertiary level services and supports are individually tailored responses to a particular child and family situation that often requires a high level of expertise. For example, specialist allied health and medical services, paediatric care, mental health, drug and alcohol treatment services or child protection intervention. Only 20% of families will require tertiary level care as illustrated in Figure 1.

![Figure 1 Levels of intervention for child health and development](source: Public Health Triangle adapted from Bromfield and Holzer, 2008)
3.1 Social Determinants and the health of Australia’s children

All children have the right to access services that optimise their health, development and wellbeing. There were approximately 4.37 million children aged 0-14 in Australia as of June 2013; making up 19% of the population. This number is projected to increase to 5.2 million by 2038. Australian children, in general, achieve health outcomes that are comparable to other nations in the developed world.

The National Framework for Universal Child and Family Health Services highlighted from accelerating bodies of evidence from many disciplines including neuroscience, molecular biology, developmental psychology, and social ecology, that the period from conception through the early years of a child’s life provide the foundation for lifelong physical, social and emotional wellbeing. Poor health outcomes early in life can have large impacts on a range of future outcomes. It is this period that constitutes a “window of vulnerability” deserving of special attention for the development of Australia’s children.

Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health identifies a number of social and environmental determinants impacting on the health of Australia’s children and families. It highlights the importance of improving the social and emotional wellbeing of all children and youth by providing a safe and nurturing environment, a supportive family and increasing the capacity of families to provide the best future for their children and youth. It emphasises the need for a healthy and safe environment that is conducive to learning, play and growth is beneficial to the development of motor and social skills, such as child friendly neighbourhoods with adequate play areas, safe pathways, public transport and good air and water quality.

Some of the particular social and environmental determinants identified include that

- children and young people:
  - are free from violence, abuse and neglect
  - use media and technology safely and appropriately
  - have appropriate housing and sanitation
  - live in an environment free of pollutants and toxins detrimental to their health

- families and caregivers have the parenting skills appropriate to the needs of their child from infancy to adulthood

- there is a reduction in the prevalence and impact of adverse childhood experiences

Long-term benefits of investing in child and family health

There is a strong economic argument for supporting children and families early. Benefits include enhanced human capital and capability, increased productivity, greater social inclusion and reduced public expenditure in health, welfare and crime.

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11 This is reported for children aged 0-14. It is noted that the framework relates to children aged 0-8 years however we have reported figures here based on the data available.
12 Australian Bureau of Statistics (ABS) & Australian Institute of Health and Welfare (AIHW) 2013
13 AIHW 2012
14 AHMAC 2011
15 Currie and Almond 2011
16 Currie and Almond 2011
Early interventions have been shown to promote schooling, reduce crime, foster workforce productivity, promote adult health through several channels and reduce teenage pregnancy. A leading economist identified these interventions are estimated to have high benefit-cost ratios and rates of return, in the range of 6–10% per annum over the lifespan\(^{17}\). Similarly benefit-cost ratios from the US suggest that every dollar invested in services for preschool age children provides a return to society of $2 to $2.60\(^{18}\).

3.1.1 Vulnerable populations

Longitudinal studies have enabled a better understanding of the risk and protective factors that influence children’s short and long term health as well as their developmental, educational and social outcomes\(^{19}\). There are some groups of children and families who may experience particular vulnerabilities. These include:

- Aboriginal and Torres Strait Islander children and families
- Children in the child protection system
- Refugee and culturally and linguistically diverse (CALD) families
- Children from disadvantaged families
- Children living in rural, regional or remote areas and
- Children in families with parental concerns.

Aboriginal and Torres Strait Islander children and families

The *draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families* identifies socio-economic factors such as housing, education, employment and income as having considerable impact on health and wellbeing.

Addressing the needs of Aboriginal and Torres Strait Islander families requires an understanding of the impact of trauma and other social determinants of health and recognition of additional difficulties experienced by Aboriginal and Torres Strait Islander families living in remote locations.

A holistic approach to the assessment of Aboriginal and Torres Strait Islander families enables a greater understanding of the child and family needs, their approaches to parenting and child rearing and to recognise their strengths and focus on social and emotional wellbeing.

Aboriginal and Torres Strait Islanders face large disparities in nearly every health outcome measured. For children, this includes:

- Between 2001 and 2013 there has been no change in the 4 % gap between Indigenous and non-Indigenous children below 1 year of age who are immunised. However, during this time the proportion of Indigenous children aged five years immunised increased from 76% to 92%\(^{20}\).

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\(^{17}\) Heckman 2008  
\(^{18}\) Heckman 2006  
\(^{19}\) Department of Human Services 2004  
\(^{20}\) Australian Government 2014
• Between 2005-07 and 2010-12 the gap in life expectancy at birth between Aboriginal and Torres Strait Islander peoples and other Australians decreased from 11.5 years to 10.8 years for males and 9.7 years to 9.5 years for females. 21

• In 2011, Aboriginal and Torres Strait Islander mothers were more likely to give birth to a baby of low birth weight (12.6%) compared to 6% for non-Aboriginal and Torres Strait Islander mothers 22

• In 2011-12, Aboriginal and Torres Strait Islander children are more likely to suffer abuse and neglect with 49 substantiations per 1,000 children compared to 6.3 for other children 23

• In 2012, the mortality rate for Aboriginal and Torres Strait Islander infants less than 1 year of age was 6.2 deaths per 1,000 live births compared to 3.6 per 1,000 live births for non-Aboriginal and Torres Strait Islander children 24

• In 2012, the proportion of children identified as developmentally vulnerable is 43.2% for Aboriginal and Torres Strait Islanders compared to 20.9% of non-Aboriginal and Torres Strait Islander children 25

• In 2012–13, around one in eight (12.3%) Aboriginal and Torres Strait Islander people reported diseases of the ear and/or hearing problems 26

• In 2012–13, almost one-third (30.4%) of Aboriginal and Torres Strait Islander children aged 2–14 years were overweight or obese according to their BMI 27

Aboriginal and Torres Strait Islander children are not only more likely to be afflicted with a range of health related conditions as children, but are also more likely to have reduced access to resources and services that reduce the risk of health issues later on in life.

*Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health* identifies that fetal alcohol spectrum disorder (FASD) is the largest cause of preventable, non-genetic at-birth brain damage in Australia. FASD has a significantly higher prevalence in Aboriginal and Torres Strait Islander children.

**Children in the child protection system**

*The National Framework for Protecting Australia’s Children 2009 – 2020* supports a public health model and encourages the provision of secondary services for early, intensive support for families with identified needs.

Risk factors often relate to parental stress and may include domestic and family violence, mental illness and substance abuse. For families experiencing multiple risk factors a multifaceted and collaborative approach, utilising a number of different programs, may be required to prevent entry into the child protection system.

Early intervention support services include home visiting programs, parent education programs and early childhood education programs that can be delivered in a variety of settings including the family’s home or community 28.

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21 AIHW 2015  
22 AIHW 2013  
23 AIHW 2013  
24 AIHW 2015  
25 AIHW 2013  
26 ABS 2014  
27 ABS 2014  
28 AIFS 2008
Around 32,000 or 0.75% of children in Australia live in some form of out-of-home care (OOHC)\(^{29}\). Children in OOHC have poorer health than those in the general population due to being the subject of abuse and neglect and increased likelihood of disadvantage. These children may enter out of home care with unmet health needs\(^{30}\). Children in OOHC are four times more likely to have problems with vision, eight times more likely to have problems with hearing, two to three times more likely to have speech and language difficulties; and are less likely to be fully immunised\(^{31}\).

Children in home-based foster care also experience high rates of mental health problems\(^{32,33}\). Sawyer et al. (2007) found that the prevalence of mental health problems experienced by children and adolescents in home-based foster care is two to five times higher than that reported for children and adolescents in the general population.

Placement instability has been shown to have adverse psychosocial outcomes, such as emotional difficulties, behaviour problems and poor academic performance\(^{34}\). Families play a fundamental role in gaining access to and negotiating children through the health system.

**Refugee, Cultural and Linguistically Diverse Families**

Refugee children and children from culturally and linguistically diverse (CALD) backgrounds face a unique set of challenges that impact on their health and well-being. There are a set of factors specific to refugee and CALD children that may negatively affect their health and well-being, such as barriers to health care and information, difficulties in communication, and culturally insensitive attitudes in the community. In particular, mental health and social and emotional well-being is an issue for refugee and CALD children\(^{35,36}\). They have lower rates of service utilisation\(^{37}\) and are identified as particularly at risk of suboptimal health care due to the impact of pre- and post-migration factors combined with the effect of resettlement stresses on the parent’s ability to care for their children\(^{38}\).

Pre- and post-migration factors may include:

- Traumatic experiences prior to arrival (violence, refugee camps, immigration detention, loss and/or separation from family)
- Intergenerational conflict and identity issues
- Responsibility for practical family needs, due to their greater competence in English
- Isolation
- Racism and/or cultural and religious discrimination
- Bullying
- Traumatised/mentally ill parents
- Stigma about mental health (both within and outside their own communities)

\(^{29}\) AIHW 2012

\(^{30}\) Australian Government 2011

\(^{31}\) Clarke & Gwynne 2010

\(^{32}\) Sawyer et al 2007

\(^{33}\) Tarren-Sweeney and Hazell 2006

\(^{34}\) AIFS; 2014

\(^{35}\) Colucci, Szwarc, Minas, Paxton, & Guerra: 2012

\(^{36}\) Minas et. al 2013

\(^{37}\) Minas et. al 2013

\(^{38}\) Colucci, Szwarc, Minas, Paxton, & Guerra: 2012
• Lack of awareness, either about the existence of services or the severity of their condition.

**Children from disadvantaged families**

Socioeconomic factors such as lack of housing, education, employment and income can lead to children and families who are:

• At greater risk of poor, short and long term health outcomes. Infants from the most disadvantaged areas experience 7.8 deaths per 1,000 live births compared with 3.9 per 1,000 from the least disadvantaged areas\(^{39}\)

• More prone to psychological or social difficulties, behavioural problems, lower self-regulation and elevated markers of stress\(^{40}\)

• Likely to face significant barriers to nutrition, medical care and the quality and stability of their environment\(^{41}\)

• More likely to suffer exclusion from activities, strained familial relationships and introduce and/or reinforce a range of stressors which put children at greater risk.\(^{42}\)

**Children living in rural, regional or remote areas**

One third of Australia’s population currently live in areas defined as being either rural or remote. Families living in regional or rural areas of Australia can face challenges that may be less commonly experienced by families in major cities - for example, in accessing services and good quality infrastructure\(^{43}\).

There are differences in cognitive and health outcomes for children according to whether children live in major city areas compared to regional areas for example:

• Differences in cognitive outcomes exist for children in regional areas even after a broad range of other factors are taken into account, indicating a disparity in cognitive outcomes between children from rural and regional areas, and metropolitan areas\(^{44}\).

In rural and remote areas, delivery of secondary and tertiary child and family health care may be impacted by geographic spread, low population density, lack of infrastructure and lack of a highly skilled workforce to deliver services that require a high level of specialised knowledge and skills.

**Children in families with parental concerns**

The child and caregiver relationship may be compromised due to parental stress and risk factors that influence a parent’s capacity to provide sensitive and responsive care, in turn, impacting on their child’s health, development and wellbeing.

Parental concerns that may impact parenting capacity include:

• Substance abuse

• Poor mental health

• Postnatal depression

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\(^{39}\) AIHW 2007

\(^{40}\) Bensink et al. 2008

\(^{41}\) AIHW 2007

\(^{42}\) AIHW 2007

\(^{43}\) Edwards & Baxter 2013

\(^{44}\) Edwards & Baxter 2013
The National Framework for Child and Family Health Services - secondary and tertiary services

- Intellectual or cognitive disability
- Domestic and family violence
- Adolescent parents
- Physical disability

In 2010, 17% of children in Australia were living with a parent who has a disability and 15% were living with a parent with poor mental health. An estimated 12% of parents used an illicit substance or a licit substance for non-medical purposes. Furthermore, an estimated 20% of parents drank at risky levels for long-term harm. These children are at risk with domestic violence, parental substance abuse and parental mental illness most commonly associated with child abuse and neglect.

Children whose parents have reduced capacity due to the aforementioned concerns may also experience a chaotic lifestyle, poverty and disadvantage including medical and educational neglect and often a lack of appropriate supervision which may lead to injury and death.

Child and family assessment, including in the antenatal period, provides a valuable opportunity to identify parental risk and protective factors. In keeping with the public health model this assessment should occur at the universal level when families are in contact with primary health care providers and universal child and family health services. The aim is to provide support for families through referral to secondary and tertiary services; to identify and protect vulnerable children and to plan effective interventions; recognising the long term benefits of early intervention on the wellbeing of the child.

Parental stress and concerns are addressed through specialised adult health and social sector services. These services will generally focus solely on the needs of the adult client. The provision of ‘child aware’ and discreet adult support services may reduce barriers to attendance and assist in early identification of emotional and developmental problems of the child.

45 AIHW 2012
46 AIHW 2012
47 AIHW 2012
48 COAG 2009
49 AIFS 2009
4 The National Framework for Child and Family Health Services – secondary and tertiary services

4.1 Purpose of the framework

The National Framework for Child and Family Health Services – secondary and tertiary services provides an overarching framework to guide, in partnership with families and communities, local planning and implementation of secondary and tertiary child and family health services. It serves as a guide for government and non-government agencies in responding to the increasingly complex social, cultural, environmental and health needs of children and their families.

The Framework is intended to compliment and build upon the universal services platform as outlined in the National Framework for Universal Child and Family Health Services, which was released in July 2011.

It is intended that the Framework will provide benefits including:

- Articulating the core service elements of secondary and tertiary child and family health services in improving health outcomes for children and their families with increasingly complex needs
- Facilitating consistency in the planning, development and implementation of secondary and tertiary child and family health services across jurisdictions
- Providing a contemporary evidence base for service improvement and multi-agency, cross sectoral action
- Providing a basis for jurisdictions to develop measures to monitor performance of their secondary and tertiary child and family health services.

4.2 Vision

The vision, objectives and principles of the Framework are outlined below. These provide the overarching framework on which secondary and tertiary health services for children and their families should be planned. They sit on a continuum with universal child and family health services, and interface with the broader health system, education and social service sectors.

Improvements in health outcomes, including those relating to vulnerable population groups are only achieved through a coordinated and integrated child and family health system, of which, secondary and tertiary services play a fundamental role.
The vision of the Framework is that:

All children and families or communities who have additional needs or increased likelihood of poor health or developmental outcomes receive the support and care they need to achieve the best possible health, development and wellbeing

4.3 Objectives

This vision will be achieved through four objectives of secondary and tertiary health services for children and their families:

1. To minimise the impact of health and development issues through timely identification, and timely and coordinated responses to referrals from universal child and family health services, primary health care services, other related services or directly from the child’s family

2. To further identify needs through holistic specialised assessment, for children with complex physical, developmental, psychosocial, behavioural and health needs; and initiate care planning in partnership with families and in collaboration with relevant stakeholders. Taking into consideration the impact on family functioning.

3. To promote health, development and wellbeing through enhancing health literacy, parenting capabilities, and family and community capacity where need is identified, employing targeted approaches for groups with vulnerability due to cultural, socioeconomic and geographic factors

4. Strengthening capacity of the secondary and tertiary workforce to provide support and act as a resource to advance the capability of universal, primary health care services and other stakeholders.

4.4 Principles

The principles outlined in the Universal Framework have provided a foundation for the development of principles to underpin the planning and delivery of secondary and tertiary health child and family health services including:

Access
- Services are available, accessible and delivered flexibly for those children and families that need them, recognising some families will require support to access services
- Access to high quality, evidence based assessment, diagnosis and interventions
- Where safe and appropriate, services are provided as close as possible to the family’s home and community, acknowledging that many secondary, and most tertiary services will be located in major regional and metropolitan areas due to the highly specialised nature of these services and the need to ensure safe and sustainable services
Equity

- Equity of access for families living in regional, rural and remote areas will be achieved through the use of innovative models of care and service delivery
- Services are responsive to children and families from culturally and linguistically diverse backgrounds
- Flexibility and affordability is considered in designing services

A focus on promotion and prevention

- Secondary and tertiary child and family health services will include a focus on health promotion, prevention of harm, and early intervention through implementation of evidence based policy, programs and practice.

Working in partnership with families: child and family centred care

- Service responses address the needs of the child and family, recognising the primary role of parents/carers in their child’s health and responsibility for decision-making for their children with consideration to the impact on family functioning
- Services are planned and delivered in partnership with parents/carers and local communities
- Service providers present health information to children and their families in a way that can be easily understood by them, and can assist them to make decisions related to their health care
- Enabling children, carers and families to take responsibility for their health and be active participants in their health care; offering support and assistance to those who have additional needs
- Mobilising, capitalising and developing the strengths of children and families to promote and facilitate health and wellbeing

Diversity: services are culturally responsive

- Secondary and tertiary child and family health services are responsive to the diverse values, beliefs and behaviours of children and families and provide care that is culturally safe and trauma informed.

Needs-based, tailored responses

- Secondary and tertiary child and family services respond to identified needs for children and families, employing targeted approaches for groups with vulnerability due to cultural, socioeconomic and geographic factors.
- Responses should be timely, in order to minimise the impact of identified health and developmental needs and to improve health and developmental outcomes
- Care should be locally co-coordinated to provide a seamless patient journey through the health system.

Collaboration and continuity: an integrated approach to services

- Secondary and tertiary child and family health services work collaboratively with universal services, the broader health system, education, disability and social service sectors to reduce disadvantage and improve outcomes for children and families.
• Multidirectional pathways and referrals exist between services to achieve an integrated approach across health, education, disability and social service sectors.

**High quality, evidence based and safe services**

• Services are planned and developed based on contemporary best-practice evidence, and quality and safety data

• Services are continually improved and developed through a process of regular performance monitoring and evaluation to ensure optimal child and family health outcomes are achieved

• Workforce is appropriately trained, including in delivering child and family centred care and family and community capacity building.

### 4.5 Core service elements of secondary and tertiary health services for children and families

This section outlines the core service elements of secondary and tertiary child and family health services that build upon the core service elements of the universal child and family health services. Unlike universal services, not all children and families will need to access secondary and tertiary health level services.

Secondary and tertiary child and family health services care for children and families with conditions that exist from birth, emerge with development, occur at a point in time (possibly impacted by earlier physical or emotional trauma), or as an emergency.

**Secondary** child and family health services identify, support and respond to children and families with increasingly complex physical, developmental, psychosocial, and behavioural and health needs usually in a single domain. Family needs may be complicated by socioeconomic, social and environmental factors. Ongoing monitoring ensures timely referral for intervention at a more specialised level.

The **core service elements** of secondary child and family health services can be summarised as:

1. Monitoring and responding to needs identified through universal developmental surveillance and health monitoring, primary health care assessment and parents/carers directly

2. Managing risk to maintain optimal child and family health, development and wellbeing

3. Identification and further assessment of child and family needs impacting on children’s health, development and wellbeing and family functioning

4. Targeted response, including support, intervention and timely referral, to address complex identified health needs of children and families.

**Tertiary** child and family health services provide specialised assessment, advanced intervention, support and follow up for highly complex or significant physical, developmental, psychosocial, behavioural and health needs often across multiple domains. Family needs may be complicated by socioeconomic, social and environmental factors. Care is often multidisciplinary in nature, requiring care coordination and case management, and collaboration or partnerships with multiple services.
The **core service elements** of tertiary child and family health services can be summarised as:

1. Provision of specialised assessment and interventions that respond to significant needs identified through universal developmental surveillance and health monitoring, primary health care assessment and secondary services
2. Timely, and where indicated, sustained intervention, support and follow up to manage risks and minimise impacts of identified health needs
3. Specialised assessment of complex child and family needs impacting on children’s health, development and wellbeing
4. Expert, specialised and often multidisciplinary response to highly complex or significant identified health, development and wellbeing needs of children and families.

**Multidisciplinary team response**

A multidisciplinary approach to child and family health services is essential across all levels of care, but particularly at the secondary and tertiary level as the issues identified and responses become more complex and interdependent. Children and their families with complex needs will require a multidisciplinary team response whereby knowledge and skills are shared to achieve outcomes for the child and family. Multidisciplinary teams may include paediatricians, child and family health nurses, allied health practitioners and Aboriginal and/or Torres Strait Islander health workers/practitioners.

**Care Coordination**

Care coordination aims to achieve client-centred care in partnership with the child and family, clinicians, other health services and social service sector agencies. Benefits of care coordination include; care planning developed in partnership with the family, continuity of carer, coordination of community resources and active monitoring and evaluation of care\(^\text{50}\).

Children and their families may be supported by dedicated care coordinators with specific skills including knowledge of available services, experience in collaborative care coordination, skills to assure continuity of services, ability to help children and families understand, select and obtain services and experience to evaluate outcomes.

Care coordination may provide children and their families with the most appropriate care to meet their needs and reduce the potential inconsistencies and errors in management\(^\text{51}\).

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\(^\text{50}\) Antonelli et al 2009

\(^\text{51}\) Dewan 2013
Figure 1 illustrates the interface points that are likely for secondary and tertiary child and family health services with the broader health system and other education, disability and social services in delivering holistic, child and family centred care using an integrated approach.

To inform the future planning and development of secondary and tertiary health services for children and families, this Framework provides a definition and description of each level of service, as well as examples of services that should be provided at the secondary and tertiary levels to allow for a comprehensive child and family health service system.
The National Framework for Child and Family Health Services - secondary and tertiary services

Figure 2 Relationship between universal child and family health services and the secondary and tertiary service system

<table>
<thead>
<tr>
<th>Broader Health Services</th>
<th>Community based specialised services for the assessment, care and treatment of specific health issues</th>
<th>Hospital based care for conditions requiring specialist assessment, care and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care Services including general practitioners, practice nurses, school health nurses, private allied health providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child and Family Health Services</th>
<th>Universal</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental, surveillance and health monitoring</td>
<td>Monitoring and responding to needs identified through universal developmental surveillance and health monitoring, primary health care assessment and parents/carers directly</td>
<td>Provision of specialised assessment and interventions that respond to significant needs identified through universal developmental surveillance and health monitoring, secondary services</td>
<td></td>
</tr>
<tr>
<td>Health Promotion</td>
<td>Managing risk to maintain optimal child and family health, development and wellbeing</td>
<td>Timely, and where indicated, sustained intervention, support and follow up to manage risks and minimise impacts of identified health needs</td>
<td></td>
</tr>
<tr>
<td>Early identification of family need</td>
<td>Identification, further assessment of child and family needs impacting on children’s health, development and wellbeing</td>
<td>Specialised assessment of complex child and family needs impacting on children’s health, development and wellbeing</td>
<td></td>
</tr>
<tr>
<td>Responding to identified need</td>
<td>Targeted response, including support, intervention, timely referral, to address complex identified health needs of children and families</td>
<td>Expert, specialised and often multidisciplinary response to highly complex or significant identified health needs of children and families</td>
<td></td>
</tr>
</tbody>
</table>

Increasing complexity/ specialised/multidisciplinary response

System Enablers
- Accessibility, Information Sharing and Referral Pathways
- Workforce, Infrastructure, Evidence Based Practice and Funding
### Child and Family Characteristics

- Children with physical, intellectual, psychosocial, impairments/disabilities (often with multi-medical and/or mental health co-morbidities)
- Children with developmental delay or disability (sometimes with multi-medical and/or mental health co-morbidities), including cognitive, speech and language, social, motor, sensory and self-regulation issues
- Parent/carer health and/or social issues impacting on parenting capacity
- Children who have experienced, experiencing, or at risk of, significant abuse and/or neglect
- Children in out of home care
- Children who have had or currently have a parent incarcerated
- Children who have lost a biological parent during childhood
- Children with serious injury due to falls, accidents, assault, accidental poisoning and intentional self-harm

### Service Response

#### Secondary

- Generalist child development assessment and intervention
- Allied health intervention programs
- Parental and infant mental health programs
- Sustained nurse home visiting
- Day stay lactation/settling support clinics
- Developmental disability and inclusion support services
- Supported playgroup
- Parenting or family relationships programs
- Referral to the broader health and social service systems such as:
  - Mental health and/or drug and alcohol services
  - Domestic and family violence services
  - Child protection services

#### Increasing complexity/specialised/multidisciplinary response

#### Tertiary

- Specialist child development clinics
- Residential mother and baby services
- Specialist perinatal and infant mental health services
- Trauma informed therapeutic care
- Child protection and children in out of home care
- Referral to the broader health and social service systems such as:
  - Mental health and/or drug and alcohol services
  - Domestic and family violence services
  - Statutory child protection services
  - Paediatric forensic medical examination
  - Paediatric inpatient and outpatient services
  - Specialised learning and literacy support
  - Disability services (NDIS)

### Core Service Elements

#### Secondary

1. Monitoring and responding to needs identified through universal developmental surveillance and health monitoring, primary health care assessment and parents/carers directly
2. Managing risk to maintain optimal child and family health, development and wellbeing
3. Identification, further assessment of child and family needs impacting on children’s health, development and wellbeing and family functioning
4. Targeted response, including support, intervention and timely referral, to address complex identified health needs of children and families

#### Increasing complexity/specialised/multidisciplinary response

#### Tertiary

1. Provision of specialised assessment and interventions that respond to significant needs identified through universal developmental surveillance and health monitoring, primary health care assessment and secondary services
2. Timely, and where indicated, sustained intervention, support and follow up to manage risks and minimise impacts of identified health needs
3. Specialised assessment of complex child and family needs impacting on children’s health, development and wellbeing
4. Expert, specialised and often multidisciplinary response to highly complex or significant identified health, development and wellbeing needs of children and families

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The National Framework for Child and Family Health Services - secondary and tertiary services
4.5.1 Child and family characteristics

Children and families with a range of characteristics across family context, may require referral to secondary or tertiary child and family health services including, but not limited to:

- Children with physical, intellectual, psychosocial, impairments/disabilities (often with multi-medical and/or mental health co-morbidities)
- Children with developmental delay or disability (sometimes with multi-medical and/or mental health co-morbidities) including cognitive, speech and language, social, motor, sensory and self-regulation issues
- Parental/carer concerns impacting on parenting capacity
- Children who have experienced, experiencing, or at risk of, significant abuse and/or neglect
- Children in out of home care
- Children who have had or currently have a parent incarcerated
- Children who have lost a biological parent during childhood
- Children with serious injury due to falls, accidents, assault, accidental poisoning and intentional self-harm.

4.5.2 Secondary child and family health service responses

Secondary interventions often target families who exhibit risk factors, with responses prioritising early intervention, screening and assessment to identify those most at risk. Services may provide brief, episodic support for those experiencing an issue or ongoing support and intervention for those at risk with active follow up and review.

Examples of secondary child and family health services include:

- Generalist child development assessment and intervention
- Allied health intervention programs
- Perinatal and infant mental health programs
- Sustained nurse home visiting
- Day stay lactation/settling support clinics
- Developmental disability and inclusion support services
- Supported playgroup
- Parenting or family relationships programs

4.5.3 Tertiary child and family health service responses

Tertiary child and family health services provide specialised assessment, sustained intervention and follow up, individually tailored and coordinated and often multidisciplinary response to highly complex child and family health needs often across multiple domains. Family needs may be complicated by socioeconomic, social and environmental factors.

Examples of tertiary child and family health services include:

- Specialist child development clinics
• Residential mother and baby services
• Specialist perinatal and infant mental health services
• Trauma informed therapeutic care services
• Child protection and children in out of home care

4.5.4 Referral to the broader health and social service systems

A continuum of care exists between primary health care providers, universal, secondary and tertiary child and family health services and is supported through referral pathways. Children and families may also require referral to the broader health services and/or a range of social services. The transfer of care should occur at an appropriate time in the child and family care pathway. Services offering a secondary and tertiary response for children and families may include:

**Broader health services:**

- minor trauma and day surgery
- trauma and acute care surgery
- urgent and emergency care
- short-term stabilisation and critical care
- child and youth mental health services
- paediatric inpatient and outpatient services
- paediatric forensic medical examination
- mental health services
- drug and alcohol services
- maternity and antenatal care services
- primary health care providers

**Social services:**

- intensive family support
- domestic and family violence services
- statutory child protection services
- disability services (including NDIS packages)
- specialist early childhood education programs
- specialised literacy and learning support
- housing
- employment services
- justice services
5 An effective service system for the provision of secondary and tertiary child and family health services – system enablers

An effective secondary and tertiary child and family health service necessitates:

- Enhanced accessibility
- An appropriately skilled, trained and culturally responsive workforce
- Effective information access, use and management
- Effective and efficient referral pathways
- Adequate and appropriate infrastructure
- Access to research and evidence based practice.

These system enablers are further explored on the following pages.
5.1 Accessibility

Accessibility as an enabler refers to the means which facilitate children and their families to approach or enter secondary or tertiary care when it is needed.

Services are more accessible when they are community based, provide assistance with transport and childcare, utilise community connections, use technology and are well promoted. Accessibility can be enhanced for children and families through the use of flexible service delivery. Flexibility is central to providing services that are responsive to families who are most in need.

A number of strategies can be used to make services more accessible including:\n
- Ensuring services are affordable, well publicised and as geographically accessible as is reasonable to be consistent with fiscal constraints, and concentration of specialised services
- Providing outreach services
- Innovative models of service and care delivery
- Financial support with transport and accommodation
- Providing a family-friendly and culturally inclusive physical environment
- Employing skilled and responsive staff working from a family-centred, culturally sensitive perspective
- Flexible and adaptive infrastructure
- Promoting social connectedness through informal supports
- Establishing strong reciprocal links with other relevant services.

Accessibility is a fundamental measure of service quality. In most cases, children and their families accept that fiscal constraints and the concentration of specialised services restrict the location of services, thus demanding travel to access elements of specialised care. Families however, rightly expect that whenever it is safe and reasonable to do so, services should be available and accessible at a local level.

Accessibility to services is particularly important for children, requiring frequent or sustained care, where a requirement to travel to access care can cause substantial disruption to family life and education as well as creating significant financial pressures.\n
Accessibility to mainstream services for Aboriginal and Torres Strait Islander populations can be increased through provision of culturally appropriate information, culturally competent workforce, effective communication and a welcoming environment.

Barriers to accessibility are often experienced by disadvantaged, culturally diverse populations and those people living in rural and remote locations. These may include communication, information and language barriers; lack of understanding how to navigate the health system, distance, transportation, cost and fear of authority.

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52 Moore 2008
53 The Scottish Government, Edinburgh 2009
5.2 Workforce

The child and family health service workforce providing care to children and families comprises disciplines including medical, nursing, allied health professionals and Aboriginal and/or Torres Strait Islander health workers/practitioners.

A multidisciplinary and collaborative approach is expected in the delivery of secondary and tertiary child and family health services. Child and family health services are provided by qualified healthcare professionals with advanced skills and knowledge and or experience in children’s health. Advanced skills and knowledge can be obtained through the completion of relevant postgraduate qualifications.

Practices that build competence include assessment of practitioners, professional supervision and reflective practice. Competence can be achieved through meeting the standards of practice set out by national registering bodies and professional associations:

- Australian Health Practitioners Regulation Authority including Nursing and Midwifery Board of Australia
- Australian Paediatric Society
- Maternal Child and Family Health Nurses Australia
- Australian College of Children and Young People Nurses
- Australian Association of Social Workers
- Australian Psychological Society
- Australian Physiotherapy Association
- Occupational Therapy Australia
- Speech Pathology Australia
- Audiology Australia
- Dieticians Association of Australia
- Exercise and Sports Science Australia.

Workforce as an enabler encompasses the human resources and systems that ensure clinicians working in secondary and tertiary services are recruited appropriately, suitable for their roles within the organisation and once appointed have access to support, supervision as well as opportunities for training and development.

Ongoing education and training strategies to ensure a quality workforce include:

- Training in evidence-based child health and development interventions
- Training in telehealth and outreach practices
- Cultural safety training including Aboriginal and Torres Strait Islander child rearing practices
- Training in trauma informed care, capacity building for families and communities and integrating health with other services
- Introduction of a minimum set of core competencies in child and family health and/or development for clinicians that are assessed on an regular basis

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54 Bar-Zeev et al. 2013
• Regular performance monitoring and professional development.

There is an increased need for healthcare providers to implement inter-professional training curricula and foster communication between team members and families, among team members and with other care providers.

Child and family health services need to interface with the broader health system (primary care, hospital and health services, health departments); educational services (playgroups, child care centres, preschools, schools); social services (housing, communities, child safety); disability services and private providers; all having a role to play in the health of children and their families.

Consideration of major new initiatives such as the NDIS and the impact on the health workforce is also needed to ensure children and families have access to the right care, in the right place, at the right time. The ability of professionals to build successful relationships across traditional boundaries will be crucial to the provision of quality services to children which appropriately target children and families and respond to their health needs.

5.3 Information access, use and management

Effective information sharing facilitates the development and improvement of integrated services and assists in the provision of a multi-disciplinary and coordinated approach to health services. Information exchange needs to occur at three levels:

• With children and families
• Between health professionals
• Across health services and with other sectors.

For children and their families, the exchange of information, as well as knowledge and skills between providers and parents may provide for a more meaningful and seamless journey through the health system, and more broadly across the social service system.

There should be a focus on supporting the health literacy of parents/carers and children and equipping them with appropriate information and knowledge so they can understand and navigate the health system, make informed decisions, and work in partnership with service providers.

Use of the personally-controlled electronic health record (PCEHR) will facilitate the improved sharing of information within health and equitable support should be available to all members of the multi-disciplinary team to access and use e-health records.

Information sharing is also required between health and other relevant sectors. Health data can be shared with consent. The most efficient mode for sharing will involve the linking of the medical/health records and other client data across government organisations (education, communities and disabilities), Non-Government Organisations (NGOs) and private providers.

In order to plan services to match the health needs of children, policy makers and health service managers need reliable data on child and family health. Multi-purpose applications of data may encourage multi-disciplinary support for information collection and sharing.

Other strategies include establishing key targets for health outcomes and service delivery performance; and implementation of local systems for regular monitoring and evaluation of

55 Farrior et al. 2000
56 Wolfe 2013
child health outcomes and health system performance with action plans for facilitating improvements57.

5.4 Referral pathways

The interface between secondary and tertiary child and family health services and other parts of the service continuum is critical to ensure children and families receive timely referral to appropriate levels and types of services58. The referral process can be multidirectional and includes a sequence of actions and decisions made by practitioners working with families to transition service provision58.

Parents/carers and other service providers often play a significant role in initiating the chain of events that leads to referral. In order to facilitate this, appropriate care pathways need to be planned between services, also ensuring the adequate flow of information about the child’s health condition and background59.

Children need personalised health care services that are linked and arranged so that the level of care remains appropriate to changing needs60. As health needs increase in complexity or severity, access to increasingly specialised services is required.

This includes referral to secondary and tertiary services from universal services. The referral pathways to meet these needs are generally well developed and function well61, although this may vary nationally. As health needs reduce it is important to transition care to the most appropriate level of care in a timely manner62. The goal being to provide care at the most appropriate level and as close to home as possible within the bounds of quality and safety.

Coordinating care can have significant social and financial impacts on families64. Care coordination and assistance in navigating systems is increasingly important for parents of children with multiple complex needs. Clearly defined referral pathways are a key tool to facilitate the delivery of more coordinated care, and assist parents, carers and health professionals in navigating the system.

5.5 Infrastructure

The capacity of secondary and tertiary services to provide flexible, coordinated care in response to the child and their family’s needs is dependent on the existence of effective supporting infrastructure. Infrastructure refers to the tangible and intangible structures, processes and coordination needed to support delivery of flexible child and family-centred care. It includes physical infrastructure such as buildings, medical technology and information and communication technology including clinical applications, models of care, processes of communication, computers and data networks, telephones and videoconferencing units. It can also include organisational infrastructure such as leadership, staff support and supervision systems.

57 Bar-Zeev et al. 2013
58 Government of WA 2010
59 Rawlinson and Williams 2000
60 Paediatric Society New Zealand 2008
61 Paediatric Society New Zealand 2008
62 Paediatric Society New Zealand 2008
63 Paediatric Society New Zealand 2008
64 Dewan 2013
An example of effective supporting infrastructure, that facilitates the provision of flexible child and family centred care, is telehealth. Telehealth has been used to provide specialised care where distance is an issue to improve the health and wellbeing of children and families. It includes diagnosis, treatment and prevention of disease, continuing education of healthcare providers and consumers, and research and evaluation\textsuperscript{65}.

Telehealth has been used in the health sector in response to the challenge of isolation, bridging the mismatch between available specialised care and the vast population of children who require such care in regional, rural and remote regions\textsuperscript{66}. More importantly, it assists families, in accessing the health services they and their child need, reducing travel costs and the burden placed on those seeking specialised care\textsuperscript{67}. For these reasons telehealth is an essential effective infrastructure in delivering specialised care for rural children and their families.

As with all control of personal information in order to protect health information from misuse, loss, unauthorised access, modification or disclosure by accidental or intentional means a secure environment and sufficient infrastructure is needed.

### 5.6 Research and evidence based service systems and clinical practice

Robust research is required to underpin evidence based service systems including planning, infrastructure and modes of delivery, as well as evidence based clinical practice including assessment tools, intervention strategies and information provided to children and families.

The evidence base is created through the application of research methods that examine the impact of particular approaches to both service system configuration and clinical practice on outcomes for children and their families.

Ongoing research is essential to ensure the efficacy of new models of care and the improvement of routine practice. Continuous improvement and value adding to services is underpinned by research and evidenced based practice. When these learning’s are applied it translates to improved services and better outcomes for children and their families.

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\textsuperscript{65} Wooton, & Batch 2005
\textsuperscript{66} Sekar and Vilvanathan 2007
\textsuperscript{67} Sekar and Vilvanathan 2007
6 Outcomes and Performance Monitoring

To fully understand the health of children and their families, specific measures of health that may differ to the adult population are required. In recent years, there has been an increase in the number of indicators and reporting frameworks that report on the health and wellbeing of children and young people, in both Australia and internationally.

The following data sets report periodically on child and family health outcomes:

- The Australian Institute of Health and Welfare (AIHW) annual report on Child Health Indicators
- The Australian Early Developmental Census (AEDC)
- The Australian Research Alliance for Children and Youth (ARACY)

The Healthy Safe and Thriving: National Strategic Framework for Child and Youth Health identifies five strategic priorities. The strategic priorities and objectives most likely to be directly impacted by the performance of secondary and tertiary child and family health services have been outlined below:

1. Equip children and young people with the foundations for a healthy life
   - Expectant mothers and children have optimal health
   - Children and young people are active, healthy and thriving
   - Children and young people have lower rates of preventable injury and mortality
   - Children and young people experience lower rates and impact of chronic diseases
   - Families with children and young people with disabilities are supported

2. Support children and young people to become strong and resilient adults
   - Reduce the prevalence and impact of adverse childhood experiences
   - Children and young people are thriving and supported in their social and emotional wellbeing
   - Children and young people are supported in their mental health needs

3. Support children and young people to live in healthy and safe homes, communities and environments
   - Families and caregivers have the parenting skills appropriate to the needs of their child from infancy to adulthood
   - Children and young people are free from violence, abuse and neglect
   - Children and young people are supported to reach their optimal development
4. **Children and young people have equitable access to health care services and equitable health outcomes**
   - Vulnerable children and young people have access to services and support for the best possible health outcomes
   - Adapt services to the diversity of health care needs of children and young people
   - Children and young people with complex health care needs are supported

5. **Improve systems to optimise the health outcomes of children and young people**
   - Work with other agencies to streamline and align systems to put children and young people at the centre of their own care and the health care system.
   - Implement evidence based policies, programs and practice
   - Invest in research and monitoring of children and young people’s health
   - Embed health literacy principles into health care policies and services
   - Encourage interagency and intergovernmental collaboration and coordination for improved health outcomes for children and young people
   - Work collaboratively with other agencies and community health bodies to reduce disadvantage as a result of social determinants of health

The objectives outlined in the *National Framework for Child and Family Health Services – secondary and tertiary health services* provide a basis for jurisdictions and local child and family health services to develop measures to monitor their performance.

Implementation of this Framework should provide a foundation for improving the performance of secondary and tertiary child and family health services, ultimately improving the health and wellbeing of Australian children and their families. Appropriate measures of uptake and utilisation of this Framework should be developed to monitor progress at local, state and territory and national levels.

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7 Implementing the Framework for Secondary and Tertiary Child and Family Health Services

Secondary and tertiary child and family health services will continue to evolve in response to the needs of children and their families to access services.

**Key challenges** in implementing the framework include:

- Ongoing organisation support, guidance and further education to assist in delivery of secondary and tertiary child and family health services effectively
- Adequately skilled and available workforce
- Achievement of interagency and intergovernmental collaboration
- Interagency and inter-professional communication and sharing of information to address the specific needs of vulnerable populations
- Active and meaningful engagement with difficult to reach vulnerable populations
- Ambiguity about roles of stakeholders
- Organisational barriers such as health system design, restrictive policies.

**Key opportunities and strategies** for implementing the framework could include:

- Incorporating key elements of secondary and tertiary child and family health services within health reform efforts, which may include provider education and health care policies
- Building trust, collaboration and working partnerships between providers
- Understanding the perspectives of providers, families and children and provide individualised responses
- Establishing culturally competent services
- An opportunity to build partnerships and trust between service providers and families
- Developing and implementing performance monitoring and reporting systems to track measurable improvements in service integration and access
- Developing policies and programs which support local level coordination and collaboration through the alignment of program goals and flexibility in funding arrangements
- Work with stakeholders to establish locally-relevant referral pathways for children and families
• Provide family-centred approaches which empower families and build on existing strengths of families
• Advocating services that promote social networks and support for families
• The provision of timely, practical and easy-to-understand information on topics related to children’s behaviour and development, to enhance the confidence and competence of families and other service providers
• Providing services that are sensitive to the diverse socioeconomic needs of families
• Develop mechanisms to ensure collaboration between providers to facilitate the delivery of the most appropriate service in the most appropriate setting
• Deliver relevant training and education for professionals providing child and family services particularly identifying opportunities for inter-professional learning
• Establishing, adapting and/or better utilising information technology systems to support collaboration and communication of information between providers including the potential to develop an electronic national child personal health record
• Supporting innovative programs that reflect local needs and priorities
• Developing and utilising quality/performance indicators and outcomes that can be measured, monitored, evaluated, and communicated.
8 Conclusion

The Framework identifies the key components of quality secondary and tertiary child and family health services within the broader, holistic service system for Australian children and their families to ensure timely access to quality secondary and tertiary health services that respond to risks and need, and support optimal health, development and wellbeing.

The Framework will deliver a number of benefits including:

- Articulating the core service elements of secondary and tertiary child and family health services in improving the health, development and wellbeing of children and their families
- Facilitating consistency in the planning, development and implementation of secondary and tertiary child and family health services across jurisdictions
- Providing a contemporary evidence base for service improvement
- Providing a basis for jurisdictions to develop measures to monitor performance of their secondary and tertiary child and family health services.

The Framework acknowledges the diverse and vulnerable population groups that access secondary and tertiary services, the social determinants of health that underpin those vulnerabilities and identifies how we can shape services to respond in a sensitive, timely and appropriate manner.
9 References


AIFS 2009. A Stitch in time saves nine Preventing and responding to the abuse and neglect of infants.


Paediatric Society New Zealand, 2008. Sustainable Programmes of Care for Children and Young People Through Managed Clinical Networks.


10 Bibliography


Katz, Ilan, Catherine Spooner and Kylie Valentine. 2006. Social Policy Research Centre, University of New South Wales, Australia For the Australian Research Alliance for Children and Youth.


Kim Crickmore Farrior; Engelke, Martha Keehner;Catherine Shoup Collins;Carol Gordon Cox


NSW Department of Community Services, 2006. Models of service delivery and interventions for children and young people with high needs. Literature Review.

NSW Department of Health. 2009. NSW Health/Families NSW Supporting Families Early Package – maternal and child health primary health care policy, NSW Department of Health.


Paediatric Society New Zealand, 2008. Sustainable Programmes of Care for Children and Young People Through Managed Clinical Networks.

Queensland Government. The South East Queensland Paediatric Planning report.


Watson, R. S., 2002. Location, location, location: Regionalization and outcome in pediatric critical care. Current Opinion in Critical Care, 8:344–348
