

Queensland Universal Child Health Framework – Implementation Guide

Queensland Child and Youth Clinical Network – Child Health Subnetwork

V6 21.5.14

Queensland Universal Child Health Framework – Implementation Guide

Published by the State of Queensland (Queensland Health), May 2014



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Summary

The Queensland Child and Youth Clinical Network have partnered with Children's Health Queensland Hospital and Health Service to move towards strengthening the delivery of universal child and family health services state-wide through the development of the Queensland Universal Child Health Framework Implementation Guide (the Guide).

The purpose of the Guide is to provide support to Hospital and Health Services to meet the principles of the Queensland Universal Child Health Framework and the National Framework for Universal Child and Family Health.

The Guide examines the strategies and policies that support the delivery of accessible, safe and quality care for children and families. The national policy focus reflects the importance of the early years, to create the best start for children and to improve outcomes for our most vulnerable children. Health promotion, early intervention and prevention are flagged as strategies to improve the health and wellbeing of all Australian children.

The *Blueprint for better healthcare in Queensland* outlines priorities for the delivery of healthcare in Queensland. Maximising access to health services and advice for parents on the care and wellbeing of their children and strengthening and expanding healthcare through partnerships are Queensland Government priorities.

The Queensland Universal Child Health Framework is outlined in the Guide to provide support to child and family health services on the core service elements, assessments and interventions that should be universally available in local communities.

The Guide describes a number of service elements that support the delivery of safe and quality care. These service elements align with and expand upon the principles of the Queensland Universal Child Health Framework.

The Guide includes an overview of universal child and family health services in Queensland Hospital and Health Services and recognises local partners who deliver primary health care to children and families.

In discussion and meetings with child and family health service providers a number of challenges were identified. These challenges appear to be common across a number of Hospital and Health Services:

- Poor uptake and use of Telehealth facilities and other technology to engage with and support beginner and remote clinicians and to deliver core services to consumers.
- Lack of access to allied health and child development services limiting this as a referral pathway for children and families.

- Ongoing challenges in maintaining culturally competent child and family health services.
- In locations where the maternity model of care extends beyond four weeks post birth there is perceived to be poorer engagement of families with the child and family health service.

The following recommendations have been identified to support HHS to meet the principles of the Queensland Framework.

Recommendations

Principle 1: Partnership with families and other services

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families

Principle 2: Build Capacity within the community to promote health and wellbeing

- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus

Principle 3: Deliver core service elements as outlined in the Queensland Framework

- Core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

Principle 4: Interventions are evidence based and standardised

- Ensure assessments and interventions are delivered as outlined in the Queensland Framework using the recommended evidence based assessment tools and intervention programs
- Standardise the use of assessments and interventions in the HHS

1. Introduction

This Implementation Guide (the guide) is written with the purpose of supporting Queensland Hospital and Health Services to provide quality, safe and consistent universal child and family health services through the implementation of the Queensland Universal Child Health Framework (the Queensland Framework).

The guide will provide an outline of the Queensland Framework's core service elements and interventions and is a guide to an effective service system. Priority areas for consideration when implementing the Queensland Framework include workforce, intake and access, referral pathways, partnership and collaboration, safety and quality improvement and outcomes and performance monitoring. In addition, a statewide mapping of universal child and family health services 0 – 5 years has been undertaken and individual HHS service summaries are included as an addendum to the guide.

Universal child and family health services are based on the principles of primary health care. Services should be available to all children and families free of charge and are a platform for health promotion, prevention and early intervention and support.¹

The aim of the Queensland Framework is to identify current clinical practice standards that support the implementation of contemporary service delivery models across children's and young people's health services.² The family centred model of care assures the health and wellbeing of children and their families through a respectful family-professional partnership. Family centred care is the standard of practice which results in high quality services.³

2. Scope

This guide focuses on access to universal child and family health services for children and families from the antenatal period through to twelve years of age. The term 'child and family health services' is used throughout the guide as a uniform term to identify services that deliver care for children and young people from birth to twelve years of age. It is acknowledged that some services may include the term 'youth' in their service title. The Queensland Framework is strongly aligned to the National Framework for Universal Child and family Health Services (National Framework) however the age range differs between the two frameworks. The National Framework age range is from birth to eight years.

¹ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

² Queensland Universal Child Health Framework 2011, Child Health Subnetwork, Statewide Child and Youth Clinical Network, Queensland Health

³ Children's Health Queensland (Draft) Child Health Service Model of Care 2013
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3. Background

In 2009, the Queensland Child and Youth Clinical Network (QCYCN) formerly known as the Statewide Child and Youth Clinical Network (SCYCN) was established to drive service improvements in the area of children's and young people's health. There are a number of subnetworks that support the strategic direction of the QCYCN. One of these subnetworks is the Child Health Subnetwork which is focused on the improvement of children's and young people's health services in communities across the state and is committed to a number of initiatives to drive this service improvement.

In 2011, The Queensland Framework was developed by the Child Health Sub network 'Service Delivery Model Working Group' and describes the core service elements and interventions recommended from the antenatal period through to twelve years of age.⁴ The core service elements and interventions outlined in the Queensland Framework are consistent with the National Framework. In the same year the SCYCN Steering Committee endorsed the Queensland Framework.

In 2013, the QCYCN in partnership with Children's Health Queensland Hospital and Health Service sponsored and funded the Child Health Subnetwork Statewide Project to develop this guide to support Hospital and Health Services to implement the Queensland Framework and to complete a mapping of universal child and family health services 0 – 5 years in each Hospital and Health Service (HHS). In addition, the project includes the review of Section 2 of the Child and Youth Health Practice Manual (the manual). The manual covers practice issues and guidelines for child, youth and family health practice to support beginning practitioner level child health nurses and Aboriginal and Torres Strait Islander health workers.

4. National policy context

There are several national strategies that align with and support the principles of the Queensland Framework and National Framework in the delivery and strengthening of universal child and family health services.

The Council of Australian Governments (COAG) *Investing in the Early Years: A National Early Childhood Development Strategy* has articulated a vision "by 2020 all children have the best start in life to create a better future for themselves and for the nation".⁵ The strategy outlines priorities for action including strengthening of universal maternal, child and family health services.

The *National Framework for Universal Child and Family Health Services* was endorsed by the Australian Health Ministers Advisory Council in July 2011. The National Framework outlines a vision for child and family health services for all Australian

⁴ Queensland Universal Child Health Framework 2011, Child Health Subnetwork, Statewide Child and Youth Clinical Network, Queensland Health

⁵ *Investing in the Early Years: A National Early Childhood Development Strategy* Council of Australian Government 2009

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children aged birth to eight years. Core service elements are described to assist in the delivery of a consistent approach to provision of universal child and family health services nationally.⁶

The National Preventative Health Strategy Australia the Healthiest Country by 2020 identifies the importance of effective prevention strategies to assist in reduction of obesity, tobacco and alcohol use during pregnancy and the early years of life.⁷ The strategy supports the provision of primary health care in the antenatal period and during the early years to promote breastfeeding, provide advice on nutrition and physical activity for children and to assess the growth and development of children with a priority for Aboriginal and Torres Strait Islander children.⁸

National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 outlines three key priorities directly linked with improving health outcomes for children. The plan recognises the need for social and emotional wellbeing as a central platform for health prevention and care; and furthermore emphasises that mothers and babies get the best possible care and support for the best start in life and that growth and development of children lays the foundation for a long and healthy life.⁹

Aboriginal and Torres Strait Islander children are among the most vulnerable group of children in Australia. COAG set '*Closing the Gap*' targets which include "halving the gap in mortality rates of Indigenous children under five by 2018".¹⁰ This target is directly related to the provision of safe and accessible and culturally appropriate healthcare to pregnant women and their children.

The *National Framework for Protecting Australia's Children 2009 – 2020* was endorsed by COAG in 2009. The supporting outcomes of the framework include that "children and families access adequate support to promote safety and intervene early".¹¹ The framework advocates the public health approach which aims to provide universal preventative initiatives to support all families and children and offer a strengthened secondary support service network to which families can be referred.

In 2010 the Australian Commission on Safety and Quality in Health Care (ACQSHC) developed *The National Safety and Quality Health Service Standards (NSQHS)*. These standards were endorsed by the Australian Health Ministers in the same year. The standards are designed to assist health services to deliver safe and quality care. The NSQHS standards outline the importance of relationships between patients and carers,

⁶ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

⁷ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

⁸ National Preventative Health Strategy - a roadmap for action 2009 Australian Government

⁹ National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, Australian Government

¹⁰ Council of Australian Governments Closing the Gap on Indigenous Disadvantage

¹¹ National Framework for Protecting Australia's Children 2009 - 2020

clinicians, non-clinical workforce, managers and executives in provision of safe and quality care.¹²

5. Queensland policy context

The *Blueprint for better healthcare in Queensland 2013* priorities focus on four principal themes including, health services focused on patients and people; empowering the community and our healthcare workforce; value in health services; investing, innovating and planning for the future.

The Queensland government supports “giving children the best possible start in life and in giving parents maximum access to health services and advice on the care and wellbeing of their children” (p. 16).¹³ Through the delivery of universal services there will be increased support for families under the ‘Mums and Bubs’ policy where parents of newborns will be supported by a home-visiting program consisting of two visits in the first month after birth. Additionally, all families will be able to access four community clinic consultations with an experienced maternal and child health professional during their baby’s first year.¹⁴

The Queensland *Department of Health Strategic Plan 2012 – 2016 (2013 update)* includes strategic objectives that support the delivery of accessible services, safe services and encourages partnerships and engagement.¹⁵ The strategies that assist in meeting the strategic objectives guide the development of innovative service delivery models and partnerships; provide targets for improved levels of clinical safety and quality and to enhance the levels of engagement and networking with other health care providers.

In recognition of the poorer health outcomes of Aboriginal and Torres Strait Islander people the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033* acts as a guide to the provision of culturally responsive and effective health services.

The *National Early Childhood Development National Partnership Agreement* aims to achieve the COAG ‘Closing the Gap’ targets by encouraging commonwealth, state and territory governments to work together to improve the early childhood outcomes of Aboriginal and Torres Strait Islander children. Queensland has contributed to implementation of the elements of this agreement. Priority areas include a ‘healthy start in life’ with a focus on maternal and child health, parenting support, young people’s health, hearing health, education, child safety and emotional and social wellbeing.¹⁶

¹² Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), *National Safety and Quality Health Service Standards*, ACSQHC, Sydney

¹³ Queensland Government *Blueprint for Better Healthcare in Queensland*

¹⁴ Queensland Government *Blueprint for Better Healthcare in Queensland*

¹⁵ Queensland Government *Department of Health Strategic Plan 2012 – 2016 (2013 update)*

¹⁶ *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders Implementation Plan 2009-10 to 2011-12 Queensland Government Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork*

In June 2013, Commissioner Tim Carmody provided the Queensland government with his report *Taking Responsibility: A Road Map for Queensland Child Protection*. The road map is a ten year plan for the reform of the child protection system in Queensland. Recommendation 1.1 of the report states “The Queensland government promote and advocate to families and communities their responsibility for protecting and caring for their own children”.¹⁷ Key themes of the report include responding to the needs of Aboriginal and Torres Strait Islander children, working in collaboration with the non-government sector and early intervention and protection for children.

The Queensland government supported the introduction and implementation of several initiatives that focus on prevention and early intervention in the antenatal and post birth period including antenatal screening of women for psychosocial wellbeing, depression, tobacco, drug and alcohol use and domestic violence; an enhanced universal postnatal contact provided by maternal and child health services and integration of the child health advice line with 13Health providing 24 hour telephone advice to families.

The Queensland government has funded the Early Years Centre Initiative, there are four Early Years Centres in Queensland they are located at Browns Plains, Cairns, Caboolture and the Gold Coast. The Early Years Centres were established to provide universal and targeted services to children 0 – 8 years and, when clinically required, provide referral to specialist services. The centre at Browns Plains is now known as the Centre for Child Health and Wellbeing which now has a state wide focus and operates from within Children’s Health Queensland.

The *Clinical Services Capability Framework version 3.1* provides a framework that outlines minimum requirements for service delivery including staffing, support services and risk considerations for both public and private health services. Children’s services must be provided in a safe and appropriate physical environment. Universal child and family health services fall under the requirements of Clinical Services Capability Level 1 low complex ambulatory care services. Level 1 requirements include staff are competent in assessment, care and management and delivery of health promotion activities and programs for children and their families, and possess relevant advanced training; referral pathways exist to provide access to secondary and tertiary service; telehealth is used for clinical and educational purposes.¹⁸ These requirements align with and support the principles of the National Framework.

¹⁷ Queensland Child Protection Commission of Inquiry, *Taking Responsibility: A Road Map for Queensland Child Protection 2013*

¹⁸ Clinical Services Capability Framework v 3.1 Fundamentals of the Framework Queensland Health

6. Queensland Universal Child Health Framework

The Queensland Framework aligns with the National Framework as well as both state and national clinical guidelines and standards to guide quality, safe and effective delivery of community based child and family health services. These guidelines include National Health and Medical Research Council (NHMRC) guidelines, the Personal Health Record (PHR), The Child and Youth Health Practice Manual for child and youth health nurses and Indigenous child health workers and evidence based clinical guidelines developed by the Child Health Subnetwork of the Statewide Child and Youth Clinical Network.

The Queensland Framework covers the antenatal period and from birth to twelve years of age. This extended scope identifies the importance of universally available services to support families at key transition periods including becoming a parent and starting school.¹⁹ It supports the delivery of a universal service pathway where assessments and interventions are standardised and provided to all families regardless of additional identified needs.²⁰ The child and family health service aims to be responsive to identified needs through advice and assistance as part of routine clinical practice; brief practice based intervention or will provide referral to enhanced, secondary or tertiary services at any stage during the universal core contacts where a need is identified.²¹

Core service elements of the universal service pathway are:

- health and developmental surveillance
- health promotion
- early identification of family need and risk
- responding to identified need

6.1 Guiding principles

The Queensland Framework guiding principles underpin the delivery of interventions to children and families by a range of health practitioners including maternal, child and family health nurses, Aboriginal and Torres Strait Islander health workers and general practitioners.²²

- Child Health services are delivered in partnership with families and other services.

¹⁹ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

²⁰ Children's Health Queensland (Draft) Child Health Service Model of Care 2013

²¹ Children's Health Queensland (Draft) Child Health Service Model of Care 2013

²² Queensland Universal Child Health Framework 2011, Child Health Subnetwork, Statewide Child and Youth Clinical Network, Queensland Health
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- There is a need to build capacity within the community to promote health and wellbeing.
- There are core service elements as defined by the National Framework.
- The interventions are evidence based and standardised.²³

6.2 Antenatal period

The Queensland Framework recommends a core service contact in the antenatal period. Contact with the child health service during the antenatal period provides the opportunity to inform families about the child and family health services available to them following the birth of their child. During the antenatal period the child and family health service works in partnership with the maternity service to determine risk factors to child health and wellbeing and assist the development of appropriate referral pathways for families following birth to support the continuum of care.

6.2.1 Core service element – early identification of family need and risk

Intervention

- Parental mental health screening
- Parental social screening (domestic violence, substance use, housing, financial stress)

Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Domestic violence screening tool (DVI)

6.3 Birth to one year of age

6.3.1 Core service element – health and developmental surveillance

Intervention

- Child health development surveillance – this includes physical and psychosocial assessment at key ages

²³ Queensland Universal Child Health Framework 2011, Child Health Subnetwork, Statewide Child and Youth Clinical Network, Queensland Health
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Tools

- Developmental profile (assessment of nutrition, growth and development, parent-infant interaction)
- Parental Evaluation of Developmental Status (PEDS)
- Ages and Stages Questionnaire (ASQ)

6.3.2 Core service element – health promotion

Intervention

- Child behaviour within normal range consultation
- Immunisation
- Nutrition / physical activity
- Oral health education
- Parenting – relationship based parenting education and skill development
- Injury prevention and safety

6.3.3 Core service element – early identification of family need and risk

Intervention

- Parental mental health screening
- Parental social screening (domestic violence, substance use, housing, financial stress)
- Family assessment including infant-maternal attachment

Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Domestic violence screening tool (DVI)
- Family health assessment

6.3.4 Core service element – responding to identified need

Intervention

- Anticipatory guidance
- Intervention related to need
- Referral

6.4 Two to five years of age

6.4.1 Core service element – health and developmental surveillance

Intervention

- Child health development surveillance – this includes physical and psychosocial assessment at key ages

Tools

- Developmental profile (assessment of nutrition, growth and development, parent-infant interaction)
- Parental Evaluation of Developmental Status (PEDS)
- Ages and Stages Questionnaire (ASQ)

6.4.2 Core service element – health promotion

Intervention

- Child behaviour within normal range consultation
- Immunisation
- Nutrition / physical activity
- Oral health education
- Parenting – relationship based parenting education and skill development
- Injury prevention and safety
- Attachment

6.4.3 Core service element – early identification of family need and risk

Intervention

- Parental mental health screening
- Parental social screening (domestic violence, substance use, housing, financial stress)
- Family assessment including infant-maternal attachment

Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Domestic violence screening tool (DVI)
- Family health assessment

6.4.4 Core service element – responding to identified need

Intervention

- Anticipatory guidance
- Intervention related to need
- Referral

6.5 Six to twelve years of age

6.5.1 Core service element – health promotion

Intervention

- Nutrition / physical activity
- Oral health education
- Parenting – relationship based parenting education and skill development
- Injury prevention and safety

Tools

- Developmental profile (assessment of nutrition, growth)
- Brigance

6.5.2 Core service element – responding to identified need

Intervention

- Anticipatory guidance
- Intervention related to need
- Referral

7. Guide to an effective service system

To be effective the service system requires a shared vision for the health and wellbeing of children and families and a coordinated and collaborative multidisciplinary approach. The overarching National Framework provides guidance to the establishment of an effective service system through a vision and articulation of key principles.²⁴ The principles outlined in the National Framework include:

- Access
- Equity
- A focus on promotion and prevention
- Working in partnership with families
- Diversity
- Collaboration and continuity
- Evidence-based practice

7.1 Service Summary

Child and family health services can be provided in a variety of settings and should be delivered flexibly to meet the needs of the child and family. Flexible delivery of universal child and family health services that promote ease of access by families and are delivered across multiple settings and through a variety of modes align with the principles of the National Framework.

²⁴ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government
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7.1.1. Service activities:

- Drop in clinic
- Appointment based clinic
- Outreach clinic
- Day stay clinic/program
- Feeding/lactation support clinic
- Facilitated Group programs
- Nurse home visiting

7.1.2 The care setting and mode of delivery:

- Clinic
- Home
- Community setting e.g. collocation with a non government organisation
- Face to face
- Telephone
- Electronic
- Individual
- Group

7.1.3 Clinical resources

Clinical resources required to deliver a community based service include:

- Facilities – adequate rooms for individual consultation or delivery of group sessions.
- Equipment - cars, phones, scales, feeding equipment, instruments for diagnostic assessment, cleaning equipment, developmental kits, assessment and intervention kits.
- Clinical and operational policies and procedures – intake and access, appointment scheduling, personal safety in home visiting, clinical forms management, documentation in clinical records.
- Evidence based clinical guidelines – Immunisation, breastfeeding, safe sleeping, breast milk storage, health promotion, assessing infant/child growth

and development within the primary health care setting, reporting a reasonable suspicion of child abuse and neglect.

7.2 Intake and access

All families with young children should be able to access services, information and resources that are evidence based, appropriate and useful. The child and family health service is an integral part of the continuum of care accessed by families during pregnancy and following the birth of a child.

Primary health care services may be delivered by a range of providers across government, non-government and private service sectors. The National Framework recognises that services need to be better coordinated and integrated to meet the needs of children and families. Universal child and family services play a vital role in interfacing with both secondary and tertiary services and across service sectors particularly community sectors and education.²⁵

Accessibility can be increased for children and families through the use of flexible service delivery. Flexibility is central to providing universal child and family health services that are responsive to families who are most in need. Services are more accessible when they are community based, provide assistance with transport and childcare, utilise community connections, use technology and are well promoted.²⁶

In line with the principles of the National Framework services should focus on ensuring that they meet the needs of Aboriginal and Torres Strait Islander children, families and communities. This can be achieved through partnering with Aboriginal and Torres Strait Islander maternal, and child health service providers and increasing accessibility to mainstream services by provision of culturally appropriate information, culturally competent workforce, effective communication, and a welcoming physical environment.²⁷

Culturally and linguistically diverse (CALD) families experience a number of differing values, religious and cultural norms which may influence child rearing practices and impact on children's activities and engagement with their communities. CALD and refugee families experience barriers to accessing healthcare. These barriers include communication, information and language barriers, system barriers including accessibility and navigation of complex health systems. Other reasons for not accessing services may be due to lack of cultural sensitivity and fear of authority.²⁸

²⁵ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

²⁶ Centre for Mothers and Babies, Reaching out: identifying and engaging hard to reach groups in Queensland maternity care 2014

²⁷ Centre for Mothers and Babies, Reaching out: identifying and engaging hard to reach groups in Queensland maternity care 2014

²⁸ A toolkit for working with families from pre-birth to 8 years Engaging Families in the Early Childhood Development Story, Australian Research Alliance for Children and Youth 2008
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In rural and remote areas the delivery of primary health care is impacted by geographic spread, low population density and lack of infrastructure and skilled workforce. Rural and remote families are more dependent on primary health care providers particularly general practitioners, outreach or fly in fly out services. Families living in rural and remote areas may have difficulty in accessing primary health care due to distance, transportation, cost, cultural barriers and understanding of how to access services.²⁹

To ensure universal child and family health services are accessible to all children it is critical to assess our services against the principles of access, equity and diversity.

| Strategies and opportunities |
|--|
| ➤ Assess efficiency of intake processes through the use of a Lean Management Value-Stream Mapping exercise |
| ➤ Define service pathway entry and exit points and document |
| ➤ Define eligibility criteria and client registration procedures |
| ➤ Standardise appointment times and establish waitlist management procedures |
| ➤ Establish outreach services and use of technology to improve access for rural and remote families |
| ➤ Co-locate child and family health services alongside other early childhood education care and development services |
| ➤ Locate service where families visit the most |
| ➤ Facilitate access by operating in a flexible way |
| ➤ Develop culturally competent services based on awareness of cultural diversity |
| ➤ Provide opportunistic advice and care |
| ➤ Explore the use of use of technology to deliver health promotion messages to difficult to reach communities |
| ➤ Actively promote the child and family health service to the community |
| Service performance indicators |
| ➤ Families are satisfied that the child and family health service meets their needs |
| ➤ Families know where care is available and how to access it |
| ➤ Services are culturally appropriate |

²⁹ Standing Council on Health National Strategic Framework for Rural and Remote Health Commonwealth of Australia 2012
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➤ Services are flexibly delivered

7.3 Referral pathways

Referrals into universal child and family health services are received largely from maternity services, other health professionals including general practitioners and community organisations according to locally agreed referral guidelines/pathways.³⁰

The role and function of the universal child and family health service is to provide family centred care which includes promotion of health and development, early detection, early intervention and coordination of care.³¹

The child and family health service aims to be responsive to the changing and emerging needs of families. In responding to the needs of children and families the service should have the capacity to offer the following:

- Advice and assistance as part of routine clinical practice
- Provision of a brief structured intervention within the existing universal contact
- Referral for further assessment with the child and family health service or to another primary health care provider e.g. General Practitioner
- Referral or invitation to an enhanced or targeted program delivered by the child and family health service e.g. sustained nurse home visiting program
- Referral to a targeted or specialist service.³²

The universal child and family health service may provide targeted services that provide additional support for those children and families that are at increased risk of poorer health or developmental outcomes. The level of support may include extended nurse home visiting; day stay services; supported playgroups and multidisciplinary care coordination.

Secondary and tertiary level services are those services that provide children and families with intensive and tailored support. It is anticipated that families who are referred to secondary and tertiary services will continue to engage with universal services through a coordinated and integrated service approach.³³

³⁰ Children's Health Queensland (Draft) Child Health Service Model of Care 2013

³¹ Children's Health Queensland (Draft) Child Health Service Model of Care 2013

³² National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

³³ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government
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Service networks provide essential service links to ensure continuity of care for families. To coordinate management and transfer between health services defined communication pathways and referral pathways are required.

| Strategies and opportunities |
|---|
| ➤ Develop a defined service pathway with clear entry and exit points |
| ➤ Identify local secondary and tertiary services and improve links with these services providers |
| ➤ Engage with stakeholders to establish locally relevant communication and referral pathways to hearing assessment services; paediatric specialty services; allied health services; peri-natal infant mental health services, child and youth mental health services, adult mental health services; drug and alcohol services ³⁴ |
| ➤ Develop specific referral pathways for families who have suffered the loss of a child to assist supported transition to counselling services |
| ➤ Develop specific referral pathways for children from families with diverse needs including Aboriginal and Torres Strait Islander families, culturally and linguistically diverse families and those families living in rural and remote locations |
| ➤ Develop communication pathways to the local Child Protection Advisor and Child Protection Liaison Officer to assist with formulation and reporting of a reasonable suspicion of child abuse and neglect and information sharing requests from the Department of Communities Child Safety and Disability Services |
| Service performance indicators |
| ➤ Families are satisfied that their child's needs for referral to services were met |
| ➤ Families are satisfied that they have been linked to appropriate supports |
| ➤ Referral pathways are established |
| ➤ Sharing of information between service providers is accurate and timely |
| ➤ Service networks are established within the community and to tertiary centres |

³⁴ Clinical Services Capability Framework v 3.1 Fundamentals of the Framework Queensland Health
 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

7.4 Partnerships and collaboration

A core principle of the Queensland Framework is to work in partnership with families and in collaboration with other services to provide coordinated, multidisciplinary care and integrated service delivery.

Universal child and family health services should be delivered with a child and family focus. This means planning and delivering services with consumer and community needs, expectations and experiences at the forefront.

Child and family health clinicians should strive to work in partnership with families to build on families' strengths and parenting capacity, recognising the role and expertise of families to support the health, wellbeing and development of their children.³⁵ The Family Partnership Model is a widely accepted and highly desirable model of working in partnership with families.

The provision of multidisciplinary care and coordination of care for families requires establishment of communication pathways and partnering within the child and family health service and include other child and family health clinicians across the Hospital and Health Service.

Developing partnerships with secondary and tertiary health services, other government agencies and non-government organisations are important for addressing the social determinants of poor health and for the delivery of consistent messages and information to promote health and wellbeing of children and families.

Medicare Locals play a role in the coordination and integration of primary health care in local communities. They can assist families in navigating the healthcare system and aim to reduce health inequities by identifying service gaps.

Partnerships with other primary health care providers and other health service providers can improve continuity of care for consumers.³⁶ Partners in the provision of universal child and family health services include:

- General practitioners
- Aboriginal and Torres Strait Islander health and medical services
- Medicare Locals
- Royal Flying Doctor Service
- Private sector partners including pharmacy and practice nurses, audiology and hearing services, optometrists, dentists and allied health professionals.

³⁵ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

³⁶ Health System Priorities for Queensland 2013 – 2014 Department of Health
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

For the partnership to be successful it must have a clear purpose, value add to the work of the partners, in this case, value add to the outcomes for children and their families. Using a standardised methodology, the partnership needs to commence evaluating from the beginning allowing for the work to be carefully monitored³⁷. This evaluation will allow for defining a clear purpose of the partnership, mapping the partnership and providing feedback for review with the purpose of enhancement of the partnership.

| Strategies and opportunities |
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| ➤ Family Partnership Training is available to all staff working with children and families |
| ➤ Undertake a coordinated care approach involving a range of professionals that values the views and opinions of the family or carer |
| ➤ Improve communication between child and family health services across the Hospital and Health Service through regular forums to enable sharing of activities and resources |
| ➤ Build partnerships with other stakeholders through establishment of and participation in local networks |
| ➤ Use partnerships and relationships with other service providers to support the continuum of care for children and families |
| ➤ Identify opportunities to share information with other agencies and sectors through formal and informal gatherings |
| ➤ Collaborate with peak bodies and non-government organisations that represent disadvantaged children in the community |
| ➤ Develop a consumer engagement and communication plan to enable consumers to participate in service development activities and provide feedback to the service provider |
| ➤ Identify local needs through consumer and community engagement and develop services to meet those needs |
| ➤ Evaluate the effectiveness of the partnership from the beginning and ongoing evaluation through the life of the partnership. |
| Service performance indicators |
| ➤ Families feel supported in their parenting role |
| ➤ Families feel that service providers listened to their needs |

³⁷ The partnerships analysis tool For partners in health promotion. VicHealth. www.vichealth.vic.gov.au

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|---|
| ➤ Families receive care from a multidisciplinary team |
| ➤ Families are linked to other community support services that support parents |
| ➤ A model for coordinated care is in place |
| ➤ Evidence of partnerships with local service providers |
| ➤ Evaluation of the partnership using an evidence based standardised tool for example “The partnerships analysis tool” VicHealth. |

7.5 Workforce

7.5.1 Competence

The child and family health service workforce providing clinical care comprises disciplines including medical, nursing, allied health professionals and Aboriginal and Torres Strait Islander health workers. A multidisciplinary and collaborative approach is encouraged in the delivery of universal services. Professionals delivering universal child and family health services require specific knowledge, skills and attitudes.³⁸ Practices that build clinical competence include assessment of student and beginner practitioners, clinical 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 Agency (AHPRA)
- Nursing and Midwifery Board of Australia (NMBA)
- Australian College of Children and Young Peoples Nurses (ACCYPN)
- Australian Association of Social Workers (AASW)
- Australian Psychological Society (APS)

7.5.2 Specialist skills and knowledge

Clinical child and family health services are provided by qualified healthcare professionals with specialist qualifications and or experience in children’s health.³⁹ Specialist skills and knowledge in the area of child and family health can be obtained through the completion of relevant postgraduate qualifications. Aboriginal and Torres

³⁸ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government

³⁹ Children’s Health Queensland (Draft) Child Health Service Model of Care 2013
 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Strait Islander health workers may access the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Care) Child Health Program.⁴⁰

The QCYCN Child Health Subnetwork have developed a *Child Health Nurse Statement* which provides naming conventions, definition and evidence to support the knowledge and skills required to competently care for children and families.

Naming Conventions

Child Health Nurse (CHN), Child and Family Health Nurse (CFHN), Maternal and Child Health Nurse (MCHN) Child, Youth and Family Health Nurse (CYFHN) in this statement will be referred to as Child Health Nurse.

Definition

A child health nurse is a registered nurse who has been educationally prepared to provide specialist care for children and their families in the areas of:

- Child growth and development
- Parenting support
- Working in partnership with families and other agencies in primary health care settings

Supporting evidence

To practice autonomously in the community with families and their children, the child health nurse must:

- Possess the relevant knowledge, technical skill and attitudes (Australian Health Ministers Advisory Council, 2011)
- Have the ability and skill to provide safe and competent nursing care (The Nursing and Midwifery Office, 2011)
- Have extensive comprehensive and specialist nursing knowledge (Productivity Commission Education and Training Workforce Early Childhood Development, 2011)
- Be competent in identification and assessment of health issues, delivering health information, guidance and decision making (ACPCHN, 2nd Edition 2006; Australian Health Ministers Advisory Council, 2011; Herceg, 2006; McHugh, Bradley, & Hornbuckle, 2011).

Demonstrated competence in:

- Child-health focus is within the context of the family and community

⁴⁰ <http://www.health.qld.gov.au/cunninghamcentre/html/atsi.asp>

- A focus on parental (mother/father) wellbeing and family functioning
- Partnership with families
- Primary health care approach
- Knowledge of continuum of health to illness for children
- Knowledge of child development (physical, emotional, social and cognitive)
- Collaboration across services
- Professional body of knowledge
- Ethics and legislation
- Commitment to performance improvement and evaluation. (Australian Health Ministers Advisory Council, 2011; The Nursing and Midwifery Office, 2011).⁴¹

Competence can be demonstrated through several mechanisms including use of a competency assessment tool, through the PAD process or a mentorship process.

7.5.3 Ongoing education and training

Annual health service specific mandatory training:

- Basic paediatric life support
- Medication competency for registered nurses
- Cultural capability training
- Child abuse and neglect capability self-assessment

Additional education and training is recommended to maintain staff competence in the provision of child and family health services:

- Family Partnership Model
- Developmental screening and assessment
- Psychosocial screening and assessment – e.g. EPDS, DVI
- Breastfeeding – promoting, protecting and supporting
- Parenting training – e.g. Triple P, Circle of Security
- Immunisation Program Nurse

⁴¹ Queensland Child and Youth Clinical Network Child Health Subnetwork *Child Health Nurse Statement* (not published) April 2014
 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

- Hearing assessment – e.g. otoscopy, tympanometry and audiometry
- Vision assessment
- Education for practice (EPIQ) transition support program
- Clinical assessor and preceptor training

| Strategies and opportunities |
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| ➤ Deliver relevant cultural and clinical training and education for professionals providing child and family health services |
| ➤ Identify opportunities for inter-professional learning |
| ➤ Provide education and ongoing training to ensure a knowledgeable and skilful workforce |
| ➤ Encourage workforce in rural and remote locations to access PARROT training available online |
| ➤ Ensure workforce are clinically and culturally competent through PAD and CPAT processes |
| ➤ Use telehealth to support workforce through clinical discussion and consultation |
| Service performance indicators |
| ➤ Evidence that child and family health professionals hold specialist qualifications and or experience in children’s health |
| ➤ Child and family health professionals are able to access relevant ongoing professional development opportunities |
| ➤ Families feel advice was explained in a way that was understood |
| ➤ Families feel that services are delivered in a culturally appropriate way |

7.6 Safety and quality improvement

Providing the right services, in the right way, at the right time, in the right place encapsulates safe, efficient, evidence based service delivery that is accessible across Queensland. The provision of quality and safe care is achieved through continually examining processes to identify inefficiencies and implementing more efficient processes. Evidence has shown implementation of agreed standardised clinical

practice is the most effective way to ensure consistent and effective clinical practice and improve clinical outcomes.⁴²

The Queensland Framework outlines a range of core service elements, evidence based interventions and assessment tools for assessing child health and development, child socioemotional wellbeing, and maternal perinatal mental health to assist in the provision of consistent, safe and quality care for children and families. These interventions and assessment tools are based on those recommended in the National Framework, Personal Health Record (PHR) and National Health and Medical Research Council (NHMRC) clinical practice guidelines.

The use of evidence based models of care/service delivery are desirable and encouraged for services including child and family health and priority population groups including Aboriginal and Torres Strait Islander, CALD populations, socioeconomically disadvantaged children and families and those families living in rural and remote areas.⁴³

To support the delivery of safe and quality care to children and families across the continuum health information management needs to be standardised and information accessible to health care partners to ensure a smooth transition of care. Clinical forms should be reviewed to ensure consistency and a clinical forms approval and publication process in place. Client information and education resources should be standardised and evidence based to ensure consistent health promotion messages are delivered to families.

There are a number of initiatives in place both nationally and locally to support improved quality and safety, health information management and data collection.

The Commonwealth government has funded the development of a national Personally Controlled Electronic Health Record (PCEHR) with an aim to provide a secure electronic record of an individual's medical history. The record can be accessed by health professionals through a secure online portal. There has been progress towards a Child Electronic Health Record (CeHR) to be incorporated into the PCEHR.⁴⁴

The QCYCN-Child Health Sub-network have contributed to the development of the Child and Youth Health Data Set Specification (CYH DSS). The CYH DSS is a set of data elements to be used in the child and youth health clinical domain to inform the development of forms, labels and tools. The objective of the CYH DSS is to provide a standard for defining and displaying a core set of child and youth health data elements.

The Data set may be found on the following link:

http://gheps.health.qld.gov.au/clinical_info_mgt/html/child-hlth-data-stand.htm

⁴² Health System Priorities for Queensland 2013 – 2014 Department of Health

⁴³ Health System Priorities for Queensland 2013 – 2014 Department of Health

⁴⁴ Queensland Government Department of Health Health Services Information Agency
Communique Development of a national child ehealth record November 2013
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

There are a number of benefits including facilitating ongoing safety and quality improvement, support information collection, recording and sharing across the health care continuum.⁴⁵

The *National best practice guidelines for collecting Indigenous status in health data sets* is aimed at improving the quality and availability of data identifying Indigenous status. Collecting reliable data on the health of Aboriginal and Torres Strait Islander people is important in measuring the effectiveness of health services to meet their needs and to reduce health inequities.⁴⁶

The Australian Council on Healthcare Standards (ACHS) is an authorised accreditation agency of the ACSQHC. The ACHS is authorised to accredit healthcare organisations to the NSQHS standards. The Evaluation and Quality Improvement Program (EQulP) is the accreditation program used in conjunction with the NSQHS standards.

The implementation of the Queensland Framework will support services to achieve benefits in relation to several of the standards on the EQulP National Table.⁴⁷

- **Standard 1.2** Care provided by the clinical workforce is guided by current best practice
- **Standard 1.5** Patient rights are respected and their engagement in their care is supported
- **Standard 11.4** Health care and services are evaluated to ensure that they are appropriate and effective
- **Standard 12.1** Assessment and care planning ensure that current and ongoing needs of the consumer are identified

| Strategies and opportunities |
|--|
| ➤ Establish clinical forms development, review, approval and publication processes |
| ➤ Establish the use of standardised clinical forms across the HHS |
| ➤ Ensure the consistent use of evidence based and validated screening and assessment tools |
| ➤ Develop and promote the use of evidence based clinical care pathways |
| ➤ Identify information technology systems to support the use of an electronic child |

⁴⁵ Queensland Government Department of Health Health Services Information Agency Child and Youth Health Data Set Specification November 2013

⁴⁶ Australian Institute of Health and Welfare 2010 National best practice guidelines for collecting Indigenous status in health data sets Cat no IHW 29 Canberra IHW

⁴⁷ <http://www.achs.org.au/programs-services/equipnational/>

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| health record |
| ➤ Develop strategies to improve information sharing both internal and external to health to support the care of children and their families |
| ➤ Participate in data collection to support service monitoring and development |
| ➤ Support the use of the child and youth health data set specification to assist in consistency in data collection |
| ➤ Ensure data includes Aboriginal and Torres Strait Islander identifiers |
| ➤ Provide culturally appropriate information to families |
| ➤ Provide consistent messages to families through the use of evidence based health promotion and education resources |
| ➤ Promote the translation of evidence based research into child and family health practice across the four core service elements |
| Service performance indicators |
| ➤ Clinical forms are consistent and standardised at all child and family health services across the HHS |
| ➤ Assessment and intervention tools are evidence based, consistent and standardised across the HHS |
| ➤ Consumer information is evidence based, consistent and standardised across the HHS |

7.7 Outcomes and performance monitoring

A key function of universal child and family health services is to monitor child health and development and identify early disability or delay. Physical health, vision and hearing, oral health and growth monitoring are considered important areas of surveillance in the early years. Improvement in the health outcomes of Australia's children is dependent on accessibility of all families to universal child and family health services that provide health and developmental surveillance, health promotion and respond to identified need during the pre-school years.

Australian Early Development Index (AEDI) is a snapshot of the development and wellbeing of Australia's children. There are five domains that measure early childhood development and are predictors of adult health, education and social outcomes. These domains include physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. Data is collected each three years and provides a baseline for measuring progress.

A Snapshot of Early Childhood Development in Australia 2012 Australian Early Development Index (AEDI) National Report provides key information with regard to the progress of Australia's children measured against the five domains. In 2012, approximately one in five (22.0%) children enrolled in their first year of school are developmentally vulnerable in one or more domains this indicates a slight improvement from 23.6% of children in 2009. The physical health and wellbeing domain is the only domain which remains unchanged. The 2012 overall results showed 26.2% of Queensland children being developmentally vulnerable on one or more domains and 13.85 of Queensland children developmentally vulnerable in two or more domains. Queensland children are the second most developmentally vulnerable group in Australia.⁴⁸

In addition to the AEDI, which provides a snapshot of long term developmental outcomes for Australia's children, the National Framework has identified the Australian Institute of Health and Welfare (AIHW) Headline Indicators as a mechanism to assist policy and planning by measuring progress against a set of indicators that are potentially amenable to change over time by prevention and early intervention.

Data is collected by states and territories and through comparison, findings on the priority issues of children's health, development and wellbeing are reported every two years and published every four years in the AIHW publication *A Picture of Australia's Children*.⁴⁹

7.7.1 Service performance measures

Service oriented outcomes and indicators for universal child and family health services enable service performance to be measured by establishing benchmarks of current performance to assist in understanding the level of change required to achieve a universal child and family health service that aligns with the National Framework.⁵⁰

Development of service oriented outcomes and performance measures enable evaluation in terms of identification of services that are accessible, appropriate and responsive.

| Strategies and opportunities |
|---|
| ➤ Use of staff satisfaction surveys, focus groups, interviews and performance appraisal and development (PAD) processes |
| ➤ Implement feedback mechanisms for compliments and complaints |
| ➤ PRIME clinical incident reporting |

⁴⁸ Australian Government 2013 *A Snapshot of Early Childhood Development in Australia 2012 – AEDI National Report* Australian Government Canberra

⁴⁹ Australian Institute of Health and Welfare 2012 *A picture of Australia's children 2012* Canberra AIHW

⁵⁰ National Framework for Universal Child and Family Health Services 2011, Australian Health Ministers Advisory Council (AHMAC), Department of Health and Ageing, Australian Government *Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork*

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|--|
| ➤ Conduct community forums to lead and influence service development and improvement |
| ➤ Conduct consumer satisfaction surveys, focus groups and interviews to inform service development and improvement |
| ➤ Audit of service quality and appropriateness |
| ➤ Patient safety and patient experience data collection analysis and reporting |
| Service performance indicators |
| ➤ Evidence of Terms of Reference, agendas and minutes of universal child and family health service meetings, networks and partnerships |
| ➤ Evidence of consumer consultation and feedback |

8. State-wide overview of universal child and family health services 0 – 5 years

An objective of the project is to support HHS in the planning and delivery of high quality, safe and consistent universal child and family health services. An overview of universal child and family health services has been completed for each HHS. To inform the overview the Chief Executive of each HHS was asked to nominate a child health contact or 'champion' who would possess knowledge of the child and family health services HHS wide. This overview will support HHS's to review service delivery against the Queensland Framework, to identify strengths and weaknesses in service delivery in relation to a universal platform for child and family health.

8.1 Methodology

The following approach has been used to inform each HHS overview:

- Review of each HHS strategic plan, service agreements and annual report
- Completion of a survey comprising 17 questions about the universal child and family health services in the HHS by a child health champion nominated by the HHS Executive team
- Interview with each child health champions following completion of the survey to assist in the interpretation of survey responses and to gain an understanding of the local context

8.2 Overview

The HHS overview will include a description of the universal child and family health service and identify the availability of core service elements as outlined in the Queensland Framework for children and families 0 – 5 years. Recommendations will be included as first steps towards meeting the principles of the Queensland Framework and the National Framework.

Further and more detailed mapping of universal child and family health services would be required by each HHS to determine the health service capacity to ensure accessible, appropriate and responsive delivery of community based universal child and family health services into the future. Further mapping should consider including a detailed assessment of:

- Geographical areas and demographic population profile
- Service reach, activity data and service demands
- Stocktake of clinical resources
- Access and Referral pathways

- Workforce qualification, recruitment and retention strategies
- Health information management including consumer resources

Cairns and Hinterland Hospital and Health Service

The Cairns and Hinterland Hospital and Health Service (CHHHS) has the responsibility for providing public hospital services to a population of approximately 250,000 people including approximately 17,000 children aged between birth and 5 years.⁵¹ The CHHHS has a geographical reach from Tully in the south to Mossman in the north and includes five local government areas.

The vision articulated in the *Cairns and Hinterland Hospital and Health Service Strategic Plan 2013 – 2017* is one that aligns with the Blueprint for better healthcare in Queensland. Key strategies include implementation of whole of government plans and priorities e.g. Closing the Gap targets and Chronic Diseases Strategy. To plan services to meet the needs of the community and provide reliable, contemporary technologies to support health service delivery.⁵²

Core service elements

Universal child and family health services are available at Cairns, Edmonton, Smithfield, Kuranda, Mareeba, Atherton, Mossman and Innisfail. An Early Years Centre (EYC) is located at Bentley Park in Cairns.

A full range of core service elements as outlined in the Queensland Framework are available at all child and family health clinic locations. Cairns, Mareeba, Atherton and Mossman use the Chronic Disease Guidelines Health Checks. Innisfail uses the Child and Youth Health Practice Manual (CYHPM) health and developmental assessments.

Intake and Access

The intake procedure for the Cairns child and family health service is through one advertised central phone number. The intake calls are managed by a child health nurse and an administrative officer. Mareeba and Atherton (Tablelands) intake process is through direct referral and impacted by the differing models of maternity care delivered in those towns. Mossman and Innisfail intake occurs through written referral from maternity services, general practitioners or self-referral by families.

The Cairns child and family health service offers well baby clinics, new parent groups, newborn drop in clinics and immunisation drop in clinics at all locations. The service offers universal home visiting and Family CARE intensive home visiting. The Aboriginal and Torres Strait Islander health workers facilitate health check clinics and work in partnership with a child health nurse to home visit Aboriginal and Torres Strait Islander families. Outreach home visits are offered for immunisation catch ups.

⁵¹ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁵² Queensland Government Cairns and Hinterland Hospital and Health Service Strategic Plan 2013 - 2017

Tablelands child and family health service conduct infant massage and mums and bubs groups in local clinics and at community locations. The four year old child health checks are conducted at a hospital based clinic. The child health nurse provides support for local council immunisation clinics and immunisations are offered opportunistically at all clinic appointments. Triple P seminars are conducted at the Lotus Glen Correctional Centre for males. This is a great example of father inclusive practice.

Mossman delivers a flexible clinic and home visiting service based on the needs of the families. There are child health outreach clinics to Port Douglas Neighbourhood Centre on the same day as the local mothers group. The child health nurse in Mossman delivers care in partnership with the generalist Aboriginal and Torres Strait Islander health worker when cultural brokerage is required.

Innisfail child and family health service operate clinics at Tully, Mission Beach and Jumbun Primary Health Care Centre. Innisfail have discontinued their outreach clinics to Silkwood and Babinda in preference of offering home visiting services to any family across the catchment in need of intensive support.

Other partners in the delivery of universal child and family health services across the Cairns and Hinterland HHS include general practitioners, Cairns EYC, Royal Flying Doctor Service (RFDS), Wuchopperen Health Services Ltd Aboriginal Medical Service (AMS), Mulungu AMS and Child and Family Centre AMS on the Tablelands, Mamu Health Service Limited located in Innisfail and Apunipima Cape York Health Council in Mossman Gorge. The Far North Queensland Medicare Local has a focus on immunisation education and promotion.

The RFDS visit the towns of Georgetown, Croydon, Mt Surprise, Forsyth, Chillagoe and Einasleigh in the Western Tablelands region to deliver child health checks and hearing health checks.

Referral

In Cairns the 'Mums and Bubs' universal home visiting is conducted through a partnership approach with maternity services. The extended midwifery service delivers the two week home visit and the child and family health service delivers the four week home visit.

The Tablelands child and family health service has a variable role in the 'Mums and Bubs' universal home visiting. Atherton maternity service hands over care at seven days post birth with a referral to child and family health. Mareeba maternity service has an extended care model maintaining home visiting up to 6 – 8 weeks post birth consequently engagement with child and family health services is delayed.

Mossman and Innisfail have a variable role in the delivery of the 'Mums and Bubs' universal home visits as referral is determined by the midwifery model of care and referrals are often received more than 6 weeks post birth.

The child and family health centres across the Cairns and Hinterland HHS refer families to a range of secondary and tertiary services including EYC programs,

Women's Centre, Youth link, Wuchopperen Health Services Ltd AMS, Australian Nurse Family Partnership, chronic disease teams, paediatricians, Australian Hearing, Ellen Barron Family Centre, child and youth mental health services and general practitioners. Tablelands refer families to secondary and tertiary services in Cairns as there are no EIPS or allied health services available locally.

Partnership and collaboration

Cairns Early Years Centre (EYC) is an example of a partnership between the Benevolent Society, early childhood education providers and child and family health services. The EYC programs include 'Yarn and Craft' for Aboriginal and Torres Strait Islander families and 'Fun not Fuss' program for all families. The 'Move Baby Move' playgroup is held at the Marlin Coast neighbourhood centre in partnership with the Benevolent Society.

Cairns child and family health services have collaborated with several child day care centres to conduct health and developmental screening. There have been several referrals made as a result of the screening. Parents provide consent for the screen and can elect to be present at the time of the screening. Cairns child and family health service participate in relevant health and community based networks including refugee health meetings and the Family Alliance Network.

The Atherton child and family health service outreach to Malanda where clinics are located in the local pharmacy. The Tablelands child health nurses are a member of the Child and Family Centre AMS advisory group and have established good links with the local schools. The Tablelands child and family health services participate in community events such as NAIDOC and Under 8's day events. Innisfail child and family health service attends the local maternity services, baby and children's expo.

Mossman child and family health service network well within the community to ensure coordination of services at a local level. They attend a bi annual stakeholder meeting, Mossman Gorge service provider meeting and a community agency network meeting.

In Innisfail there are plans to provide outreach services for Aboriginal and Torres Strait Islander families through a partnership arrangement with Mamu AMS.

Child and family health services across the Cairns and Hinterland HHS advertise in the local paper and brochures and flyers are sent to relevant agencies. There is currently no use of technology to promote the service.

Workforce

Cairns child and family health service operates with a multidisciplinary team that includes child health nurses, Early Intervention Parenting Specialist (EIPS), social worker, and Aboriginal and Torres Strait Islander health workers. Case conferencing occurs weekly for complex case and Family CARE clients.

Mareeba and Atherton have no Aboriginal and Torres Strait Islander maternal or child health trained health workers or allied health positions. The child and family health service comprises child health nurses. There is a community based generalist

Aboriginal and Torres Strait Islander health worker who provides cultural brokerage for home visits. In Atherton case conferencing occurs weekly with maternity services.

Mossman has a 0.8 FTE child health nurse position and access to a generalist Aboriginal and Torres Strait Islander health worker. There are no allied health staff designated to child health.

Innisfail has 2.4 FTE child health nurse positions and offers access to most disciplines through the broader team however these positions are not specifically for child health. Weekly case conferencing occurs for families with complex health issues.

Consumer surveys are conducted following parenting and other group sessions and Triple P sessions are evaluated.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families
- Standardise the use of assessments and interventions in the HHS

Cape York Hospital and Health Service

The Cape York Hospital and Health Service covers a large geographical area of cattle properties, outstations and 12 remote communities. Multipurpose Health Care Centres are located at Cooktown and Weipa and Primary Health Care Centres are located in the other ten communities. Health services in the Cape York HHS are delivered in partnership with non-government services providers namely Apunipima Cape York Health Council and the Royal Flying Doctor Service.⁵³

The *Cape York Hospital and Health Service Strategic plan 2013 – 2017* outlines strategic objectives that contribute to provision of high quality remote area health care including care that is person and family centred; improved access and health outcomes for Aboriginal and Torres Strait Islander people; partnerships that deliver effective, high

⁵³ Queensland Government Cape York Hospital and Health Service Annual Report 2012 - 2013
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quality services and improved health outcomes and to strive for sustainable and innovative workforce solutions.

Core service elements

Universal child and family health services are available in the Cape York HHS at Weipa, Cooktown, Aurukun, Lockhart River, Hopevale, Coen, Laura, Wajul Wajul, Mapoon, Pormpuraaw, Kowanyama and Napranum.

A full range of core service elements are delivered by child and family health services and non-government partners in the Cape York HHS. The child and family health services use the Chronic Disease Guidelines Health Checks and the Primary Clinical Care Manual to guide clinical practice. Referral pathways used for clinical care are standardised across the Cape York HHS.

Intake and Access

Intake to the child and family health service is through referral from maternity services, other health professionals and self-referral either through telephone or drop in to the clinic. The remote clinics have scheduled visits by fly in fly out services these visits are advertised locally and promoted through word of mouth.

The Weipa and Cooktown child and family health services offer a range of programs including drop in clinics, appointment based clinics, mums and bubs groups, home visiting, clinic appointments for feeding support and four year health checks. Child health nurses provide kindergarten and school health checks for four and five year olds. Immunisations are provided opportunistically at clinic and home and through specially organised immunisation days.

Other agencies that provide universal child and family health services in the Cape York HHS are Apunipima Cape York Health Council, Royal Flying Doctor Service, Far North Queensland Medicare Local and private general practice clinic.

Referral

There is a collaborative approach taken to the 'Mums and Bubs' universal home visiting. The child and family health service links well with the antenatal services where relationships are built with families. Post birth the child health nurse offers a flexible service providing up to three home visits.

Referrals are made to a range of secondary and tertiary services either locally or in Cairns. Some local options include mental health and family health outreach teams, general practitioners and the visiting paediatrician.

Partnership and collaboration

At the Primary Health Care Centres located in communities across the Cape York HHS child and family health services are delivered in partnership with Apunipima Cape York Health Council and the Royal Flying Doctor Service (RFDS).

Apunipima Cape York Health Council offer maternal and child health services to the families of Cape York either delivered in the 11 Cape York communities or in Cairns where Cape York families may be temporarily residing. The Apunipima health team consists of a multidisciplinary team who deliver holistic child and family health care focusing not only on health and development but social and emotional wellbeing. The service aims to ensure access to primary health care services for difficult to reach families through the use of the baby basket and fruit and vegetable basket incentive to provide a home visiting program for families with children at key developmental ages. Apunipima employ community based health workers to provide a critical link between the community and the visiting health care team. Currently RFDS provide universal child and family health services to the communities of Pormpuraaw, Kowanyama and Lockhart River. The programs delivered in these communities include home visiting, core of life, circle of security, pre-school screening and hearing health clinics.

Health information and data collection systems differ between partner organisations who provide primary health care to children and families in the Cape York HHS. This incompatibility between systems limits information sharing capabilities.

There is connection between Cape York HHS maternal and child health clinicians through a Maternal and Child Health Clinicians Network. Stakeholders meet monthly to discuss local issues and needs. The continued success of the network is dependent on a volunteer secretariat and the publication of a flyer to disseminate discussion points from each meeting. Communication also occurs across the Cape through the Cape York Rural Health Service Directory and a Health Action Team Community Advisory Network.

Workforce

Weipa and Cooktown both have one dedicated child health nurse position. The child health nurse has access to a generalist Aboriginal and Torres Strait Islander health worker and a generalist social worker based at the hospital. Staff access education updates through videoconferencing.

Recommendations

- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families

Central Queensland Hospital and Health Service

The Central Queensland Hospital and Health Service (CQHHS) comprises four local government areas of Rockhampton, Banana, Central Highlands and Gladstone. The number of children aged between birth and five years is approximately 18,000.⁵⁴

Central Queensland Hospital and Health Service Strategic Plan 2013 – 2017 identifies as a priority the need to enhance engagement and relationships with patients, families, community groups, general practitioners and other primary health care providers.⁵⁵

Core service elements

Universal child and family health services are available at Rockhampton, Gladstone, Biloela, Emerald, and Capricorn Coast each of these services further outreach to approximately 13 rural areas. Tieri, Capella and Woorabinda are multipurpose health centres that offer child and family health services.

A full range of core service elements as outlined in the Queensland Framework are available in all child and family health clinic locations. In the Central Queensland HHS the child health and developmental assessments used are those from the CYHPM.

Intake and access

The Rockhampton and Gladstone child and family health service process referrals through a formal procedure. A risk assessment framework is used to determine the pathway of care. Identified clinical and psychosocial need referral is allocated to a staff member to develop a care plan in partnership with the parent/carer. Smaller centres use a less formal intake process and triage referrals daily.

A child health liaison role has been established at the Rockhampton Hospital to assist with the transition of families from hospital to home and to manage and triage referrals into the child and family health service. This position is supported by an administrative officer.

The child and family health services in the Central Queensland HHS offer drop in and appointment based clinics, outreach clinics, parent groups, first steps parenting program, universal and targeted home visiting, and home day stay.

Rockhampton and Gladstone have been successful in operating community based open plan drop in clinics located in shopping centres at Yeppoon and Tannum Sands to facilitate access for families. The Rockhampton clinic offers an Aboriginal and Torres Strait Islander specific program located at Phillips Street.

There is an Aboriginal and Torres Strait islander specific maternal and child health program offered at Woorabinda including the universal home visits and drop in clinics for immunisation and hearing health.

⁵⁴ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁵⁵ Queensland Government Central Queensland Hospital and Health Service Strategic plan 2013 - 2017

Other agencies identified as offering universal child and family health services were the Rockhampton Family Centre, Nulundhu and Bijity Aboriginal Medical Service, General practitioners and Anglicare.

Referral pathways

The Mums and Bubs initiative has been implemented using a standardised approach across the entire HHS. The child and family health service provides the two and four week universal home visit. This has enabled a smooth transition for families from hospital to home. Prior to the implementation of the 'Mums and Bubs' initiative a comprehensive mapping of the maternal child and family health services across the Central Queensland HHS was undertaken.

The Central Queensland HHS child and family health services have developed a clearly defined service pathway. This pathway defines the service entry and exit points. Referrals are made to a range of secondary and tertiary services.

Partnership and collaboration

Rockhampton and Gladstone child and family health services are actively seeking to partner with external agencies to improve access to universal child and family health services for all families. Current partnership activities include a child health nurse providing an open clinic and education sessions at 'Girls Time Out' a teen parenting support agency. Rockhampton child and family health service are currently establishing a partnership with the Rockhampton Family Centre. Gladstone child and family health are investigating appropriate venues for community based clinics in the Calliope area and Gladstone community.

The child and family health staff are involved in local community based family support networks. In Rockhampton they include Communities for Children Early Childhood Network, Family Centre Advisory committee, Local council and multicultural committee. In Gladstone networks include Early Childhood Network and the Gladstone Area Promotional Development Ltd comprising membership from multi sector agencies, private sector and industry representatives.

Promotion of the child and family health services occurs actively in both the Rockhampton and Gladstone areas through participation in community events and community development activities with local council.

Workforce

The Rockhampton child and family health team comprises a full multidisciplinary team. Gladstone has child health nurses, EIPS and access to a generalist Aboriginal health worker who assists with cultural brokerage.

The care coordination model has been adopted for use in all clinics and antenatal multidisciplinary case conferencing occurs in both Rockhampton and Gladstone. The child health nurse in Rockhampton participates in the child development service team intake meeting.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

Central West Hospital and Health Service

The Central West Hospital and Health Service provides health services to a population of approximately 12,387 of which there are estimated to be 603 children birth to five years of age.⁵⁶ The Aboriginal and Torres Strait Islander population is 8.3% of the total population substantially higher than the state average. This population is dispersed across an expansive geographic area reaching from Alpha in the east to Queensland's western border.

The *Central West Hospital and Health Service Strategic Plan 2012 – 2016* outlines the strategic objectives for the health service. These objectives include ensuring patients have access to safe and high quality healthcare; to encourage innovation and the use of and the use of technologies to improve access to specialised services; and to engage with community and stakeholders. The Strategic plan acknowledges the changing models of care and the benefits of preventative health and primary care.

Core service elements

Universal child and family health services are available at Longreach this centre provides outreach services to Barcaldine, Blackall, Tambo, Muttaborra and Isisford. A child health nurse is based at Winton, Aramac, Alpha and Jericho to provide child and family health services to these communities.

A full range of core service elements are provided in the main centre and its outreach locations. The health assessments are performed using the Chronic Disease Guidelines Health Checks and the Primary Clinical Care Manual.

Intake and Access

⁵⁶ ABS, Census of Population and Housing 2011, Basic Community Profile – B04
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

The Longreach child and family health service has a central telephone number. The majority of referrals are received from the maternity units, general practice and through self-referral.

The Longreach child and family health centre offer core service elements through scheduled clinic appointments and drop in clinics. The delivery of parenting groups and Triple P training is dependent upon staffing and community need. Breastfeeding support is given to women by a lactation consultant using videoconferencing facilities. There is no capacity to home visit families.

Currently the child and family health centre is located at the end of the main street in a somewhat isolated position. The clinic will soon be moving to the Primary Health Care Centre. It is likely that this relocation will improve access to the service and assist in promoting referral to the service.

In the Central West HHS universal child and family health services are primarily provided by the child and family health service and private general practice. Royal Flying Doctor Service offer a social and emotional wellbeing program offering services related to parenting and family relationship issues.

Referral

In the Central West HHS the Mums and Bubs universal home visiting is provided by the maternity service at two and four week and care is handed over to child and family health services at around six weeks.

Referrals are made to a range of secondary and tertiary services including Royal Flying Doctor Service who provide a mental health service; child and youth mental health team, day stay service in Townsville and Ellen Barron Family Centre in Brisbane.

Partnership and collaboration

Lack of resources and service providers in the area make it difficult to establish partnerships. There are some community connections made through the Tambo – Blackall local council. Informal links are in place with local child care centres and schools.

The Central and North West Queensland Medicare Local provides some allied health services and a nutrition education program.

Workforce

The availability of qualified child health nurses and allied health staff is recognised as a challenge for the Central West HHS. Services are delivered based on availability of clinical resources. Child health nurses use videoconferencing and teleconferencing facilities to access meetings and professional education.

The Longreach child and family health service comprises medical officers, child health nurses who have access to an Aboriginal and Torres Strait Islander health worker who provides cultural brokerage across the maternal and child health continuum.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families

Children's Health Queensland Hospital and Health Service

The Children's Health Queensland Child and Youth Community Health Services cover a geographic area from Beaudesert to Kilcoy. The service provides access to community child health care to approximately 150,000 children aged birth to five years.⁵⁷ Child health, development and protection services are provided as well as specialised and state-wide services such as Ellen Barron Family Centre, Deadly Ears and the Centre for Children's Health and Wellbeing.

The *Children's Health Queensland Strategic Plan 2013 – 2017* outlines a vision and purpose to provide children and families with the best possible family – centred health care. Objectives include building strong partnerships and engagement for improved health outcomes and to develop and translate new knowledge into improved outcomes.

Core service elements

Universal child and family health services are delivered in the Children's Health Queensland HHS through the main centres of Caboolture, Redcliffe, Northlakes, Nundah, Keperra, Pine Rivers, Beenleigh, Browns Plains, Springwood, Logan, Coorparoo, Inala, Cleveland and Wynnum. These main centres outreach to a total of 28 sub centres.

A full range of core service elements as outlined in the Queensland Framework are available in all child and family health clinic locations. Children's Health Queensland HHS child and family health services use the health and developmental assessment forms from the Child and Youth Health Practice Manual (CYHPM).

Children's Health Queensland HHS Child and Youth Community Health Services are currently amalgamating services and implementing a new approved model of care through a staged process to take place during 2014 – 2015.

⁵⁷ ABS, Census of Population and Housing 2011, Basic Community Profile – B04
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Intake and Access

The centres of Beenleigh, Logan and Springwood operate a central intake line where referrals are received via a discharge summary generated from maternity services. This intake process was established as part of the Department of Communities Child Safety and Disability Services (DCCSDS) funded health visiting program (HVP).

The centres of Coorparoo, Inala, Browns Plains, Cleveland and Wynnum have individual clinic numbers that are advertised to maternity services. Child and family health services provide a hospital liaison nurse to promote the service and facilitate referrals.

The centres of Nundah, Pine Rivers and Keperra use one telephone number for referrals to a central intake service. The intake referrals are triaged by a clinical nurse and home visits and clinic appointments are set through an online booking system.

The centres of Caboolture, Redcliffe, and Northlakes receive referrals through a central referral unit based at Northlakes health precinct. Self-referral is by one central advertised telephone number.

All centres offer drop in clinic, appointment based clinic, nurse home visiting, parent groups, seminars and programs for new mothers and babies and feeding/lactation support. Most clinics provide short day stay or home based short day stay, early intervention parenting support to facilitate Triple P and/or Circle of Security parenting programs.

Ngarrama child health home visiting services are based at Redcliffe and receive referrals from RBWH, Caboolture, Redcliffe and Moreton Bay regions providing Aboriginal and Torres Strait Islander families with access to child health drop in clinics, home visiting, early intervention parenting support and hearing health clinics delivered by child health nurses and Indigenous health workers.

Other agencies that deliver universal child and family health services include general practitioners, pharmacy nurses and Aboriginal and Torres Strait Islander Medical Services (AMS). There are a number of AMS across metropolitan Brisbane offering child and family health programs including playgroups, mums and bubs programs, family support and immunisation.

Referral

The Mums and Bubs universal home visits at two and four weeks are delivered in partnership with maternity services. The number of visits provided by child and family health services is dependent on the midwifery model of care. Referrals to child health from the maternity service are facilitated either through a child health hospital liaison nurse or triage meetings held between the two services.

The My Midwives Group delivers the 'Mums and Bubs' universal home visits to women who birth on the south side of Brisbane. The My Midwives Group receive referrals from the maternity service and subsequently send referrals to general practice and to date have not fully utilised the child health clinics as a referral base.

Children's Health Queensland HHS child and family health services refer to a range of secondary and tertiary services including Caboolture EYC, paediatric clinics, child development services, Ellen Barron Family Centre and Ngarrama Aboriginal and Torres Strait Islander child and family health service. The DCCSDS Helping out Families initiative has improved the range of family support services available to families on the south side of Brisbane.

Partnership and collaboration

The Early Years Centre (EYC) model has proven to be a successful partnership model between government and non-government organisations to provide universal early childhood education and care, health and family support services. The EYC located at Acacia Ridge, Browns Plains and Beaudesert are auspiced by the Benevolent Society. The EYC located at Caboolture auspiced by The Gowrie Queensland.

The EYC offers support to families through delivery of programs by early childhood workers, family support workers and Aboriginal and Torres Strait Islander support workers. The child and family health service partners with the EYC to deliver soft entry programs for children and families including playgroups, pre walker bubs groups, and child health drop in services.

There is an Aboriginal and Torres Strait Islander specific EYC auspiced by Ganyjuu Aboriginal and Torres Strait Islander Corporation at Waterford West.

Children's Health Queensland HHS Child and family health services partner with a number of community based non-government organisations to improve access for families to universally available assessments and interventions.

Child and Family health services are promoted at through links with general practice, hospital liaison and community expo's, service interface meetings and conferences.

Workforce

The Children's Health Queensland HHS child health workforce provides services under the direction and clinical governance of the Nursing Director Child Health. The workforce includes Nurse Unit Managers, Clinical Nurse Consultants, Clinical Nurses, registered nurses, Early Intervention Parenting Specialists (psychologists/social workers), social workers, Aboriginal and Torres Strait Islander health workers and other allied health professionals.

Children's Health Queensland HHS has recently reviewed the clinical and organisational governance structure for the child and family health service. CNC and NUM roles have been reviewed and a combined CNC and NUM governance model is to be implemented in June 2014. EIPS and social work roles and distribution across the service have also been reviewed. With regard to workforce distribution, a review of population data (births) and workforce allocation across the service has been undertaken and it is expected there will be some realignment of team boundaries and workforce re-distribution across teams.

Recommendation

- Establish collaborative networks at a local level that are inclusive of consumers
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families

Darling Downs Hospital and Health Service

The Darling Downs Hospital and Health Service has responsibility for delivering public health services to a population of approximately 300,000 with approximately 22, 632 children birth to five years of age.⁵⁸ The Darling Downs HHS covers a geographical area that is predominantly rural. The HHS extends from the towns of Stanthorpe and Goondiwindi on the New South Wales border to Taroom in the north and east to Murgon. Toowoomba is the major regional centre.

The *Darling Downs Hospital and Health Service Strategic plan 2013 – 2017* outlines the HHS strategic goals, threats and opportunities. The purpose and vision place emphasis on the delivery of quality healthcare to patients in partnership with communities. Strategies for improving care and processes include collaboration with primary health care and other service providers; to deliver care more locally and to engage the community and health care consumers.⁵⁹

Core service elements

Universal child and family health services are available in the Darling Downs HHS at Toowoomba, Southern Cluster - Warwick, Stanthorpe, Goondiwindi; South Burnett Cluster - Kingaroy, Murgon, Cherbourg, Nanango, Proston; Western Cluster - Dalby, Oakey, Chinchilla and Miles. The centres listed above outreach to other rural locations.

A full range of core service elements are delivered at all centres across the Darling Downs HHS. The assessment tools used by child and family health services differ across the Darling Downs HHS. Toowoomba and Goondiwindi use the Ages and Stages Questionnaire. Dalby, Warwick and Miles use a Rural Clinical Pathway. South Burnett use the health and developmental assessment from the CYHPM.

⁵⁸ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁵⁹ Queensland Government Darling Downs Hospital and Health Service Strategic plan 2013 - 2017

Intake and Access

The Toowoomba child and family health service has a central telephone number. A child health nurse triages all intake calls and referrals and has the ability to offer advice and brief interventions during the telephone contact if necessary. Referrals are received through maternity services, special care nursery, the paediatric ward, Allied Health Services, General Practitioners, Department of Communities and self referral by parents/carers. Referrals are readily accepted from 'Kobi House' a health service specialising in public health screening programs including for refugee families and from 'Boomagam Caring' who provide maternity services and home visits to Aboriginal and Torres Strait Islander women.

South Burnett has recently undergone a change in governance structure. Maternity and child health services are now being managed together. Child and family health are currently reviewing their intake process and are planning to implement a central triage process for the service. The Cherbourg child health nurse provides culturally specific child and family health services to the Aboriginal and Torres Strait islander families living in the Cherbourg community.

In Warwick, Dalby, Goondiwindi and Miles intake is through an advertised telephone number to the local clinic where appointments are made by the child health nurse. Referrals are received from maternity services, other health professionals and self-referral. Warwick and Goondiwindi report a high number of drop-in visits and are flexible in accommodating the consultation.

In the Darling Downs HHS all child and family health services offer drop in and appointment based clinics, parenting groups and home visiting. In Toowoomba the parenting group programs e.g. Triple P and Circle of Security are delivered in the evening to enhance access and be inclusive of fathers. Warwick offers a drop in clinic and appointment based clinics three days a week and outreaches to Allora and Killarney alternating fortnights. Dalby child and family health service offers drop in and appointment based clinics, home visiting and school screening for prep students. Goondiwindi child and family health are uniquely co-located with the midwifery group practice and offers outreach services to Texas, Inglewood and Moonie alternating fortnights. Miles child and family health service offers drop in and appointment based clinics.

Other service providers identified as offering universal child and family health services include general practitioners, pharmacy nurses, private lactation consultant, Royal Queensland Bush Children's Health Scheme. Carbal Medical Centre offers maternal and child health services to Aboriginal and Torres Strait Islander families in Toowoomba and Goondir Health Services offer a maternal and child health service to families in Dalby.

Referral

In Toowoomba the 'Mums and Bubs' universal home visiting is delivered in partnership with maternity services. Child and family health visits all mothers both public and private at 2 and 4 weeks however mothers who have birthed under the case load

midwifery model are not seen by child health until approximately 6 weeks post birth or as negotiated.

In the South Burnett the 'Mums and Bubs' universal home visiting is delivered by the maternity service for up to eight weeks with a transition of care being made along the 8 week continuum to the child and family health service. Child and family health will attend to visits if the family lives out of the home visiting range of the maternity service. Child health works as an integrated service participating in multi disciplinary case conferencing with women and children's service including antenatal. Newborn family drop in clinics are run across the South Burnett as an integrated midwifery and child health service. The drop in services are evaluated annually by consumers and staff. The extended midwifery service is evaluated annually by consumers.

Warwick and Dalby maternity services deliver the universal home visits and refer to child health at 6 weeks post birth. Goondiwindi has a partnership model where the child health nurses work collaboratively with maternity services using the caseload midwifery pathway. Private clients are seen at 2 and 4 weeks or discharge referrals are received and child health makes contact with these mothers. The Mums and Bubs initiative has not been rolled out in this area.

Child and family health services refer to a range of secondary and tertiary services including Referral for Active Intervention (RAI) services, Mercy Family Services, Kath Dickson Family Centre, Ellen Barron Family Centre, Red Cross family support scheme, Headspace and Mercy Families.

Partnership and collaboration

Toowoomba child and family health participate in networks with a child and family focus including the Early Years Project with Education Queensland. Toowoomba Hospital has hosted two community service provider information sharing forums which were well attended.

South Burnett child health nurses attend community events, school events and Under 4's network meetings. The NUM attends community consultative committee meetings.

Dalby child and family health nurses participate in meetings with Bush Children's, Darling Downs South West Medicare Local and maternity services.

Goondiwindi child and family health nurses attend the multi-agency Early Developmental Network Group.

Warwick child and family health partner with the indoor recreational centre to provide water safety education for families with children starting swimming lessons.

The Darling Downs South West Medicare Local delivers a number of health promotion programs across the HHS including Toddler Talk in Kingaroy where information on nutrition and milestones is offered to families. Child and family health also run parenting group programs in Kingaroy and Nanango.

Workforce

The Toowoomba child and family health team comprises Child Health Nurses, Aboriginal and Torres Strait Islander health workers, EIPS and Speech Pathologist.

The Aboriginal and Torres Strait Islander health worker provides cultural brokerage and works in partnership with a speech therapist to deliver services specifically to Aboriginal and Torres Strait Islander children. In Toowoomba case conferencing occurs fortnightly for complex families. Stakeholders include mental health services, paediatrician and child protection.

South Burnett child and family health team comprise of child health nurses who have access to an Indigenous Liaison Officer. There are no child health specific allied health positions.

Dalby have child health nurses and EIPS as part of the team however have no Aboriginal and Torres Strait Islander health workers.

Warwick child health nurses access EIPS and paediatrician through outreach from either Toowoomba or Goondiwindi. There is a generalist Aboriginal and Torres Strait Islander health worker based at the hospital.

Goondiwindi child health nurses have EIPS as part of their team and have a good relationship with the Aboriginal and Torres Strait Islander health worker who provides cultural brokerage across the maternal child health continuum. A Paediatrician visits bi monthly from Toowoomba.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families
- Ensure assessments and interventions are delivered as outlined in the Queensland Framework using the recommended evidence based assessment tools and intervention programs
- Standardise the use of assessments and interventions in the HHS

Gold Coast Hospital and Health Service

The Gold Coast Hospital and Health Service provides public health care to a population of approximately 525,000 people of which there are approximately 37,307 children birth to five years of age.⁶⁰ It is geographically bounded by the Logan and Albert Rivers and is predominantly a coastal region extending to the New South Wales Border. In the period between 2001 and 2011 the population growth was the highest of all Queensland Hospital and Health Services at 33.2 %.⁶¹ In addition to the growing population there are a high number of tourists that visit the area.

The *Gold Coast Hospital and Health Service Strategic Plan 2013 – 2017* outlines strategies to achieve its strategic objectives including to increase access to home visits post birth; promote and improve preventative health programs; align performance with patient centred care; provide timely access to patient information and to promote integration with and between primary health care providers.⁶²

Core service elements

In the Gold Coast HHS Community Child and Family health services are available at Coomera Springs, Upper Coomera, Helensvale, Nerang, Labrador, Southport, Mermaid Waters, Robina and Palm Beach.

A full range of core service elements are delivered at all child and family health centre locations. The Gold Coast HHS uses a modified Ages and Stages Questionnaire for child health and developmental assessment. All clinical forms and parent resources have been standardised in preparation of the commencement of the Health Visiting Program.

Intake and Access

Clinical intake is through one central location in Southport where an automated daily birth notification from HBCIS generates a waitlist. The automated discharge report generated from HBCIS initiates contact with the family. The child health nurse contacts the family to discussed preferred contact option.

The Gold Coast HHS is a site where the Health Visiting Program was trialed and implemented to support children and families as the health component of the DCCSDS Helping out Families initiative.

There are a number of other agencies that provide universal child and family health services including general practitioners, local council, private sleep and lactation consultants, Nurture Co a private pregnancy and postnatal support service and Kalwun Development Corporation who provide Aboriginal medical services. A number of the private agencies provide limited aspects of the core service elements; have access criteria and may charge a fee.

⁶⁰ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁶¹ Queensland Government Department of Health Statewide Health Service Planning Background Paper: Queensland population profile

⁶² Queensland Government Gold Coast Hospital and Health Service Strategic Plan 2013 - 2017 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Referral

In the Gold Coast HHS the 'Mums and Bubs' universal home visiting is provided in partnership with maternity services. The maternity service provides the two week home visit and the child and family health service provides the four week home visit.

Ambulatory postnatal and lactation services provide care for all mothers who birth at the Gold Coast Hospital and reside in the Gold Coast region. Following home visits from maternity staff all families are offered further visiting and clinical care with child and family health services.⁶³

The private birthing facilities use their own postnatal follow up service called Nurture Co. Women who birth at private facilities may be referred to child and family health services for targeted care post birth.

Referrals are made to a range of secondary and tertiary services including community based family support services.

Partnership and collaboration

The Gold Coast HHS has two Early Years Centres based at Nerang and Coomera where child and family health services are co-located with early childhood education services under the auspice of the Benevolent Society.

Partnerships are in place with Gold Coast Council Immunisation program, Gold Coast Medicare Local Gr8 start initiative, Borobi Parenting Group, YHeS House antenatal parentcraft and young parents program and DCCSDS to deliver the Health Visiting Program.

The Gold Coast child and family health service in partnership with the Gold Coast Medicare Local contribute to the development of a pre-school letter to all parents informing them of steps to take to prepare their child for school.

The Gold Coast Medicare Local is actively promoting education for parents and professionals through the Gr8 START Alliance. Some of the initiatives include the training of early childhood education staff in the facilitation of the Parent's Evaluation of Developmental Status (PEDS) tool; development and promotion of resources to support parents in boosting their child's development and provide enhanced access to speech and language services for children through a partnership with Griffith University to fund student led clinics.

The Gold Coast child and family health services are promoted through displays at relevant early childhood expo's including the Early Years Expo, refugee health workshop, co-hosting the annual Infant Maternal Health Conference and through representation on local early childhood networks.

⁶³ Queensland Government Gold Coast Hospital and Health Service Annual Report 2012 - 2013
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Workforce

The Gold Coast child and family health team comprises representation from all expected disciplines including EIPS and three Aboriginal and Torres Strait Islander health workers. The health workers work in partnership with a child health nurse to provide cultural brokerage. Child and family health facilitate a multidisciplinary case conference which is held weekly.

Child and family health nurses attend interagency networks including the Early Years Case Conference, the Helping out Families Local Alliance, the Early Years Integrated Response Committee, the Gr8 START Alliance and the Gold Coast Immunisation Steering Committee.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs

Mackay Hospital and Health Service

The Mackay Hospital and Health Service (HHS) delivers health care to the communities that span from Bowen in the north to St Lawrence in the south and inland to Collinsville and Clermont. The Whitsunday Islands are part of the Mackay HHS. The population is approximately 180,000 people. There is an Aboriginal and Torres Strait Islander population that represents 3.9% of the regional population and a significant number of South Sea Islander people.

The *Mackay Hospital and Health Service Strategic plan 2013 – 2017* outlines objectives for the community which includes supporting the government commitments to revitalise frontline services for families and provision of quality infrastructure; and to implement innovative service models to manage demand. Key performance indicators include the meeting of obligations to Closing the Gap for Indigenous people.⁶⁴ These strategic objectives align with the principles of the National Framework.

Core service elements

Universal child and family health services are available in the Mackay HHS at Mackay, Bowen, Collinsville, Proserpine, Whitsundays, Middlemount and Dysart. The main centre in Mackay outreaches to the suburbs of Andergrove, Bucasia and Walkerston and the surrounding towns of Sarina, Calen, Finch Hatton, Finch and Marian.

A full range of core service elements are delivered at all centres. The Mackay HHS uses the CYHPM health and developmental assessments.

⁶⁴ Queensland Government Mackay Hospital and Health Service Strategic plan 2013 – 2017. Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Intake and Access

In Mackay the child health hospital liaison nurse coordinates the intake process through referrals from maternity and paediatric services. All referrals are contacted and offered a home visit. The hospital liaison role is a full time position that visits both the public and private hospital. All other centres receive referrals from maternity, paediatric and other health professionals including self-referral. Proserpine/Whitsundays have a child health nurse visit the hospital two days a week in a liaison capacity. All child and family health centres in the Mackay HHS offer drop in clinics located in a variety of community based venues and report them to be successful. A range of parenting groups and programs are offered to meet the needs of each community. Mackay also runs a dedicated four year old health check clinic and a hearing clinic.

Bowen child and family health offers vision and hearing screening to four and five year olds and an outreach service to Collinsville where it runs a 'Bubsville' new mother's education group on a fortnightly basis. Triple P parenting program is offered to parents on an individual basis.

Proserpine and Whitsundays offer parenting groups, new mothers group following the first steps model, hearing clinic for pre-school children and Triple P parenting programs.

Middlemount child health centre offers an integrated service with maternity that follows families from pre conception to five years through partnering with appropriate clinicians and/or services. Parent groups are offered on a weekly basis.

Other agencies delivering universal child and family health services include general practice, pharmacy nurses, Aboriginal and Torres Strait Islander Community Health Service Ltd. in Mackay and Girudala Community Cooperative Ltd. in Bowen, Collinsville and Proserpine.

Referral

In Mackay the 'Mums and Bubs' universal home visiting is delivered in partnership with maternity services for public families where the extended midwifery service offers the two week visit and the child and family health service the four week visit. Women who birth at the private facilities are offered all visits through child and family health.

Bowen, Proserpine/Whitsundays and Middlemount receive referrals from maternity services following the two and four week universal home visits.

Referrals out of the service are primarily to general practitioners, child development service, paediatric ward at Mackay or Rockhampton, Australian Breastfeeding Association, Good Beginnings in Mackay and Ellen Barron Family Centre in Brisbane. Proserpine and Whitsundays use the Raising Children's Network website for evidence based information.

Partnership and collaboration

Mackay child and family health have allocated a staff member time to initiate community engagement to assist in promoting the service. To meet and liaise with Australian Breastfeeding Association, the Women's Centre and the Mackay Mums and Bubs Facebook group. Mackay child and family health are engaged with the Mackay early childhood reference group. There are plans to attend relevant community expos this year. Proserpine and Whitsundays have strong links with the local Australian Breastfeeding Association.

The Townsville Mackay Medicare Local offers some maternal and child health programs and provide the Access to Allied Psychological Services (ATAPS) Program.

Workforce

The Mackay HHS child and family health teams primarily comprise child health nurses who have access in some sites to a social worker and Aboriginal and Torres Strait Islander health workers to assist with cultural brokerage. There are no EIPS based in the Mackay HHS.

Bowen, Middlemount and Dysart community centres all have sole practitioner child health nurses. These sites have variable access to generalist allied health staff.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

North West Hospital and Health Service

The North West Hospital and Health Service has responsibility for publically funded health care to a population of approximately 34,000 people with approximately 3,152 children birth to five years of age.⁶⁵ The geographical area is approximately 300,000 sq km in North West Queensland and the Gulf of Carpentaria.

The draft *North West Hospital and Health Service Strategic Plan 2012 - 2016* outlines strategic and planning objectives that include "better coordinated and integrated

⁶⁵ ABS, Census of Population and Housing 2011, Basic Community Profile – B04
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

services within and between Hospital and Health services and external service providers, particularly for chronic and complex conditions, child and maternal health, mental health and sexual health” along with prioritisation of ‘Making Tracks’ strategies to assist in meeting the ‘Closing the Gap’ targets to reduce health inequities for Aboriginal and Torres Strait Islander people. These strategic objectives and accompanying strategies support the principles of the Queensland Framework.

Core service elements

Universal child and family health services are available in the North West HHS at a number of locations including Mount Isa, Cloncurry, Doomadgee and Mornington Island. These services are offer through a partnership with RFDS, Central and North West Medicare Local and Save the Children.

A full range of core service elements are delivered in communities across the North West HHS. Previously the child and family health service used the Chronic Disease Guideline Health Checks although have recently changed to using the health and developmental assessments from the CYHPM.

Intake and Access

In Mount Isa intake is through an advertised local clinic phone number, referral from maternity services and other health professionals and self-referral. Referrals are triaged by the child health nurse and appointments are scheduled.

In Mount Isa the child and family health service offer drop in clinics, scheduled appointments, home visiting and a hearing program. Group programs are run in partnership with Centacare and the Ngukuthati Family Centre.

Other services identified as delivering universal child and family health programs are general practitioners, RFDS, Centacare, Ngukuthati Family Centre, Save the Children and Central and North West Medicare Local and Gidgee Healing AMS.

The RFDS deliver child and family health services in the Gulf communities of Doomadgee four days a week and Mornington Island three days a week.

Referral

The ‘Mums and Bubs’ universal home visits at two and four weeks are delivered in a partnership approach with maternity services delivering the two week home visit and referring families to child and family health for the four week home visit.

Child and family health have option to refer to allied health and a monthly paediatric multidisciplinary clinic, Bush Kids, Central and North West Medicare Local for additional allied health ATAPS or to services in the larger facilities of Cairns or Townsville.

Partnership and collaboration

The child health nurse attends Centacare and the Ngukuthati Family Centre on a weekly basis when parenting and playgroups are being conducted; and promote the Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

child and family health service through attendance at the community based maternal clinic for at risk women.

All agencies have a good working relationship and offer complimentary programs seeming to avoid duplication of services and resources.

Promotion of universal child and family health services is through targeted advertising, word of mouth, attendance at community events and forums.

Currently there are no maternal or child health networks established within the North West HHS or attendance at external child and family focused networks. There is a willingness to participate in local and state-wide networks in the future.

Workforce

In Mount Isa the child health team comprises medical officers, child health nurses, and an Aboriginal and Torres Strait Islander health worker who works across the maternal and child health continuum.

Mount Isa previously outreached to Cloncurry however recently there has been a 0.4 FTE child health nurse employed in Cloncurry.

The North West HHS are currently collecting additional data around the Mums and Bubs universal home visiting looking at activity around transient families. There is also data collected around the delivery of services at the Ngukuthati Family Centre.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Develop child and family health networks in the HHS
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

South West Hospital and Health Service

The South West Hospital and Health Service (HHS) covers a diverse rural area across a large portion of South West Queensland. The South West HHS has an estimated population of 26,000 people including approximately 2,180 children aged birth to five

years.⁶⁶ The Aboriginal and Torres Strait Islander population in the South West HHS is approximately 4.6% of the total population which is higher than the state average.⁶⁷

The *South West Hospital and Health Service Strategic plan 2013 – 2017* outlines strategic objectives which include person centred care, quality and safety outcomes in service delivery, excellence in processes systems and data and to partner with stakeholders to improve health outcomes. In addition, there is acknowledgement of the challenges for rural healthcare including the tyranny of distance and recruitment and retention of a permanent workforce and strategies to manage these risks.⁶⁸ These objectives align with the principles of the National and Queensland Frameworks.

Core service element

Universal child and family health services are available in the South West HHS through three major hubs Roma, St George and Charleville. Outreach locations include Dirranbandi, Surat, Mitchell, Injune, Wallumbilla, Quilpie, Cunnamulla, Augathella and Morven.

A full range of core service elements is delivered at main centres and outreach locations. The South West HHS uses the health and developmental assessments from the CYHPM.

Intake and Access

The Roma child and family health service use a central referral unit with a central 1300 telephone number and email for all intake calls and referrals. The child health nurse triages all referrals.

All centres provide appointment based clinics however if scheduling allows consultations can occur on a drop in basis. Home visits are provided flexibly across the South West HHS based on client need. The child and family health service offers programs that encourage the involvement and attendance of fathers.

A Maternal Nutrition Program has been developed to engage those women who birth outside the South West HHS. This program is delivered in the antenatal period and facilitated in partnership with the dietician and local council. Sessions cover maternal nutrition and infant feeding through to weaning and starting solids.

Other partners in delivery of universal child and family health services include Royal Flying Doctor Service (RFDS), Medicare Local, Local council, Lifeline, general practice and pharmacy nurse. There are three Aboriginal Medical Services (AMS) Charleville and Western Area Aboriginal and Torres Strait Islander health servicing Roma, Goondir servicing St George and Cunnamulla Aboriginal community controlled health service in Cunnamulla.

⁶⁶ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁶⁷ Queensland Government Department of Health Statewide Health Service Planning Background Paper: Queensland population profile

⁶⁸ Queensland Government South West Hospital and Health Service Strategic Plan 2013 - 2017 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Referral

The 'Mums and Bubs' universal home visit at two weeks post birth is delivered by the maternity service and four week visit is delivered by the child health nurse. Referrals into the child and family health service are primarily received through the St George, Roma and Charleville hospital maternity services.

There are approximately 500 births annually across the South West HHS with 300 of those births occurring in these three birthing facilities. The child and family health service engage with families in the antenatal period through attendance at antenatal classes and then in the early postnatal period through a hospital child health liaison role.

Referrals are made to secondary and tertiary services although local options are limited. Roma has the largest hub of general practitioners with three GP practices. In general the GP services are dropping off and defaulting back to public health facilities.

Partnership and collaboration

The Roma child and family health service partners with the Aboriginal Medical Service to provide health checks. In Cunnamulla and St George a child health nurse facilitates parent groups at the day care centre playgroup.

Immunisations are provided by RFDS, Local council and child and family health services across the HHS.

Medicare Local provides funding for outreach allied health services through the Access to Allied Psychological Services (ATAPS) Program.

The child and family health service engages with government partners through attendance at schools each semester and the South West Paediatric Hearing Health Program. This program is assisting in provision of a coordinated approach to hearing checks across the South West HHS.

Funding has been obtained to purchase I pads to be used for consumer surveys.

Workforce

In the South West HHS the child and family health team comprises child health nurses, Aboriginal and Torres Strait Islander health workers who provide cultural brokerage, EIPS, social worker and psychologist. There is close liaison with medical officers and paediatrician.

Case conferencing occurs informally following the monthly paediatrician visit. There are plans for the implementation of a weekly intake meeting and fortnightly case conferencing. Hospital and community have integrated medical records so information exchange between hospital and home is well facilitated.

The child and family health programs across the South West HHS meet quarterly in Mitchell. There is an annual meeting to discuss successes and to plan for the next year and to join in a Christmas lunch and dinner.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

Sunshine Coast Hospital and Health Service

The Sunshine Coast HHS is responsible for providing public health services from Caloundra in the south, Gympie in the north and Maleny in the west. The population of approximately 390, 000 people and is home to approximately 25,000 children aged birth to five years.⁶⁹

The *Sunshine Coast Hospital and Health Service Interim Strategic plan 2012 – 2016* outlines strategic objectives that include achievement of effective and efficient health promotion, illness prevention and early intervention; access to quality services delivered in the right way, the right place and the right time; and to improve the equity of health outcomes. These objectives align strongly with the principles of underpinning the National Framework for Universal Child and Family Health Services.⁷⁰

The Sunshine Coast HHS has a large culturally and linguistically diverse population and the second highest proportion of children 0 – 14 years in the state. Aboriginal and Torres Strait islander people make up 1.5 % of the HHS population which is lower than the state average of 3.5%.

Core service elements

The Sunshine Coast HHS universal child and family health services are delivered at five main centres that outreach to a further four centres. The main centres are Gympie, Noosa, Maroochydore, Caloundra and Nambour. There is a multidisciplinary team in each integrated community health centre.

The Sunshine Coast HHS child and family health services offer a full range of core services as outlined in the Queensland Framework. The Sunshine Coast HHS uses a

⁶⁹ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁷⁰ Queensland Government Sunshine Coast Hospital and Health Service Interim Strategic plan 2012 - 2016

Child and Family Health Services Care Pathway to assess child health and development.

Intake and access

Intake to the service is through a central access using one central telephone number. This central line is new and was trialled and evaluated in 2013. Triage, brief intervention and referrals are attended by the intake staff. A hospital based child health liaison role assists to channel referrals and promote the service to inpatients.

The child and family health service offers programs including themed groups with a focus on early identification of need and early referral to community based allied health teams. There is a mini home day stay and a long day stay in the centre offered to all families. The Sunshine Coast universal child and family health service have developed an engaging father's practice manual.

The Aboriginal and Torres Strait Islander health program is delivered using a partnership model where the child health nurse partners with the health worker to provide ICARE services to Aboriginal and Torres Strait Islander families. The child and family health service runs an immunisation program to Aboriginal and Torres Strait Islander families called Jabba Jabba.

Other agencies identified as offering universal child health services include the North Coast Aboriginal Corporation for Community Health 'for me and bubs' program, Young Parents Program, Good Beginnings, general practitioners and neighbourhood centres. The Medicare Local was not identified as offering child health services.

Referrals

Mums and Bubs initiative is delivered in partnership with maternity services and private visits are outsourced to the private maternity hospitals. Referrals into the service are primarily received through the hospital maternity and paediatric wards, child health liaison nurse and through self-referral.

Referrals are made to a variety of secondary and tertiary services to support families including Family CARE, Young Parents Program and Sunshine Coast Outreach Prevention and Education (SCOPE) Domestic Violence Service.

Partnerships and collaboration

Partnerships are in place with Sunshine Coast University Hospital nursing faculty. The STEMM program conducted at Burnside State High School for young pregnant and new mothers. There is an MOU in place with North Coast Aboriginal Corporation who provide linkages with other relevant services.

The child and family health staff actively participate in community networks including lets read program, Good Beginning's, Young Parents Program, STEMM and child safety.

Universal child and family health services are actively promoted in the community through print and radio media, Sunshine Coast Outreach Prevention and Education (SCOPE) newsletter, other network newsletters and hospital liaison.

Workforce

The child and family health service comprises a full range of disciplines including child health nurses, Aboriginal and Torres Strait Islander health workers and EIPS.

Multidisciplinary case conferencing occurs weekly for complex families or those on the Family CARE program. The case conferencing team comprises a wide range of disciplines and stakeholders relevant to the family's needs.

There is one FTE NO1 nursing position kept available for succession planning and is used to offer staff rotation and up-skilling opportunities.

Recommendation

Torres Strait and Northern Peninsular Hospital and Health Service

The Torres Strait - Northern Peninsular Hospital and Health Service (TS-NP HHS) delivers public health services to the Torres Strait and five communities in the Northern Peninsular area through Thursday Island Hospital, Bamaga Hospital and 21 multi-function Primary Health Care centres. The population is approximately 11,000.

The *Torres Strait – Northern Peninsular Hospital and Health Service Strategic plan 2013 – 2017* outlines a vision to work in collaboration with the community to provide health care services that are accessible and provide the basis for good health for all generations. Implementation of health promotion programs is seen as a mitigating strategy for the poorer health outcomes of the Aboriginal and Torres Strait Islander people. The community and individuals benefit from flexible and innovative models of service delivery.⁷¹

Core service elements

Universal child and family health services are available in the Torres Strait-Northern Peninsular HHS at Thursday Island, Northern Peninsular communities of Seisa, Umagico, Bamaga, New Mapoon and Injinoo and Outer Islands of Mabuiag Is, Badu Is, Mer Is and Yam Is through the Commonwealth funded New Directions Mums and Bubs program. The availability of child and family health services to the remaining Outer Island and Northern Peninsular communities are limited and variable due to a number of factors.

Core service elements as outlined in the Queensland Framework are available to families in the Torres Strait dependent on staffing, staff skills and knowledge and time

⁷¹ Queensland Government Torres Strait-Northern Peninsular Strategic Plan 2013 - 2017
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in some geographical areas. The TS-NP HHS uses the Chronic Disease Guideline Health Checks.

Intake and Access

Referrals to the child and family health service are received from the Thursday Island, Cairns, Townsville and Brisbane maternity services. Intake is managed locally through appointment scheduling and phone contact. Child and family health services operate drop in clinic, appointment based clinics, outreach clinics and home visiting flexibly and dependent on staff availability and client need.

The only health services available in the TS-NP HHS are publically funded there are no privately operated health services. The medical officers based on Thursday Island may provide Well Child health Checks Medicare item 715 for Aboriginal and Torres Strait Islander children.

Referral

The 'Mums and Bubs' universal home visiting policy is currently being implemented through a maternity services project. The role of child and family health services in the delivery of universal home visits is yet to be determined.

Referrals are made to a range of secondary and tertiary services including CHQ Deadly Ears outreach team, CHQ Indigenous respiratory outreach team, Australian Hearing Services, Paediatrician and Occupational Therapist who visit 4 times per year, Department of Education therapists who visit once per school term.

Partnership and collaboration

The TS-NP HHS Child and family health services partner with the New Directions Mums and Bubs Program to improve access to universal services to children and families. The New Directions Mums and Bubs Program is culturally appropriate and provides a holistic approach for children and families.

Partnerships are in place with Australian Hearing Services where the child health nurse provides support to visiting audiologists.

Participate in meetings with and Department of Education, DCCSDS child safety services and disability services representatives including Recognised Entities, Mura Kosker Sorority Incorporated and Port Kennedy Association – Day Services.

Workforce

In the TS-NP HHS the Thursday Island based child and family health team comprise medical officers, child health nurses, Aboriginal and Torres Strait Islander health workers, and EIPS. Other centres may have a child health nurse and Aboriginal and Torres Strait Islander health worker or just a one of these health professionals.

Recommendation

- Establish collaborative networks at a local level that are inclusive of consumers

- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families

Townsville Hospital and Health Service

The Townsville Hospital and Health Service (THHS) provides public health services to a population of over 240,000 people with approximately 20,500 children aged between birth and five years.⁷² Seven per cent of the THHS resident population is estimated to be of Aboriginal and Torres Strait islander origin compared to 3.5 % for Queensland as a whole.⁷³ The THHS has a population that falls into a diverse socio economic range. Palm Island and Charters Towers have high levels of disadvantage compared to areas of Townsville that have relatively low levels of socioeconomic disadvantage.⁷⁴

The *Townsville Hospital and Health Service Strategic plan 2012 – 2016* objectives include working with partners to enhance access to health services that focus on keeping well using strategies that include implementation of health pathways to define the role of primary care and its coordinated delivery, to work with service partners to advance health awareness and prevention and to work with primary care providers to ensure timely access to services including to Aboriginal and Torres Strait Islander people.⁷⁵

Core service elements

Universal child and family health services are available in the Townsville HHS at Kirwan Health Campus, Townsville, Palm Island, Charters Towers, Ingham, Ayr, Hughenden and Richmond.

A full range of core service elements are available at Townsville and the smaller centres across the HHS. The Townsville HHS uses the Chronic Disease Guideline Health Checks with the exception of Ingham where the CYHPM health and developmental assessments are used.

⁷² ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁷³ Queensland Government Townsville HHS Service Agreement 2013/14 – 2015/16 February 2014 revision

⁷⁴ Queensland Government Townsville Hospital and Health Service Health Service plan 2012 - 2027

⁷⁵ Queensland Government Townsville Hospital and Health Service Strategic plan 2012 - 2016 Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Intake and access

In Townsville intake is through the use of a central number with a clinical nurse rostered to triage, provide brief intervention and referral as needed. In Charters Towers, Ingham and Palm Island the intake process is less structured accepting referrals from maternity services or through an 'open door' approach to intake and access.

Charters Towers' child and family health service has the flexibility to provide care to children and families in the clinic, in the community and in the home. The service in Charters Towers offers an Aboriginal and Torres Strait Islander specific immunisation program.

Ingham child and family health service offer outreach to Cardwell and Kennedy once per month or as demand requires. The service operates by clinic appointment and home visiting to improve access for isolated families. An Aboriginal and Torres Strait Islander playgroup is run in Cardwell and Ingham monthly.

The Palm Island child and family health service operates from the Joyce Palmer Health Service and offers a holistic approach to child and family health care. The clinic is open for drop in every day and care is provided opportunistically and flexibly to meet the needs of the community.

Richmond Hospital has a child health nurse who delivers universal child and family health services through drop in and appointment based clinics one day per week.

The Townsville child and family health service deliver care that is based on the Family Partnership Model. The service offers an information phone line, newborn and family drop in, outreach clinics, appointment clinics, lactation clinic, hearing clinic, educational parenting groups and an immunisation program for all families. The IMPS day stay centre is a multipurpose facility where parenting groups are conducted and sleep and feeding day stay is provided. The group room is utilised by organisations such as Australian Breastfeeding Association. The IMPS day stay centre is managed by a community committee committed to maintaining its integrity of purpose.

Partners in delivery of primary health care for children aged 0 – 5 years include the Townsville-Mackay Medicare Local, Townsville Aboriginal and Islander Health Service (TAIHS), The Royal Flying Doctor Service (RFDS), general practitioners and non-government organisations e.g. Smith family, Centacare and Good Beginnings, Palm Island Community Council.

The RFDS delivers child and family health services to Greenvale, Ravenswood and Pentland on a fortnightly or monthly basis to provide child health checks, immunisation, health promotion and school screening.

The Townsville Mackay Medicare Local support the New Directions Bubba's Business service for Aboriginal and Torres Strait Islander women who are pregnant or parents.

Referrals

In Townsville the 'Mums and Bubs' universal home visiting is delivered in partnership with maternity services. The child and family health service visits all mothers both public and private at 2 and 4 weeks however mothers who have birthed through the midwifery group practice and birth centre are not seen by child health until approximately 6 weeks post birth or as negotiated.

Charters Towers, Ingham and Palm Island receive referral from maternity services approximately 6 weeks post birth. It was noted by Ingham that many families use the general practice following on from midwifery care in preference to the child and family health service.

Referrals are made to a range of secondary and tertiary services as needed. These services are primarily based in Townsville. The smaller centres have minimal access to secondary or tertiary services based locally.

Partnership and collaboration

Townsville child and family health service partner with TAIHS to offer immunisations and growth and developmental assessments three mornings a week. The Townsville centre offers universal services to those women and children residing in correctional facilities including the universal home visits.

Charters Towers, Ingham and Palm Island child health services have difficulty finding the resources to enable community based partnerships with only 1 FTE child health nurse in each location.

Child and family health services are promoted through the Communities for Children network in Townsville, through community events, communication with general practice, school newsletters and print media.

Workforce

In Townsville the child and family health workforce includes child health nurses, Aboriginal and Torres Strait Islander health workers and EIPS. Case conferencing occurs weekly for families on the universal home visiting program who present as complex. Multidisciplinary case conferencing occurs for those families on the Family CARE program and other complex families to facilitate a service decision for referral to tertiary services.

Charters Towers' team comprises a child health nurse and social worker who partner with midwifery services. This team offers a flexible service delivered in clinic, home and the community.

Palm Island and Ingham have access to generalist Aboriginal and Torres Strait Islander health workers to assist with cultural brokerage. Access to allied health is limited to a hospital based social worker. Case conferencing does not occur routinely.

The Townsville clinic conducts a range of consumer surveys to evaluate the services and programs delivered. Staff satisfaction surveys are conducted and include student
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nurses. Integrated electronic medical records are being implemented in the HHS in the near future.

Recommendations

- Develop child and family health networks in the HHS
- Partner with other service providers to enhance the range and availability of services to all children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families
- Standardise the use of assessments and interventions in the HHS

West Moreton Hospital and Health Service

The West Moreton Hospital and Health Service is located west of metropolitan Brisbane and extends west from Ipswich to Gatton and north from Boonah to Esk. The West Moreton HHS provides public health care to approximately 245,000 people of which approximately 25,000 are children aged birth to five years.⁷⁶

The *West Moreton Hospital and Health Service Strategic Plan Path to Excellence 2013 – 2017* outlines six strategic objectives, one of which, is to ‘revitalise services’ to improve access and reduce waiting times through providing the right care in the right place at the right time and to strengthen and improve health services to better meet the needs and choices of the local community.⁷⁷ This first strategic objective aligns well with the National Framework principles of access, equity and partnership and collaboration.

The HHS has a large culturally and linguistically diverse (CALD) population and 3% of the population are Aboriginal and Torres Strait Islanders falling just below the state average. These statistics illustrate the challenge faced by the West Moreton HHS to manage rates of burden of disease for Aboriginal and Torres Strait Islander people and those from low socio economic backgrounds and the CALD populations.⁷⁸

Core service elements

Universal child and family health services are offered through two main hubs located at Ipswich and Goodna. The Ipswich hub outreaches to sub centres at Esk, Laidley and

⁷⁶ ABS, Census of Population and Housing 2011, Basic Community Profile – B04

⁷⁷ Queensland Government West Moreton Hospital and Health Service Strategic Plan: Path to Excellence 2013 - 2017

⁷⁸ West Moreton Hospital and Health Service Annual Report 2013 - 2013

Boonah. The Goodna hub outreaches to Springfield Lakes. Gatton has a community health facility offering child health services.

A full range of core service elements as outlined in the Queensland Framework are available in both hub sites and their sub centres. The health and developmental assessments used are those from the CYHPM.

Intake and Access

Intake to the service is through a central intake line with one central number. The intake referrals are triaged by an administrative officer and a social worker who will transfer calls to a child health nurse as the need arises.

A revision of the programs offered by the child and family health service occurred last year with the HHS restructure. Drop in clinics and appointment based clinics are offered at all locations. Breastfeeding support is offered through standard clinic appointments at Ipswich and Goodna centres. EIPS facilitate Circle of Security groups for parents. Day stay services have been discontinued. The Family CARE program and the Young Parents Program have been replaced by a flexible approach to targeted home visiting. The safe start screening tool is used to identify families in need of home visiting; a ten week program is delivered followed by review of the family's needs and further home visiting if required. Aboriginal and Torres Strait Islander specific programs include Indigenous Triple P, home visiting, hearing clinic, Indigenous schools program.

Other agencies offering universal child and family health services include general practitioners, pharmacy nurses and Kambu Medical Services Inc. an Aboriginal and Torres Strait Islander medical service.

Referral

Mums and Bubs universal home visits are offered in partnership with maternity services. For women birthing at Ipswich the maternity service delivers the two week home visit and the child and family health service delivers the four week visit. For those women birthing in private, rural or other birthing facilities child and family health offer both home visits.

Referrals into the service are primarily received through maternity services, child health hospital liaison nurse and through self-referral. The opening of the Lady Cilento Children's Hospital is expected to generate referrals to the West Moreton HHS child and family health services.

Referrals are made to a range of secondary and tertiary services and specifically include the child development service and the Hannen program at the University of Queensland.

Partnership and collaboration

The Ipswich and Goodna child and family health services operate clinics in community locations at Springfield in a school hub environment, at Toogoolawah in a community hall and at Winston Glades shopping centre.

The child health nurses attend community based multidisciplinary case conferencing through organisations such as GIFTS and Child and Youth Alliance.

The West Moreton Oxley Medicare Local are involved in the roll out and facilitation of training to early childhood education teachers in the Parents Evaluation of Developmental Status (PEDS) tool. In addition they have contracted a speech therapist for the AEDI response cluster in the Gatton, Laidley, Rosewood areas.

Workforce

The West Moreton HHS child and family health team comprise of medical officers, child health nurses, EIPS and a social worker. There is one Aboriginal and Torres Strait Islander health worker position for child health who will work in partnership with child health nurses to deliver both clinical services and offer cultural brokerage. This position is currently vacant.

A workforce audit has been conducted on 25 pharmacies in the West Moreton HHS this audit identified one pharmacy provided a baby clinic facilitated by a child health nurse. An audit has been conducted on the 'Mums and Bubs' universal home visiting program. The child and family health service conduct evaluation surveys pre and post group sessions.

Recommendations

- Establish collaborative networks at a local level that are inclusive of consumers
- Partner with other service providers to enhance the range and availability of services to all children and families
- Engage and consult with children and their families at a community level to obtain feedback on how services are delivered to meet their needs
- Respond to identified local needs through partnering across sectors to support the community to have a child and family focus
- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families

Wide Bay Hospital and Health Service

The Wide Bay Hospital and Health Service covers a geographical area including the towns of Bundaberg, Hervey Bay, Maryborough and west as far as Monto. The Wide Bay population total is 208, 558 with a smaller proportion of 0 – 4 year olds as compared to the general Queensland population.

Wide Bay has a large socio-economically disadvantaged population and ranks as the second most disadvantaged HHS in Queensland. This vulnerable population includes

an Aboriginal and Torres Strait Islander group that equals 3.6 percent of the population.⁷⁹

The *Wide Bay Hospital and Health Service Strategic plan 2013 – 2017* pledges to deliver culturally appropriate services for the Aboriginal and Torres Strait Islander population; to develop locally appropriate pathways between hospital and community health providers; and to work with partners to focus on health promotion activities including nutrition, physical activity, smoking and alcohol.

Core service elements

In the Wide Bay HHS universal child and family health services are offered at Bundaberg, Childers, Gin Gin, Monto, Gayndah, Eidsvold, Biggenden, Mundubbera, Maryborough and Hervey Bay. A full range of core service elements as outlined in the Queensland Framework are available in Bundaberg with a limited range of core service elements available in the Hervey Bay and Maryborough (Fraser Coast) areas. The health and development assessments used are a modified version of those from the CYHPM.

Intake and access

The intake process is through referrals received from maternity services, other health professionals and self-referral. Referrals are assessed and triaged by an available child health nurse and allocated to an appointment or program.

Bundaberg area has identified an improvement in waitlist for appointments due to the Drop in centre now being managed by the child health service since January 2014. The Bundaberg EIPS team have trialled a new triage and waitlist management system.

Bundaberg and rural child and family health service offer drop in clinics, appointment based clinics and parent groups, basic first aid and infant massage, home visiting, Family CARE, Triple P and Circle of Security parenting programs. Some of the rural child and family health services offer playgroups, hearing and immunisation clinics. The Fraser Coast child and family health services offer drop in, appointment based clinics, parenting groups and home visiting. Bundaberg are currently planning to implement a day stay program for families to assist with sleep and nutrition issues.

Other agencies identified as providing universal child and family health services include general practitioners, chemist nurses, Medicare Local and Galangoor Duwalami Primary Health Care Service located in Torquay outside of Maryborough and the Indigenous Wellbeing Centre in Bundaberg. Immunisation services are shared primarily between, general practitioners, local council and child and family health services.

Referrals

In the Wide Bay HHS the Mums and Bubs universal home visits are delivered in partnership with maternity services that provide a home visit at two weeks post birth

⁷⁹ Queensland Government Wide Bay Hospital and Health Service Strategic plan 2013 – 2017 Consultation Document
Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

and the child health nurse visits at four weeks or both two and four week visits if the family is out of range for the maternity service visit.

Referrals are made to a range of secondary and tertiary services including child development service, Bush Children's, Ellen Barron Family Centre, paediatric clinics locally, allied health.

Partnership and collaboration

Bundaberg child and family health service deliver programs in partnership with non-government and community based organisations. A child health nurse facilitates a toddler group run in partnership with the neighbourhood centre. A child health nurse and Department of Education representative attend IMPACT a young mums group where child health delivers Circle of Security parenting program and the Starting Strong program.

Bundaberg child and family health service attend community network meetings including the family and baby network, breastfeeding network, child health model of care group which includes consumer representation, Monto and Gin Gin community consultative meeting. Fraser Coast identifies good links with general practitioners.

Promotion of the child and family health service occurs actively in the Bundaberg area through links within health and in the community through neighbourhood centres and community events. These community links appear to be limited in the Fraser Coast due to breakdown of community based networks.

Workforce

The Bundaberg child and family health team comprise medical officers, child health nurses and EIPS. Fraser Coast team includes medical officers, child health nurses, Aboriginal and Torres Strait Islander health workers who work across the maternal and child health care continuum. Bundaberg supports rurally based child health nurses through the use of telehealth for information sharing and professional development.

Recommendations

- Ensure core services are accessible and delivered flexibly to meet the healthcare needs of children and families
- Ensure core services are available and delivered in a culturally appropriate way to Aboriginal and Torres Strait Islander children and families
- Maximise the use of Telehealth and other technologies to support beginner practitioners and remote clinicians and to deliver core services to children and families
- Standardise the use of assessments and interventions in the HHS

Health Services Support Agency

Health Contact Centre

The Health Contact Centre (HCC) provides confidential health assessment and information services to all Queenslanders 24 hours a day, seven days a week using telephone and online delivery models.

The 13HEALTH child health and parenting telephone advice line offers a universal child and family health service through provision of:

- triage nursing advice for children and their families who are unwell or experiencing symptoms (approximately 42% of calls for triage advice are regarding children under the age of 5)
- advice on general health information and details of service providers for families including immunisation programs, parenting support groups, services for children with a disability
- health promotion and education to parents/carers and service providers of children 0-5 years via inbound and outbound calls
- referral to community child health service and other government and non-government agencies as need is identified
- a single point of communication during time of adverse events, such as disease outbreaks and food recalls which often impact children and their families

Appendix 1: Hospital and Health Service consultation list

Hospital and Health Service Consultation Contact list

| Hospital and Health Service Consultation | Child Health Contacts |
|--|--|
| Cairns and Hinterland HHS | Gwen Kemp, Team Leader, CYFH, Cairns Kerrie Grigg, NUM, Mareeba Hospital Heather Diczbalis, Director, Primary Health Care, Innisfail Natalie Halse, NUM, Community Health Mossman |
| Cape York HHS | Jenny Aspinall, CNC, Family Health Team, Weipa |
| Central Queensland HHS | Christine Young, NUM, Rockhampton Michelle Higgins, NUM, Gladstone |
| Central West HHS | Jan Cavanagh, Child Health Nurse Longreach Linda Hearn, SBYHN, Longreach |
| Children's Health Queensland HHS | Tracey Kidgell, NUM, CYCHS, Redlands Madge Richards, CN, CYCHS, Logan Norma Ryan, CNC, CYCHS, Nundah Karen Adcock, NUM, CYCHS, Caboolture |
| Darling Downs HHS | Helen Cook-Bland, NUM, Toowoomba Stacey Smith, NUM, Women's and Children's, Kingaroy Danita Driscoll, Child Health Nurse, Dalby Helen Wylie, Child Health Nurse, Miles Hilary Neden, Child Health Nurse, Warwick Antoinette Archer, Child Health Nurse, |

| | |
|---|---|
| | Goondiwindi |
| Gold Coast HHS | Andrea Fisher, NUM, Child Health, Southport Vicki Attenborough, CN, Child Health, Southport |
| Mackay HHS | Sara Cousins, NUM, Community Child Health, Mackay Janet Russell, CN, Bowen Hospital Ruth Roberts, CN, Whitsunday Community Health Robyn Hughes, Community Health Nurse, Middlemount Community |
| North West HHS | Katie Barker, Nursing Director, Mount Isa Lissa McLoughlin, Director of Nursing, Mount Isa |
| South West HHS | Ninette Johnstone, Program Manager, Child and Family Health, Roma |
| Sunshine Coast HHS | Robyn Wyatt, NUM, Child and Family Health, Sunshine Coast |
| Torres Strait – Northern Peninsular HHS | Yancy Laifoo, Program Coordinator, Primary Health Care, Thursday Island Kathy Cook, Child Health Nurse, Thursday Island Primary Health Centre |
| Townsville HHS | Pamela Hueber, NUM, Child and Family Health, Kirwan Health Campus, Townsville Rose Kruze, CNC, Child and Family Health, Kirwan Campus, Townsville Kate Keevers, Child Health Nurse, Charters Towers Christine Budzen, Child Health Nurse, Joyce Palmer Health Service, Palm Island Jeanette Masters, Child Health Nurse, Ingham |

| | |
|--|---|
| | <p>Child Health Nurse, Ayr (on leave)</p> <p>Judy Brown, Child Health Nurse, Richmond</p> |
| West Moreton HHS | Wendy Kastelein, NUM, Child and Family Health, Ipswich |
| Wide Bay HHS | <p>Michelle Maike, NUM, Child and Family Health, Bundaberg</p> <p>Di Johnson, NUM, Children's Ward, Hervey Bay Hospital</p> |
| Health Services Support Agency Department of Health | Leonie Willis, NUM, Health Contact Centre |
| Apunipima Cape York Health Council | Rachael Saunders, Manager, Apunipima Cape York Health Council |
| Royal Flying Doctor Service | Katherine Isbister, Nurse Manager, Primary Health Care, RFDS |
| Medicare Local | <p>Kylie McKenna, Far North Queensland Medicare Local</p> <p>Kellie Trigger, Gold Coast Medicare Local</p> <p>Judith Skinner, Darling Downs South West Queensland Medicare Local</p> <p>Jenni Beetson-Mortimer, Greater Brisbane South Medicare Local</p> <p>Mark Biddulph, West Moreton Oxley Medicare Local</p> |
| CHECKUP | Elise Gorman, Business Coordinator, CHECKUP |

Appendix 2: Queensland Universal Child Health Framework

The Queensland Universal Child Health Framework was endorsed by the QCYCN in May 2011. The National Framework for Universal Child and Family Health Services was endorsed by AHMAC in July 2011.

Disclaimer: The Queensland Universal Child Health Framework makes reference to the Queensland Statewide Children's Health Services Strategy 2010 – 2020 and Action Plan 2010 – 2013 this draft document was not endorsed or published.

Queensland Universal Child Health Framework

Preamble

With the introduction of the Child Health Strategy there needs to be a state-wide agreement on what child health interventions should be universally available. The delivery of these interventions will be delivered by a range of health practitioners.

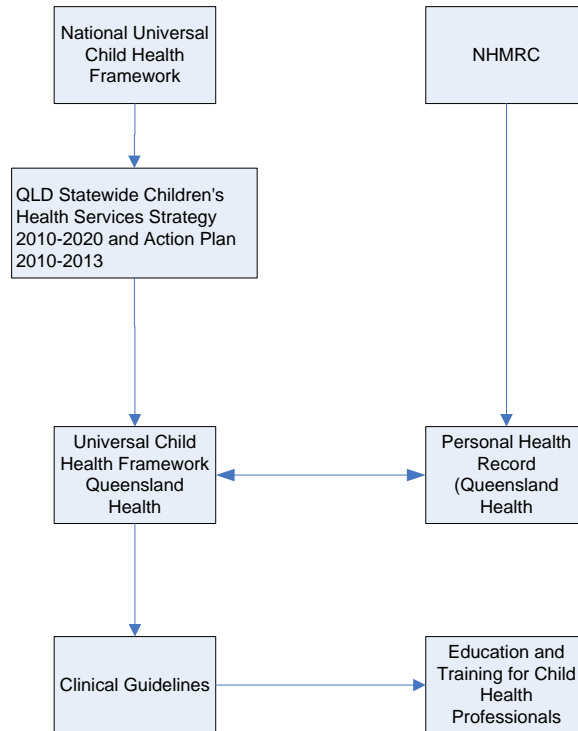
The principles behind the delivery of these interventions are:

1. Child health services are delivered in partnership with families and other services
2. There is a need to capacity build within the community to promote health and well being
3. There are core service areas as defined by the National Universal Child Health Framework
4. The interventions are evidence based and standardised.

This framework is linked to both National and State Policy Documents as per the following flow chart.

CHILD HEALTH FRAMEWORK

QUEENSLAND HEALTH – MAY 2011



Universal Interventions by age with in each core service area

These interventions may be provided by Child Health Nurses, Aboriginal and Torres Strait Islander Health Workers or General Practitioners.

Antenatal Period

Core Service

Early Identification of family need and risk

Intervention

Parent mental health screening (e.g. EPND)/ Parent social screening (e.g. domestic violence, substance abuse, housing, financial)

0-1 Year Old

Core Service

Developmental Surveillance

Intervention

Child Health Development Surveillance - This includes physical, emotional and psychosocial assessment depending on age and stage of development.

Core Service

Early Identification of family need and risk

Intervention

Parent mental health screening (e.g. EPND)/ Parent social screening (e.g. domestic violence, substance abuse, housing, financial)/Family Assessment Including infant/maternal attachment

Core Service

Health promotion

Intervention

Child behaviour within normal range consultation
Immunisation
Nutrition / Physical Activity
Oral health (education)
Parenting (relationship based including skill development for parents)
Injury Prevention and Safety

Core Service:

Responding to Need (through brief interventions, early intervention and advocacy for the child)

Intervention

Queensland Universal Child Health Framework – Implementation Guide Queensland Child and Youth Clinical Network Child Health Subnetwork

Anticipatory Guidance
Intervention related to need
Referral

2-5 Years Old

Core Service
Developmental Surveillance

Intervention

Child Health Development Surveillance - This includes physical, emotional and psychosocial assessment depending on age and stage of development.

Core Service
Early Identification of family need and risk

Intervention

Parent mental health screening (e.g. EPND)/ Parent social screening (e.g. domestic violence, substance abuse, housing, financial)/Family Assessment Including infant/maternal attachment

Core Service
Health promotion

Intervention

Child behaviour within normal range consultation
Immunisation
Nutrition/Physical Activity
Oral health (education)
Parenting (behavioural change based program)
Injury Prevention
Attachment

Core Service:
Responding to Need (through brief interventions, early intervention and advocacy for the child)

Intervention

Anticipatory Guidance
Intervention related to need
Referral

6-12 Years Old

Core Service
Health promotion

Intervention

- Nutrition/Physical Activity
- Oral health (education)
- Parenting (behavioural change based program)
- Injury prevention

Core Service:
Responding to Need (through brief interventions, early intervention and advocacy for the child)

Intervention

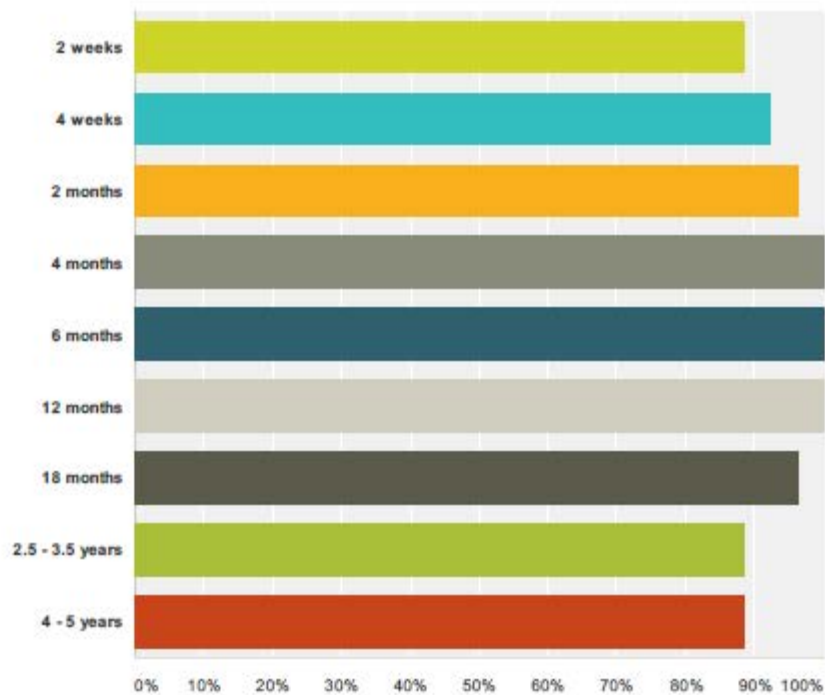
- Anticipatory Guidance
- Intervention related to need
- Referral

Appendix 3: Survey data

Universal Child and Family Health Service Survey

Q2 Please indicate which of the following core service elements are delivered by universal child and family health services in your HHS for children 0 - 5 years. Developmental surveillance and health monitoring at the following key age contact:

Answered: 26 Skipped: 0



| Answer Choices | Responses | Count |
|-----------------|-----------|-------|
| 2 weeks | 88.46% | 23 |
| 4 weeks | 92.31% | 24 |
| 2 months | 96.15% | 25 |
| 4 months | 100.00% | 26 |
| 6 months | 100.00% | 26 |
| 12 months | 100.00% | 26 |
| 18 months | 96.15% | 25 |
| 2.5 - 3.5 years | 88.46% | 23 |

1 / 2

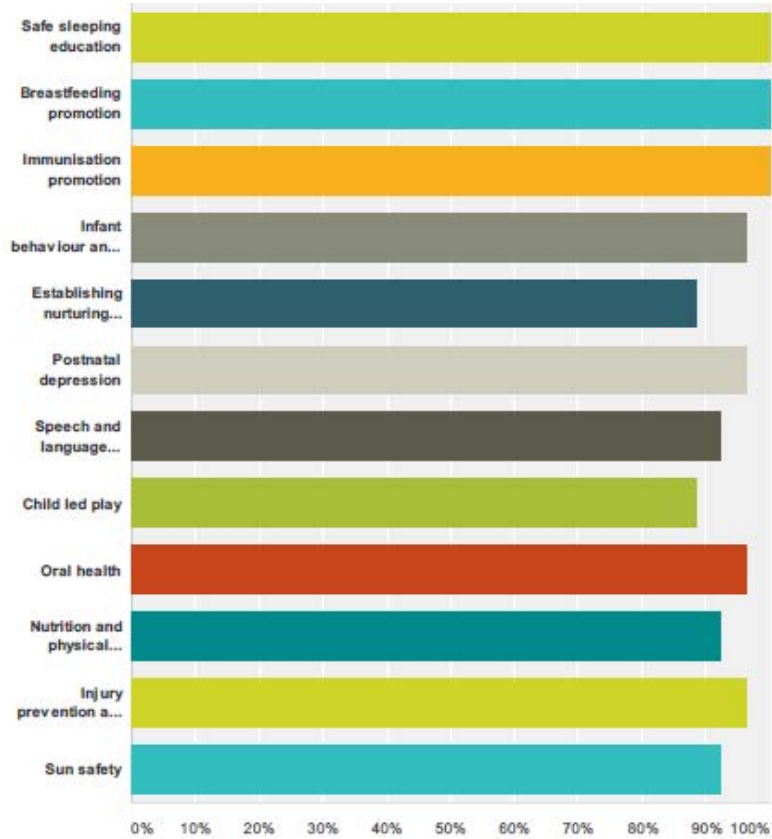
Universal Child and Family Health Service Survey

| | | |
|-----------------------|--------|----|
| 4 - 5 years | 88.46% | 23 |
| Total Respondents: 26 | | |

Universal Child and Family Health Service Survey

Q3 Please indicate which of the following core service elements are delivered by universal child and family health services in your HHS for children 0 - 5 years. Health Promotion, education and anticipatory guidance on the following topics:

Answered: 26 Skipped: 0



| Answer Choices | Responses |
|--|------------|
| Safe sleeping education | 100.00% 26 |
| Breastfeeding promotion | 100.00% 26 |
| Immunisation promotion | 100.00% 26 |
| Infant behaviour and responding to infant cues | 96.15% 25 |

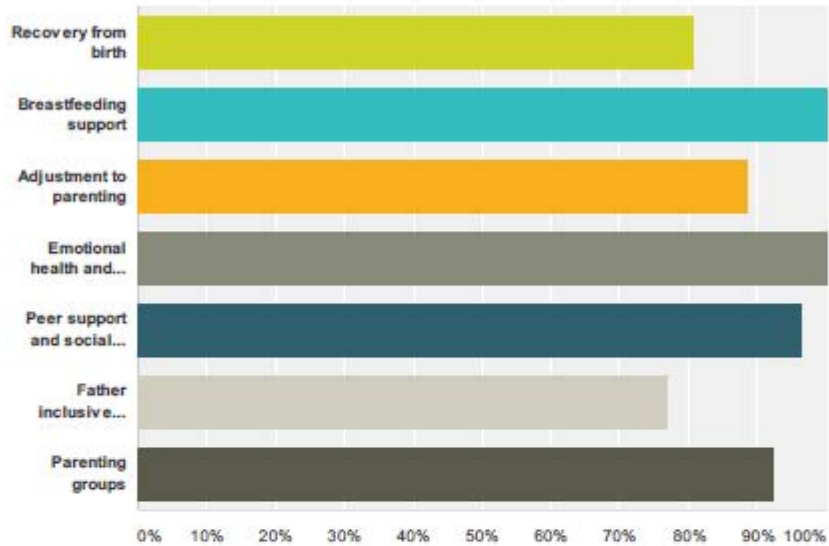
Universal Child and Family Health Service Survey

| | | |
|--------------------------------------|--------|----|
| Establishing nurturing relationships | 88.46% | 23 |
| Postnatal depression | 96.15% | 25 |
| Speech and language promotion | 92.31% | 24 |
| Child led play | 88.46% | 23 |
| Oral health | 96.15% | 25 |
| Nutrition and physical activity | 92.31% | 24 |
| Injury prevention and safety | 96.15% | 25 |
| Sun safety | 92.31% | 24 |
| Total Respondents: 26 | | |

Universal Child and Family Health Service Survey

Q4 Please indicate which of the following core service elements are delivered by universal child and family health services in your HHS for children 0 - 5 years. Support for mothers, fathers and carers:

Answered: 26 Skipped: 0

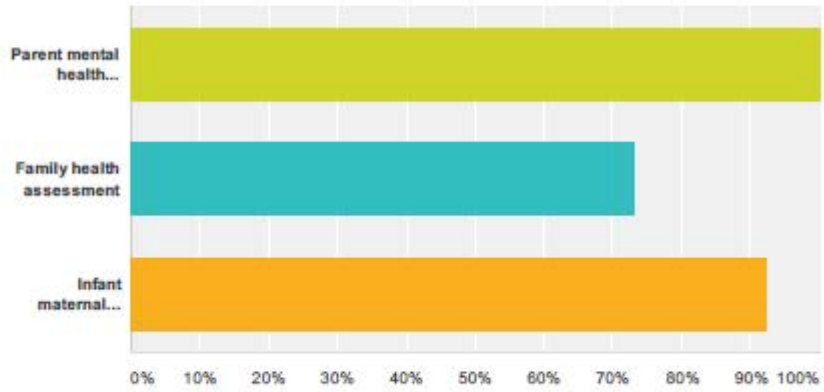


| Answer Choices | Responses | Count |
|---------------------------------------|-----------|-------|
| Recovery from birth | 80.77% | 21 |
| Breastfeeding support | 100.00% | 26 |
| Adjustment to parenting | 88.46% | 23 |
| Emotional health and well-being | 100.00% | 26 |
| Peer support and social connectedness | 96.15% | 25 |
| Father inclusive practice | 76.92% | 20 |
| Parenting groups | 92.31% | 24 |
| Total Respondents: 26 | | |

Universal Child and Family Health Service Survey

Q5 Please indicate which of the following core service elements are delivered by universal child and family health services in your HHS for children 0 - 5 years. Early identification of family need and risk:

Answered: 26 Skipped: 0

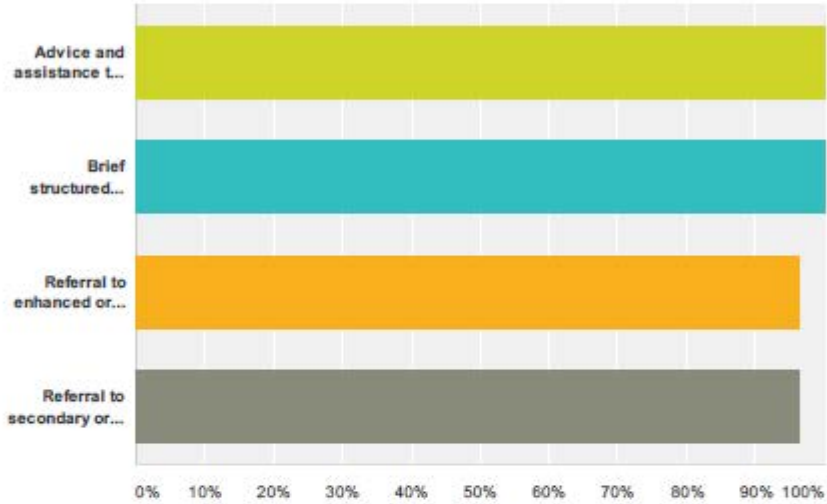


| Answer Choices | Responses | |
|--------------------------------|-----------|----|
| Parent mental health screening | 100.00% | 26 |
| Family health assessment | 73.08% | 19 |
| Infant maternal attachment | 92.31% | 24 |
| Total Respondents: 26 | | |

Universal Child and Family Health Service Survey

**Q6 Please indicate which of the following core service elements are delivered by universal child and family health services in your HHS for children 0 - 5 years.
Responding to need:**

Answered: 26 Skipped: 0

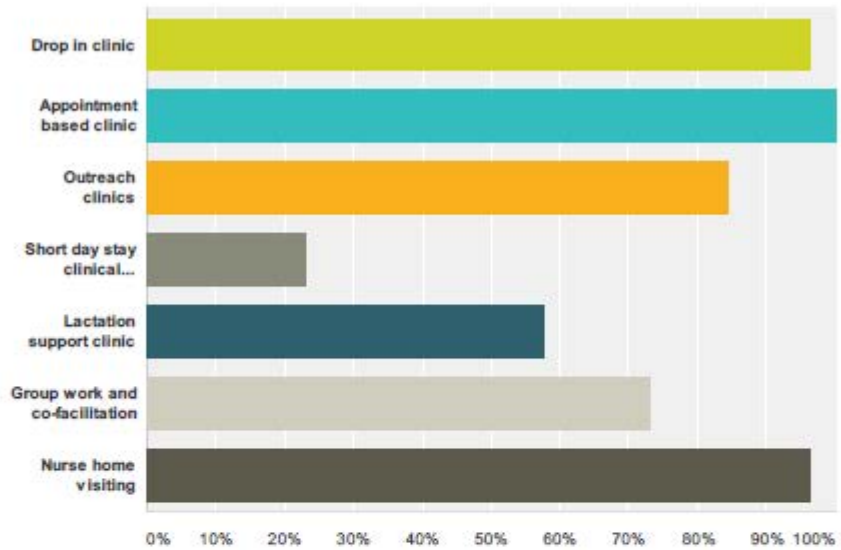


| Answer Choices | Responses |
|--|------------|
| Advice and assistance to families as part of routine clinical practice | 100.00% 26 |
| Brief structured practice based interventions | 100.00% 26 |
| Referral to enhanced or targeted services or programs within the child and family health service | 96.15% 25 |
| Referral to secondary or tertiary services | 96.15% 25 |
| Total Respondents: 26 | |

Universal Child and Family Health Service Survey

Q8 Please indicate which of the following universal child and family health service activities are available in your HHS:

Answered: 26 Skipped: 0

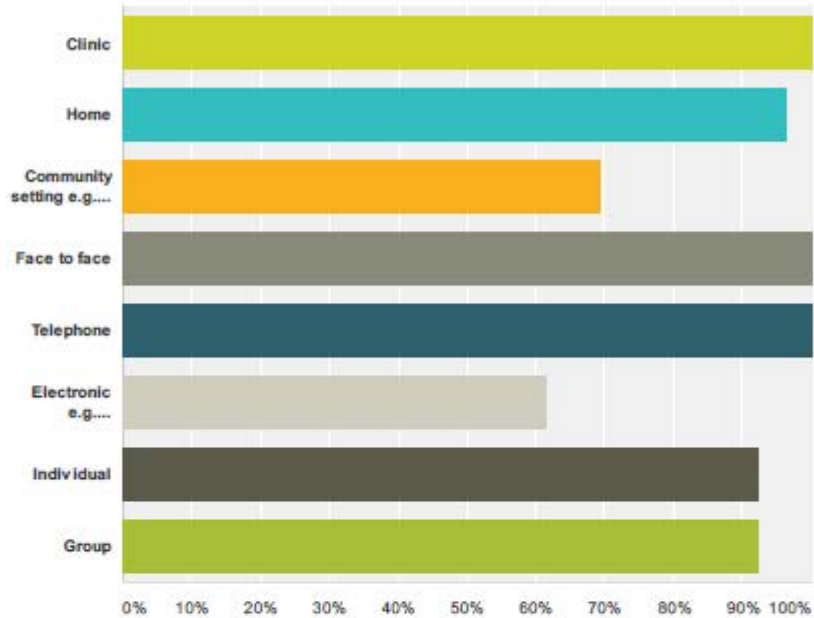


| Answer Choices | Responses | |
|---------------------------------|-----------|----|
| Drop in clinic | 96.15% | 25 |
| Appointment based clinic | 100.00% | 26 |
| Outreach clinics | 84.62% | 22 |
| Short day stay clinical program | 23.08% | 6 |
| Lactation support clinic | 57.69% | 15 |
| Group work and co-facilitation | 73.08% | 19 |
| Nurse home visiting | 96.15% | 25 |
| Total Respondents: 26 | | |

Universal Child and Family Health Service Survey

Q9 Please indicate which of the following universal child and family health care settings and modes of delivery are available in your HHS:

Answered: 26 Skipped: 0

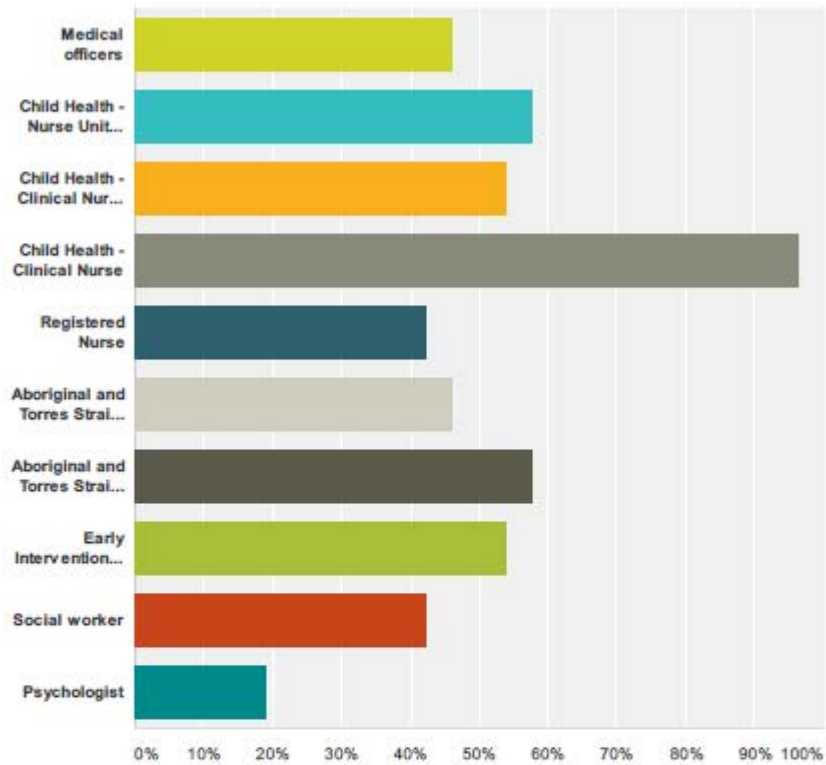


| Answer Choices | Responses |
|---|------------|
| Clinic | 100.00% 26 |
| Home | 96.15% 25 |
| Community setting e.g. collocation with a non government organisation | 69.23% 18 |
| Face to face | 100.00% 26 |
| Telephone | 100.00% 26 |
| Electronic e.g. telehealth, skype, sms | 61.54% 16 |
| Individual | 92.31% 24 |
| Group | 92.31% 24 |
| Total Respondents: 26 | |

Universal Child and Family Health Service Survey

Q10 Please indicate what professional disciplines are represented within the universal child and family health services in your HHS:

Answered: 26 Skipped: 0



| Answer Choices | Responses |
|--|-----------|
| Medical officers | 46.15% 12 |
| Child Health - Nurse Unit Manager | 57.69% 15 |
| Child Health - Clinical Nurse Consultant | 53.85% 14 |
| Child Health - Clinical Nurse | 96.15% 25 |
| Registered Nurse | 42.31% 11 |
| Aboriginal and Torres Strait Islander health worker (maternal) | 46.15% 12 |
| Aboriginal and Torres Strait Islander health worker (child health) | 57.69% 15 |
| Early Intervention Parenting Specialist | 53.85% 14 |
| Social worker | 42.31% 11 |

Universal Child and Family Health Service Survey

| | | |
|-----------------------|--------|---|
| Psychologist | 19.23% | 5 |
| Total Respondents: 26 | | |

Abbreviations

| | |
|---------|--|
| QCYCN | Queensland Child and Youth Clinical Network |
| HHS | Hospital and Health Service |
| COAG | Council of Australian Governments |
| ACHQSHC | Australian Commission on Safety and Quality in Healthcare |
| NSQHS | National Safety and Quality Health Service Standards |
| EYC | Early Years Centre |
| NHMRC | National Health and Medical Research Council |
| PHR | Personal Health Record |
| EDPS | Edinburgh Postnatal Depression Screen |
| DVI | Domestic Violence Screening tool |
| PEDS | Parental Evaluation of Developmental Status |
| ASQ | Ages and Stages Questionnaire |
| RFDS | Royal Flying Doctor Service |
| AHPRA | Australian Health Practitioners Regulation Agency |
| ANMC | Australian Nursing and Midwifery Council |
| ACCYPN | Australian College of Children and Young Peoples Nurses |
| PARROT | Pathways to Rural and Remote Orientation Training |
| CALD | Culturally and Linguistically Diverse |
| PCEHR | Personally Controlled Electronic Health Record |
| CEHR | Child Electronic Health Record |
| CYH DSS | Child and Youth Health Data Set Specification |
| ACHS | Australian Council on Healthcare Standards |
| EQulP | Evaluation and Quality Improvement Program |
| AEDI | Australian Early Development Index |
| AIHW | Australian Institute of Health and Welfare |
| PAD | Performance Appraisal and Development |
| FTE | Full Time Equivalent |
| AMS | Aboriginal Medical Service |
| NAIDOC | National Aborigines and Islanders Day Observation Committee |
| EIPS | Early Intervention Parenting Specialist |
| DCCSDS | Department of Communities Child Safety and Disability Services |
| NUM | Nurse Unit Manager |
| RAI | Referral for Active Intervention |
| ATAPS | Access to Allied Psychological Services |
| CYHPM | Child and Youth Health Practice Manual |
| MOU | Memorandum of Understanding |
| CNC | Clinical Nurse Consultant |

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