

PRACTICE GUIDE

Child health passports

What is the child health passport?

The child health passport refers to a process, as well as a document.

The child health passport document is a folder which contains information about the child's health. It is provided to the child's carer to enable them to adequately respond to the child's health needs for the duration of the care arrangement.

The child health passport process aims to support positive health outcomes and is underpinned by core elements of the [National Clinical Assessment Framework for Children and Young People in out-of-home care](#) (the NCAF), which is an approach to improving responses that address the health needs of children and young people in care through better consistency and coordination of health care assessments. Core elements of the NCAF that are reflected in the child health passport process are:

- a comprehensive health assessment completed within 90 days of the child or young person entering care
- the development of a health management plan to be integrated with other management plans, for example, a child's case plan or education support plan
- ongoing monitoring and assessment, including annual reviews (or more frequent reviews for a child aged less than five years).

Preliminary health checks conducted within 30 days are also an element of the NCAF. These health checks may be organised when a child or young person enters care to determine areas of immediate concern.

Commencing the child health passport process

The child health passport commences with the collection of information about a child's health when a child is placed in care under the *Child Protection Act 1999*. This includes:

- gathering essential health information about the child
- preparing the child's health care file
- arranging a comprehensive health assessment
- arranging a dental assessment
- arranging an optical assessment
- involving the child, the parents, and the carer in the comprehensive health assessment
- preparing the child health passport folder
- arranging follow up appointments and assessments
- including information about a child's identified health and dental needs when completing the child's strengths and needs assessment and developing and reviewing the case plan
- collecting any additional health information.

Essential health information

When a child first enters care, Child Safety staff will collect essential health information that:

- assists the child's carers to respond to the child's immediate health needs
- informs the conduct of a comprehensive health assessment.

Sources of essential health information include:

- the child and the child's parents
- the child's relatives, where parents are not available or cannot provide information
- the child's Queensland Health Personal Health Record Book (red book).

If the parents and relatives can't provide the required information, a formal information sharing request under the *Child Protection Act 1999*, can be made to the local Queensland Health child protection liaison officer to obtain information that is contained in Queensland Health records about the child's health.

If information indicates the child or a parent has an infectious or communicable disease, consider any risk to the child, parents and carer (including carer household members) and implement strategies to mitigate the risks.

Immunisation history is also essential information. Details of the child's immunisation status can be obtained through either:

- the Australian Immunisation Register (AIR)
- the child's health professional
- the child's My Health Record.

Additional health information

After the initial comprehensive health assessment, there may be circumstances that require additional health information to be gathered. These circumstances may include:

- the health professional requests specific information to make a diagnosis
- the child is having a medical procedure and detail health history is required
- the child is going away on a school camp or excursion
- a young person is transitioning to adulthood and does not have a complete health history documented
- a referral to a service requires further details, such as Evolve Therapeutic Services
- preparation for a family group meeting.

Preparing the health care file

The health care file is a physical client file that contains the **original** documents relating to the child health passport process. All original documentation associated with the child health passport process is filed on this file for freedom of information and audit requirements.

The comprehensive health assessment

A comprehensive health assessment covers all domains of a child's health, including:

- physical (physical health history, physical examination and assessment, oral health assessment and health literacy)
- developmental (developmental history, speech, language and communication, motor development, cognitive development and sensory)

- psychosocial and mental health (history, mental health, behavioural, emotional, development, social competence, development of identity).

Health professionals have access to age-appropriate health assessment templates that are linked to the Children's Health Queensland Hospital and Health Service website and can use these templates to guide the comprehensive health assessment, to ensure all domains are explored. Medical practices can import these templates into their medical practice management software, or via fillable Microsoft Word format

The age-appropriate health assessment templates include a section for the health practitioner to complete a health management plan, although health professionals may provide health management plans in other formats or templates depending on the preference of the health professional completed the assessment.

A health management plan provides an outline of the child's current health care needs and goals, actions that are required to meet these health needs and the identification of who will carry out each recommended action. They are a core element of the NCAF and need to be integrated with other management plans and assessments for the child, such as:

- the child's strengths and needs assessment
- the child's case plan, including reviews
- the placement agreement, including reviews
- the Education Support Plan, if applicable, including reviews
- a referral to Evolve, if applicable
- an application to the National Disability Insurance Scheme, if applicable.

Professionals who can complete the comprehensive health assessment

A comprehensive health assessment may be completed by a range of health professionals including:

- general practitioners and general practice nurses
- indigenous health services
- the Royal Flying Doctor Service and outreach paediatric clinics
- paediatricians
- child health nurses.

It is generally recommended that a comprehensive health assessment is overseen by a doctor.

If a child has a regular general practitioner, it is preferred that this general practitioner complete the comprehensive health assessment to ensure continuity of care.

The child's cultural needs are an important consideration when deciding who can complete the comprehensive health assessment. Having a culturally appropriate service complete the assessment can provide another link for the child to their cultural community.

If the child is an Aboriginal or Torres Strait Islander child, it may be more appropriate for an Aboriginal or Torres Strait Islander medical service, indigenous health service or culturally sensitive general practitioner to complete the comprehensive health assessment.

A child's case plan goal may also influence which health professional is engaged to complete the comprehensive health assessment. For example, when a young person is transitioning to adulthood considerations may include:

- linking them to a health professional that could manage their health care needs after they exit care

- whether the proposed health service bulk bills so that money does not prevent the young person accessing their doctor, following their transition to adulthood
- if the young person is living independently, linking them with a health service that is accessible (for example, close to public transport).

Other examples of how the case plan goal may influence the decision are:

- when the case plan goal is reunification, it may be appropriate to use the parents' health professional or service, located close to the parents' home or
- when the case plan is long-term care arrangement, it may be appropriate to use the carer's general practitioner.

Identifying local health services

It is important to be aware of the local health services where a child can be referred for a comprehensive health assessment.

Queensland Health's Child Health Service provides a range of community health and prevention and early intervention support services for children (from birth to 8 years) to give them the best start in life. These services are free of charge and available at dedicated clinics across south-east Queensland.

The Aboriginal and Torres Strait Islander community health services are available throughout Queensland and provide Aboriginal and Torres Strait Islander children and families with culturally appropriate health care services. Families should always be provided with the opportunity to access Aboriginal and Torres Strait Islander health services, where possible.

Child safety officers (specialist health liaison) can provide information and advice about local Aboriginal and Torres Strait Islander community health services and processes, and assistance with navigating the health system.

Queensland Health child protection liaison officers can also provide information about local Aboriginal and Torres Strait Islander community health services.

Dental assessment

The goal of a dental assessment is to maintain good oral health and prevent problems from becoming serious by identifying and treating them as soon as possible. It is recommended that children have dental check-ups every six months.

All Queensland resident children aged four years or older who have not completed Year 10 of secondary school are eligible for publicly funded oral health care via Queensland Health's Child and Adolescent Oral Health Services.

Children younger than four years of age and those who have completed Year 10 of secondary school are also eligible for publicly funded oral health care if they are dependents of current concession card holders or hold a current concession card themselves.

Optical assessment

A child can have an eye test at any age. A regular eye-test is important as it is not always obvious when a child may have a problem with their eyes or eyesight.

While a medical practitioner will generally check a child's eyesight at routine medical examinations, a child should receive an optical examination conducted by an optometrist every two years.

Billing for a comprehensive health assessment

A comprehensive health assessment may require more than one visit to a health practitioner. Several Medicare Benefit Schedule (MBS) item numbers are appropriate for various aspects of the health care of children and young people in care, however there is not a single MBS item dedicated for comprehensive health assessments (for children in care).

When a comprehensive health assessment relates to an Aboriginal or Torres Strait Islander child, the health professional may use either MBS item number 715 or 228 to bulk bill the assessment.

Annual reviews

A review of a child's health needs should occur 12 months from the completion date of the child's last comprehensive health assessment.

For children under 5 years, more frequent reviews should be considered, for example, every 6 months from the completion of the last comprehensive health assessment.

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