Child Development Service Flexible Re-Entry Procedure

1. Purpose

This document describes the process of re-entry into WA Country Health Service (WACHS) Child Development Services (CDS) following service conclusion. It aims to ensure that children who have concluded services have a fair and equitable way of re-accessing services.

The WACHS CDS Framework Principles of Practice underpin how services are developed and delivered to families. The principle of a responsive and flexible service stipulates that families are to have access to information to assist them to understand their choices for how and when they can access services. This includes providing information to families about ending services and the process for accessing timely services again in the future.

It is important that staff have a common understanding of how clients can re-access services and how to apply the Flexible Re-Entry Procedure consistently to minimise the risk of inequity across regions.

2. Procedure

2.1 CDS Service Conclusion

CDS service conclusion may occur for a range of reasons, such as:
- the child has made progress or met the agreed goals identified in the family service plan
- the parent/guardian identify they have the strategies and confidence required to support their child's development
- family were unable to be contacted. WACHS Engagement Procedure must be followed
- the family's capacity to attend services is limited at a particular time.
- the parent/guardian are no longer concerned, and/or
- the child becomes eligible for the National Disability Insurance Scheme (NDIS) and has an approved NDIS plan.

2.2 NDIS Eligibility and CDS

Children who are participants of the NDIS would not re-enter WACHS Child Development Services unless a client has been identified as potentially needing WACHS for 'maintenance of critical NDIS supports.

WACHS retains responsibility for the delivery of health services (this is not impacted by NDIS status) to all people in the community. Refer to the WACHS NDIS Maintenance of Critical Supports – Advice for Allied Health Services for further information and the list of health services that WACHS maintains responsibility for.

2.3 Flexible Re-entry

Following service conclusion, if a family identifies further needs related to their original goals and wish to access services again, they have the option for flexible re-entry. The request to re-activate a referral can be made by the parent/guardian or by a referrer/advocate (as long as the family is ready to engage in services).

The following points outline the key features of flexible re-entry:
- Flexible re-entry is available for families who have previously connected with CDS, with identified goals reflected in a family service plan.
- The family can access services through flexible re-entry within 12 months of the date of service conclusion and when the goals of the family are consistent with the previous service plan.
- Requests made over 12 months post service conclusion are to be reviewed using clinical judgement and must consider the family context. Where warranted, decisions may be made in consultation with a senior clinician or CDS Lead.
- Flexible re-entry applies across WACHS regions. If a family received CDS services in one WACHS region and following service conclusion they move to another WACHS region, they can request flexible re-entry in the new location.
- Flexible re-entry is a continuation of services (i.e. update and re-action of the family service plan without the need for formal re-entry).
- Flexible re-entry applies for clients who have accessed contracted external providers. The CDS Multidisciplinary Team, CDS Manager, and contracted external clinician should be consulted to consider clinical and service needs.
- Flexible re-entry involves reinstating the original referral in Community Health Information System (CHIS) rather than creating a new referral, refer to Appendix A.
- When flexible re-entry is initiated, the client is to be returned to active client status and continuation of the service plan is to be commenced within a reasonable timeframe. Decisions on timeframes are to consider:
  o client service needs
  o clinical prioritisation of the client
  o current service options/pathways
  o current service capacity.

2.4 New Referral

A new referral is required if the needs and priorities of the family are different to the initial service plan (i.e., the service requested is related to a new developmental concern). The new referral should be processed through the standard CDS referral process and prioritisation for services.

3. Roles and Responsibilities

Clinicians are responsible for:
- orientating families to service conclusion at the beginning of their journey with the service
- providing families, at the time-of-service conclusion, with information on how to access further services through CDS if required.
- documenting in the electronic health record (CHIS) that information about how to access further services, if required, has been provided at the time-of-service conclusion.

Clinical managers are responsible for:
- providing support to clinicians related to decision making as required.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The application of this procedure is to be discussed in team meetings and monitored by managers and staff. Staff will be oriented to relevant CDS policies on commencement with the program and through audits of clinical practices.

4.2 Evaluation

This procedure will be reviewed and evaluated by the WACHS CDS Leadership group to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by methods including obtaining feedback from regional stakeholders and consultation by regional managers with allied health staff as part of regular clinical supervision processes.

5. Compliance

This procedure is in alignment with the *Health Services Act 2016*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Early Childhood Intervention Australia, 2016 National Guidelines: Best practice in Early Childhood Intervention ECIA National Guidelines - Best Practice in ECI by ECIA - Flipsnack

7. Definitions

Term	Definition
Flexible re-entry	The process where a child can re-enter and access Child Development Services after they have concluded services, to continue to work on identified goals without the need for a new referral.
Community health Information System (CHIS)	Electronic client medical record system used for CDS.
Family Service Plan	A written plan developed in collaboration with families to guide service provision.

8. Document Summary

Coverage	WACHS-wide
Audience	Child Development Service Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality
Related WACHS Policy Documents	• Child Development Service - Eligibility and Access Procedure • Child Development Service Policy • Engagement Procedure
Other Related Documents	• CAHS Guidelines for Protecting Children 2020 • CHIS Resources (sharepoint.com) • WACHS Child Development Services Framework • WACHS NDIS Maintenance of Critical Supports – Advice for Allied Health Services
Related Forms	• WACHS Child Development Services Referral Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3144
National Safety and Quality Health Service (NSQHS) Standards	1.12, 2.05, 2.06, 2.07
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 May 2024	20 May 2024	New procedure
1.01	5 November 2024	20 May 2024	Added link for Child Development Service – Eligibility and Access Procedure
1.02	5 February 2025	20 May 2024	Minor amendment – added link to Child Development Service Policy

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Nil
Contact	Senior Program Manager, Child Development
Business Unit	Population Health
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This document can be made available in alternative formats on request.

Appendix A: Recording Flexible Re-Entry on Community Health Information System (CHIS)

How to reinstate a referral in CHIS:

1. Click on the Referrals menu header on the CHIS toolbar
2. Select 'Manage Incoming Referral'. The incoming referral screen is to display. Note: The incoming referral screen displays referrals that have been rejected, closed, still awaiting prioritisation or are pending)
3. Enter the relevant information and search for the original referral that the flexible re-entry relates to. Note: The default view shows all referrals that are awaiting prioritisation (Status = Waiting; Priority = Await Triage)
4. Select the appropriate referral
5. Scroll down the referral to the 'Status' field which is to show as 'Closed'
6. Expand the 'Status' section. This is to show a 'Reinstate' button at the bottom
7. Select 'Reinstate'.