

PCRU

GENERAL PRACTICE AS A NEW PARTNER IN IMPROVING HEALTH AND WELL-BEING IN CHILDREN AND YOUNG PEOPLE ENTERING OUT-OF-HOME CARE IN VICTORIA

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CHA & AWCH Children's Health Conference 2008



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PRIMARY CARE RESEARCH UNIT DEPARTMENT OF GENERAL PRACTICE

every child
every chance
**a good childhood is in everyone's
best interests**

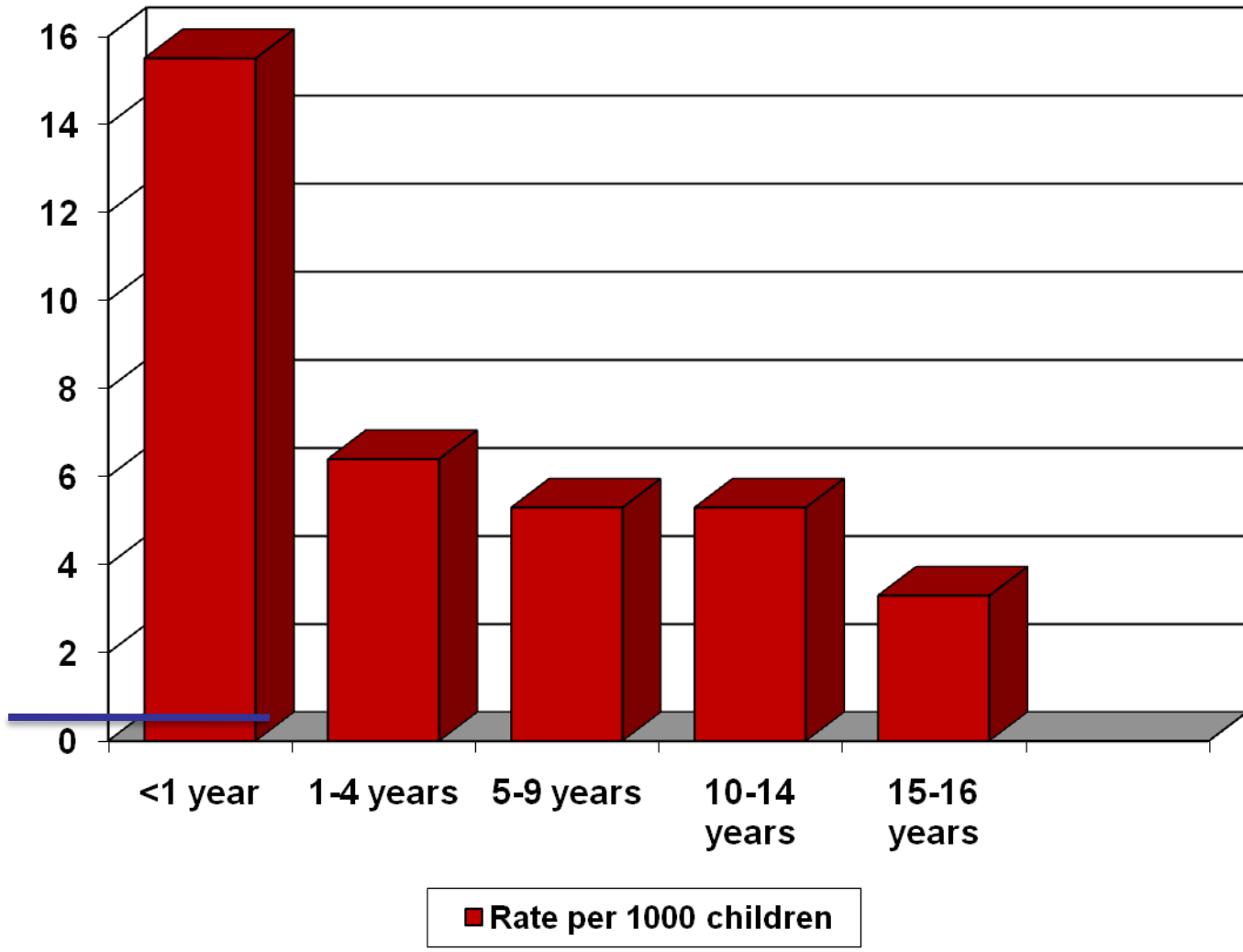
Victorian Department of Human Services initiative - 2007

Health assessments for entry to out-of-home care



Children and young people most likely to enter out-of-home care

**Children aged
0-16 in
substantiated
notification of
abuse or
neglect in Victoria
2006-07**



AIHW Child Protection in Australia 2006-07 : 28

Health of children following abuse/neglect



Mental illness

PTSD

Risk taking

Suicide risk

Development delay

Learning delay

Poor attachment

Behavioural problems

Infections

Under-immunised

Growth compromised

Poor dental health

“they don’t look healthy most of the time...that vibrant look...that bright look is not there on their face “ *interview 20*

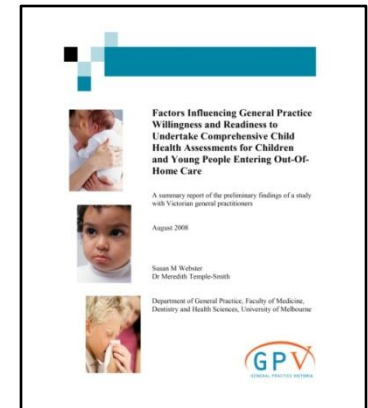


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Explore and explain factors which influence GP readiness and willingness to provide comprehensive health assessment for children and young people entering out-of-home care

Qualitative study with 20 GPs

- Literature review
- 5 key informant interviews
- Ethics approval
- Purposive sample
- One-hour, recorded interviews
- Transcripts sent to participants
- Thematic coding using NVIVO7
- Preliminary findings reported for feedback



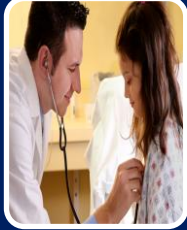
Can GPs better assess health?

“....one of the advantages of our training is this ... true, bio/psycho/social perspective...the biology is important but one thing general practice gives you... it crosses both the medical and social paradigms.....

other professions are good at their bit of the body, but the true generalist approach brings it all together...” (interview 16)



Results- GPs willing but not ready; changes needed in GP and child protection systems



Professionalism / values

- Ethical issues; value to child
- Form therapeutic relationship



Competence

- Increase GP awareness of epidemiology of child abuse



Patient focus

- Tailored assessment process
- Not driven by 'red tape'



Knowledge & information management

- Medico-legal issues
- Need computerised records



Capacity

- Increase scope of nurse role
- Adjust practice systems



Financing

- MBS not supportive
- DHS fee-for-service important

Domains in *Quality Framework for General Practice*. Booth B & Snowdon T. *AFP* 2007;36 (1/2): 8-11



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Results - Continuity of care important to GPs



Interpersonal

Longitudinal

Informational



Saultz J W. Defining and Measuring Interpersonal Continuity of Care. *Annals of Family Medicine*. 2003;1 (3): 134-143

Continuity: what did GPs say?

“perhaps the best thing you can do is just provide some consistency in their life...maybe you can help them cross the bridge...” *interview 7*

“continuity is really vitally important in general practice....if, as a GP, you can see them over time and you develop a trusting relationship with good communication, it just transforms you...” *interview 13*

“This is going to be your GP and they will be looking after you” *interview 11*



Interpersonal continuity

“I think a thorough health assessment is really good but it is only as good as the follow up. If youdon't have any other contact, then its value immediately evaporates” *interview 13*





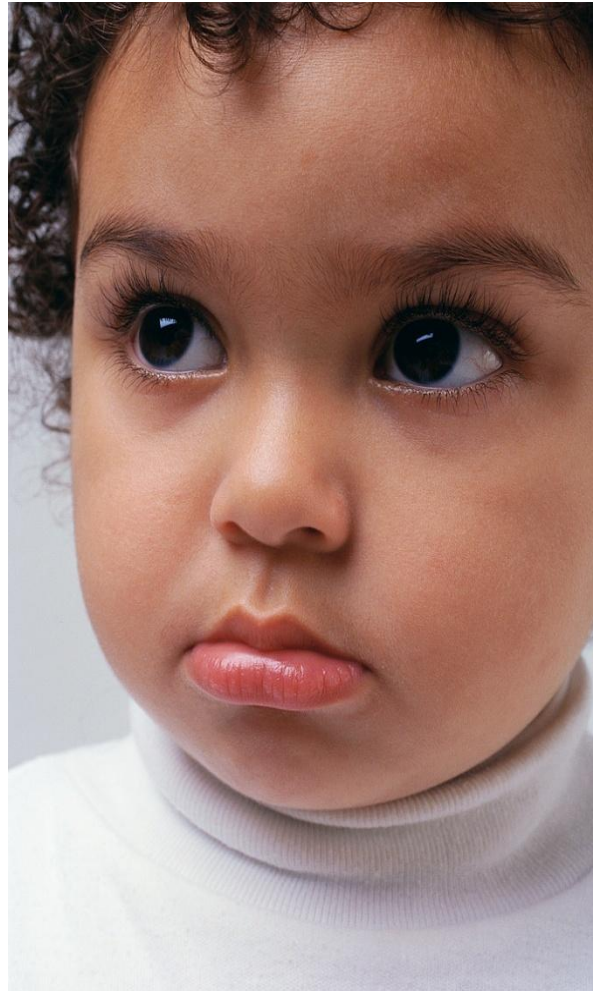
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Implications

1. Invest in communication between sectors
2. Share knowledge about effects on health
3. Identify and support willing GPs
4. Clarify medico-legal issues



Every child needs a medical home – in General Practice



Acknowledgements

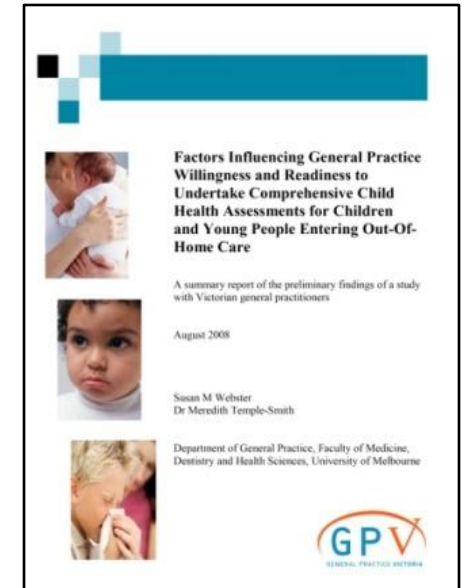
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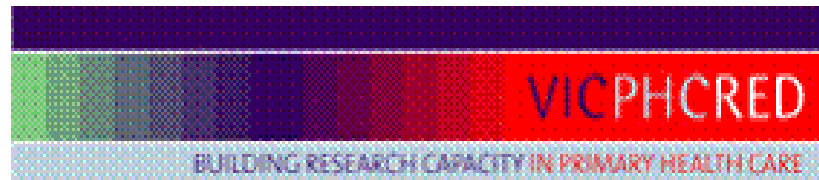
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