



# MEDIA RELEASE

Minister for Health and Ageing

## Tony Abbott MHR

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### INDIGENOUS CHILD HEALTH CHECKS

Health checks for all Indigenous children under the age of 16 years are a key component of the Commonwealth Government's emergency response to the *Little Children are Sacred* report.

The Aboriginal and Torres Strait Islander Child Health Check (Medicare Item 708) has been in place since May 2006 and many Indigenous children in the Northern Territory have benefited. The child health checks to be conducted under the Commonwealth Government's emergency response will be the same as this item.

The Government will be working to maximise uptake of the voluntary check, including communicating with parents and carers to explain its purpose and scope. Health checks will be performed with consent from parents or carers.

The purpose of a child health check is to identify significant health issues and to plan follow-up treatment. It will be comprehensive and evidence-based. Specifically, the check includes:

- A history of medical conditions including general health, immunisations and development.
- A family history including living conditions and any relevant social problems.
- An examination as routinely done by doctors in general practice including height, weight, eyes, ears, teeth, skin, heart sounds, lungs, abdomen. It will also include a finger prick blood test for anaemia, and possibly glucose in older children.
- Other tests or investigations will be done as indicated, such as a full blood count, urine for infection and hearing testing.

Forensic examinations are not part of the health check. If evidence of sexual abuse is elicited in the history or examination, it will be reported as per mandatory Northern Territory requirements.

The first health care team is expected in the Northern Territory Aboriginal community next week.

The guidelines for the Child Health Checks are attached.

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# **Guidelines for Indigenous Child Health Checks in the Northern Territory**

## **Background**

Health checks for all Indigenous children under the age of 16 are a key component of the package of measures announced as part of the Australian Government's emergency response to the *Little Children are Sacred* report. The Department of Health and Ageing (DoHA) has responsibility for implementing the Indigenous child health checks as part of the whole of government response.

There are an estimated 22,000 children under the age of 16 in the Northern Territory, and about half of these are in the communities and outstations that have been identified as within scope for the emergency response.

## **Northern Territory Emergency Response Coordination Centre (NTECC)**

DoHA has established a Northern Territory Emergency Coordination Centre (NTECC) to coordinate the Indigenous child health checks. The NTECC is working closely with other Australian and Northern Territory Government agencies, in particular the Office of Indigenous Policy Coordination and the Australian Defence Force.

## **Guiding principles**

The following principles would underpin the Indigenous child health checks and are essential to ensure the integrity and efficacy of the health checks, participation by qualified medical professionals, and sustained benefits for Indigenous children and communities.

1. The Indigenous child health checks would be comprehensive, evidence-based and conducted professionally, with resources scaled up in keeping with the urgency of the Government's response.
2. Health checks will be performed with parental/carer consent to ensure congruence with legal, professional, ethical and (indemnity) insurance requirements.
3. The MBS Aboriginal and Torres Strait Islander Child Health Check (Item 708) would be the clinical instrument for the health check – it is a comprehensive health check which cannot be selectively altered or reduced without loss of its evidence- based impact.

## **What the health check will involve**

- The purpose of a child health check is to identify significant health issues and respond appropriately, to ensure the health of Aboriginal children.
- The check involves identifying the child with consent from parent or carer (and the child themselves as appropriate).
- Take a history of medical conditions of the client, including general health, immunisations, development. This is age specific, so changes for different age cohorts. For children age 12-16, questions about alcohol, cigs, other substances, mood, self-harm and sexual health (if indicated) apply.
- Take a social history: living conditions, over-crowding, smoke exposure in the house, social problems of carers.
- Then examination occurs which is routine as done by doctors in general practice, (height, weight, eyes, ears, teeth, skin, heart sounds, lungs, abdomen but including some other

things like a finger prick blood test for haemoglobin level (anaemia), and possibly glucose (diabetes) in older children.

- Other tests or investigations are done as required: full blood count, urine for infection, hearing testing.
- Tests for STIs are done as clinically indicated. Current guidelines exist in the Central Australia Rural Practice Association (CARPA) manual, the reference guide for indigenous medical services in the NT.
- Then a summary is written of problems found and recommended interventions, and when they should be done.

If evidence of sexual abuse is elicited in the history, then reporting as per mandatory NT requirements occurs.

Based on experience to date, it is expected that each health check would take around 45 minutes of team work on average. Individual assessments can vary significantly.

How long the health team stay on site will vary depending on the number of children and the complexity of individual checks. It could vary from a few days to some weeks. Multiple concurrent teams may be required in some communities.

In the context of the emergency response in the Northern Territory, detailed protocols and guidelines for interventions and referral have been developed by medical advisors in DoHA in consultation with clinicians experienced in all aspects of Indigenous health). These will underpin the Indigenous child health checks.

## **Health Teams**

Around 20 multi-disciplinary teams will be required to ensure that the health checks can be rolled out and completed in less than 6 months. The teams are likely to include:

- one doctor (to conduct parts of the health assessment and write the summary health plan)
- two nurses (to conduct and assist health assessment)
- one Aboriginal health worker (to assist with the health check)
- one administrative support staff (to coordinate and manage administrative matters)

The Aboriginal Medical Services Alliance – Northern Territory (AMSANT) has agreed to help identify Aboriginal liaison officers to facilitate community acceptance and take-up of the voluntary child health checks. AMSANT have also agreed to act as a lead agency in the Aboriginal health sector to recruit health care teams.