

Health and Medical Needs of Children

Policy

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| Version | Date | Author | Changes made |
|---------|------------|--------------------|--|
| 1.0 | 30/12/2019 | Operational Policy | First version |
| 1.3 | 2/03/2020 | Operational Policy | Legislative amendments (s42) and administrative rebranding updates |
| 2.0 | 15/09/2021 | Operational Policy | Carers may provide consent for standard childhood immunisations and vaccination against infectious diseases including COVID-19 |

| Acronyms | Full form |
|--------------|--|
| CEO | Chief Executive Officer of Territory Families, Housing and Communities |
| FASD | Foetal Alcohol Spectrum Disorder |
| Department | Department of Territory Families, Housing and Communities |
| Practitioner | Child Protection Practitioner or Practitioner |

1. Policy Purpose

To ensure the physical and psychological health and wellbeing needs of children in care of the CEO are assessed, and actions taken to address their needs on an ongoing basis, including planning for future needs and for leaving care.

2. Policy Statement

The physical and psychological health and wellbeing of children in care must be reviewed and assessed regularly. If treatment is required, appropriate services will be arranged and provided in an expedient manner.

The Practitioner must ensure that the child is enrolled in Medicare and has been issued with a Foster Child Health Care Card. The Practitioner must also check that the child has received all recommended immunisations and vaccinations required to protect them and other children from infectious diseases including COVID-19.

An immediate health assessment must be arranged by the Practitioner if there are any reported or observed health or developmental concerns at the time the child enters care or remains in care. The child's Care Plan must be reviewed immediately if they are diagnosed with a significant medical or developmental condition or if there is a significant change in their prognosis. The child's health care needs, and the action plan to address the needs, must be documented in the child's My Care Plan or young person's My Leaving Care Plan. Refer to s74 of the [Care and Protection of Children Act 2007](#).

- If there are no immediate health or wellbeing concerns, a baseline assessment must occur during the first three months of a child entering care to provide information against which future assessments of the child's progress and development can be measured, and to identify the health and wellbeing needs that must be addressed.
- Periodic follow-up, review and reassessment of the child during their time in care must occur. This is particularly important if immediate needs, chronic, life threatening conditions have been identified.

For example:

- A young women in care is to be provided with immediate support, counselling and health care if she becomes pregnant;
- A child or young person who is terminally ill must receive appropriate palliative and end of life care;
- A child with a pre-natal history of maternal alcohol use, or presenting with unexplained development delays, must be screened for Foetal Alcohol Spectrum Disorder (FASD).
- A child requiring disability services and support who is not a participant in the [National Disability Insurance Scheme](#) (NDIS) must have an access request made to the NDIS to determine their eligibility to participate in the Scheme.

Refer to the Health and Medical Needs of Children in Care Procedure for more detailed information.

3. Legislative Basis and Related Documents

[Care and Protection of Children Act 2007](#)

[National Disability Insurance Scheme \(NDIS\)](#)

[Procedure: Health and Medical Needs of Children in Care](#)

[Policy: National Disability Insurance Scheme Participation](#)

[Procedure: Access to the National Disability Insurance Scheme for children and young people in the CEO's care.](#)