



Children and Young People in Care Information Booklet

Overview of the Health Assessment Pathway for
strengthening health assessments for children
and young people in care

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Northern Queensland Primary Health Network (NQPHN) acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

The journey

Every child and young person in care has a different story. A different set of experiences, many of which are outside of their control, that may have an impact on their current and future health.

For some children/young people, this can mean that their touch points with health care professionals have been minimal, or in some cases, non-existent.

Providing health care pathways for children/young people in care requires a holistic approach, one that takes into account the mental and physical, learning and development, and social and emotional wellbeing needs of the child/young person.

This requires a child/young person-centred, coordinated approach which includes the advice and encouragement of a broad range of health professionals and stakeholders including their carer.

It is important to note, that wherever possible, reunification is the aim as well as creating a sense of purpose for the child or young person.



Northern Queensland Primary Health Network (NQPHN) would like to acknowledge and thank the members of the Community of Practice, including the Department of Children, Youth Justice and Multicultural Affairs (DCJYMA), Education Queensland, and Townsville Hospital and Health Service for their contribution to this information booklet.

NQPHN acknowledges this document has been adapted for use in Townsville region by NQPHN with permission from the following source: Darling Downs and West Moreton Primary Health Network.

I am a parent

Together, we are a team – you are an important part of your child/young person’s health journey.

Child Safety wants to support you to be involved in your child/young person’s health assessment and in managing their health needs.



What is your role?

As a parent or guardian you play a significant role in enabling effective care for your child/young person - their health and wellbeing is important to you. You can help with your child/young person’s health and wellbeing in the following ways:

- » share current and relevant health information with Child Safety and other significant health professionals related to your child/young person’s care in a timely manner via phone, email, or in person
- » where possible, participate in their health appointments
- » make certain medical decisions
- » have a positive relationship with your child/young person’s carer
- » receive information about your child/young person’s health needs.

Who will advise you?

Child Safety will contact you to help you stay involved in your child/young person’s health journey. You can also talk to your child safety officer (CSO) about being involved, providing and receiving information about your child/young person, and being notified of medical emergencies.

	Pathway	Role	Time frame	Done
Step 1	Initiating a health assessment and gathering information	Provide Child Health Passport (CHP) information (i.e. previous GP, medical history, Medicare card, immunisations, etc).	During investigation and assessment stage	<input type="checkbox"/>
Step 2	Preliminary Health Check	Where possible, participate in the health appointments.	Within 30 days of Interim Order*	<input type="checkbox"/>
Step 3	Comprehensive Health Assessment	Where possible, participate in the health appointments.	Within 90 days of Interim Order	<input type="checkbox"/>
Step 4	Development of a Health Management Plan (HMP)	Where possible, participate in the health appointments.	Within 90 days of Interim Order	<input type="checkbox"/>
Step 5	Targeted services/early intervention	Carer and child/young person attend health appointments in accordance with HMP. Record all appointments in CHP.	As needed	<input type="checkbox"/>
Step 6	Periodic review	CSO will liaise with carer and child/young person to advise of review.	6 or 12 months	<input type="checkbox"/>

*Refer to list of definitions on page 23 of this booklet.

I am a carer

What is your role?

As a carer, your role is to book a long appointment with the general practitioner (GP) and bring the necessary documentation, including:

- » proof of your identity
- » document of your authority to care
- » information regarding who has legal authority to make health decisions
- » child/young person's Medicare card
- » child/young person's Child Health Passport (CHP)
- » any other medical documents.



You will need to make a Comprehensive Health Assessment appointment in consideration of the child/young person's schooling/other needs, parent's involvement and Aboriginal and Torres Strait Islander status. Please note the CHP needs to be taken to every appointment.

You will also need to advise the GP of the process if they are unfamiliar.

Why do you need to do a Comprehensive Health Assessment for the child/young person when there are no obvious issues?

Part of the Child Safety policy is for all children/young people to have a Comprehensive Health Assessment completed even when there are no obvious concerns.

Why do you need to keep taking the child/young person back to the GP or dentist once the Comprehensive Health Assessment has been completed?

Just like adults, a child/young person's body is constantly growing and changing. It is important for GPs and dentists to complete a check-up every 6-12 months to ensure the child/young person remains healthy.

Why is it important for the child/young person to continue seeing the same GP?

Continuity of care is important for everyone. Seeing the same GP makes this process smoother for the child/young person, so they don't have to keep repeating their story.

	Pathway	Role	Time frame	Done
Step 1	Initiating a health assessment and gathering information	<p>Meet with carer agency to confirm placement of the child/young person and advise of the following:</p> <ul style="list-style-type: none"> » discuss who is the preferred GP for the preliminary health check » receive copy of the Child Health Passport (CHP) » Carer Connect app » Kicbox app for child. 	At time of Interim Order	<input type="checkbox"/>
Step 2	Preliminary Health Check	<p>Carer and child/young person attend initial appointment/s with GP.</p> <p>Take CHP for GP to view. Make GP aware of any of the child/young person's concerns.</p> <p>Carer can claim 'gap fee' from Child Safety Service Centre.</p>	Within 30 days of Interim Order	<input type="checkbox"/>
Step 3	Comprehensive Health Assessment	<p>Carer and child/young person attend appointment with GP or Community Child Health (if applicable) for Comprehensive Health Assessment.</p> <p>Carer can claim 'gap fee' from Child Safety Service Centre.</p>	Within 90 days of Interim Order	<input type="checkbox"/>
Step 4	Development of a Health Management Plan (HMP)	<p>Carer and child/young person contribute to the development of the HMP; consent to targeted services interventions.</p> <p>Carer updates CHP folder and checks that Carer Connect is updated.</p>	Within 90 days of Interim Order	<input type="checkbox"/>
Step 5	Targeted services/early intervention	Have the opportunity to attend/contribute.	As needed	<input type="checkbox"/>
Step 6	Periodic review	Have the opportunity to attend/contribute.	6 or 12 months	<input type="checkbox"/>

I am a child or young person

Who can help you?

- » General Practitioners (GPs).
- » Child safety officers.
- » Teachers.
- » Carers.
- » Child health nurses.
- » Aboriginal Medical Service (AMS) workers.
- » Allied health professionals (i.e. physiotherapist, occupational therapist, social worker, speech language pathologist, psychologist etc).
- » Family and friends.
- » Community visitors.



How can they help?

- » Keep you safe.
- » Listen to your concerns.
- » Check your health to make sure you're healthy and happy.
- » Refer you to specialists, allied health professionals, support groups.
- » Put a plan in place to help you learn and have fun at school.

How long will you need to keep going to medical appointments?

The Comprehensive Health Assessment process is reviewed every 12 months by your GP (doctor) and they will determine if you need further appointments while you remain in care.

Who might you see at the hospital?

- » Child health nurses.
- » Paediatricians.
- » Child development services.
- » Other allied health professionals (i.e. physiotherapist, occupational therapist, social worker, speech language pathologist, psychologist etc).
- » Emergency department (ED) doctors or nurses.

I am a kinship carer, foster carer, or residential agency

How can you help the carer?

As the kinship carer, foster carer, or residential agency, your role is to ensure the carer is aware of:

- » the importance of the child/young person going through the full health assessment pathway
- » keeping the child safety officer (CSO) updated with medical reports and updating the Carer Connect app
- » the importance of keeping the same GP for continuity of care.



What services can you make the carer aware of?

- » Public allied health services.
- » Aboriginal and Torres Strait Islander medical services available.
- » Trauma-informed paediatricians.

How can you help Child Safety?

- » Work with carers to understand the importance of inviting significant family members where possible and relevant to appointments.
- » Keep Child Safety informed of medical needs and the carers plans to address these with appropriate approvals.

How can Child Safety help you?

Child Safety can provide you with:

- » advice around medical billing reimbursements that carers will receive and time frames of when they will receive these
- » written advice of financial delegation of pending ongoing medical/dental treatment
- » clear communication regarding liability of consent - parental consent, departmental consent, or carer consent with regards to medical management decisions.

General Practice Out-of-Home Care Health Assessment Pathway

Townsville Investigation and Assessment, Townsville West and Charters Towers, Townsville South and Burdekin, and Townsville North and Hinchinbrook Service Centres

Within 30 days		
Child Safety preparation:	Step 1: Initiating information gathering and health assessment process	Step 2: Preliminary health check
Child Health Passport (CHP) information gathering initiated by child safety officer (CSO) from previous GP, Department of Education, etc.	Parent provides CSO with preferred GP preference, previous medical history, Medicare number, immunisation list, etc.	GP treats any urgent medical conditions identified. GP performs age appropriate health check. Recall for follow up comprehensive assessments and Health Management Plan (HMP).
	Parent provided opportunity to attend GP appointment along with carer.	
Parent/carer provides CSO with preferred GP.	Principal - completes Education Questionnaire.	
	GP to receive a secure email from Child Safety with medical history of child/young person.	
	GP - supported by NQPHN to upload templates and given HealthPathways login and FAQ.	
	GP to review My Health Record and The Viewer prior to appointment.	



Within 90 days		As needed	6/12 month
Step 3: Comprehensive Health Assessment	Step 4: Development of HMP	Step 5: Targeted services for intervention	Step 6: Follow up/review
<p>Nurse to conduct part of age appropriate health assessment.</p> <p>GP to complete assessment and develop HMP.</p>	<p>Consider development of:</p> <ul style="list-style-type: none"> » Mental Health Treatment Plan » GPMP/TCA » referrals as per HMP » GP to share treatment plans with Child Safety and others » GP to upload Shared Health Summary into My Health Record. 	<p>Required interventions:</p> <ul style="list-style-type: none"> » mental health » child development checks at required ages » dental checks 6 monthly from first teeth » GP obtains reports from targeted services to support periodic review. <p>Care coordinator to monitor and share HMP as appropriate.</p> <p>Case conferences held with health care team and care coordinator as appropriate.</p>	<p>Implementation of plan is monitored by care coordinator.</p> <p>GP completes annual review every 12 months with child or every 6 months if child under age 5.</p> <p>Dental review to occur every 6 months.</p> <p>Annual review to be initiated by care coordinator.</p>

Aboriginal Medical Service (AMS) Out-of-Home Care Health Assessment Pathway

Townsville Investigation and Assessment, Townsville West and Charters Towers, Townsville South and Burdekin, and Townsville North and Hinchinbrook Service Centres

Within 30 days		
Child Safety preparation:	Step 1: Initiating information gathering and health assessment process	Step 2: 715 Indigenous Health Check
Child Health Passport (CHP) information gathering initiated by child safety officer (CSO).	Parent provides CSO with preferred GP preference, previous medical history, Medicare number, immunisation list, etc. Parent provided opportunity to attend GP appointment along with carer.	One-hour appointment. (Patient to arrive 15 minutes prior to appointment to complete necessary paperwork). AMS nurse completes general review of health, eye check, hearing, social and emotional wellbeing, necessary blood tests, medication review, immunisation status, etc.
Parent/carer provides CSO with preferred GP preference being AMS.	Principal – once received 159 request completes Education Questionnaire.	GP completes review and makes internal and external referrals to AMS Child and Family Centre, allied health, and specialists (if appropriate).
Engage with Connect Plus Program to help gather information using S159 request from previous GP, Department of Education, etc.	AMS – made aware and educated by Primary Health Network (PHN) on child/young person in care has been referred and process to follow. GP to review My Health Record and the Viewer prior to appointment.	



Within 90 days		As needed	6/12 month
Step 3: Comprehensive Health Assessment	Step 4: Development of Health Management Plan	Step 5: Targeted services for intervention	Step 6: Follow up/review
Child referred to AMS Children and Family Centre for further assessments/ interventions completed (i.e. Ages and Stages Questionnaire [ASQ] completed, [PUPS, Circle of security, PPP also available]).	Health Management Plan (HMP) developed based on results of 715 Indigenous and comprehensive assessment results.	<p>Required interventions:</p> <ul style="list-style-type: none"> » mental health » child development checks at required ages » dental checks 6 monthly from first teeth. <p>Care coordinator to monitor and share Health Management Plan as appropriate.</p> <p>Case conferences held with health care team and care coordinator as appropriate.</p>	<p>Implementation of plan is monitored by care coordinator.</p> <p>GP completes 715 Health Check every 9-12 months with child.</p> <p>Dental review to occur every 6 months.</p> <p>Annual review to be initiated by care coordinator.</p>

I am a general practitioner

How can you help the child/young person?

Ask your receptionist to flag in your practice software that the child/young person is in care to ensure recalls and health assessments are appropriate for their needs.



1. Use a child/young person-centred approach.
2. Conduct an age appropriate health assessment and develop a Health Management Plan that is shared with Child Safety and uploaded to My Health Record.
3. Ensure recall process includes carer, Child Safety and/or child/young person, and parent.

Where can you go to better understand the process?

Make contact with your local NQPHN Primary Care Engagement Officer for further information or visit your HealthPathways portal for referral documentation, Child Safety guides for health professionals, and decision making. Contact your medical defence organisation if you have any medico-legal concerns around consent for every visit.

What is the process in an emergency or after-hours situation if parent consent is not received?

1. You can contact the child safety officer (CSO) or after-hours number (see details at the back of this booklet) to advise of the situation and seek advice.
2. The CSO will make every reasonable attempt to contact parent(s) for consent. If unable to obtain consent, the CSO will make the decision.*

*Medical professionals have the legal authority to proceed with treatment in a life threatening emergency where appropriate consents cannot be obtained prior to treatment, or the time taken to obtain appropriate consent, would jeopardise the child's life.

I am an Aboriginal Medical Service (AMS) worker

How can you help the child?

1. Ask your receptionist to flag in your practice software that the child/young person is in care to ensure recalls and health assessments are appropriate for their needs.
2. Use a young person-centred approach.
3. Conduct an age appropriate health assessment and develop a Health Management Plan that is shared with Child Safety and uploaded to My Health Record.
4. Ensure recall process includes carer, Child Safety and/or child/young person, and parent.



Where can you go for help to better understand the process?

Make contact with your local NQPHN Primary Care Engagement Officer for further information or visit your HealthPathways portal for referral documentation, Child Safety guides for health professionals, and decision making. Contact your medical defence organisation if you have any medico-legal concerns around consent for every visit.

What services are available at your AMS:

- » transport
- » free play group for under five's
- » integrated and coordinated care
- » allied health services
- » incentives to have 715 health check
- » culturally safe and appropriate care
- » comprehensive and multidisciplinary medical services
- » immunisation clinics
- » paediatric services
- » visiting audiologist
- » Healthy Ears, screening assessments, treatment and care management hearing team
- » on-site psychologist
- » parenting education
- » circle of security.

What is the process in an emergency or after-hours situation if parent consent is not received?

1. You can contact the child safety officer (CSO) or after-hours number (see details at the back of this booklet) to advise of the situation and seek advice.
2. The CSO will make every reasonable attempt to contact parent(s) for consent. If unable to obtain consent, the CSO will make the decision.

I am a child safety officer (CSO)

This section is relevant to your role as a CSO within Child Safety.

How can you help the child?

As the CSO, your role is to gather information to develop the Child Health Passport (CHP) to provide to the carer/parent and to coordinate the steps to support the child/young person through the pathway with clear communication between the different stakeholders.



What services can you make the carer and child/young person aware about?

- » CHP.
- » Carer Connect and Kicbox apps.
- » Health Assessment Pathway process.
- » Additional supports and services.

	Pathway	Role	Time frame	Done
Step 1	Initiating a health assessment and gathering information	<p>CSO will start gathering information to compile the Child Health Passport (CHP).</p> <p>CHP information gathering initiated by CSO with previous GP, local hospital and health service, Department of Education, etc.</p> <p>CSO will obtain parent consent (including immunisations) and preferred GP preference.</p> <p>CSO will provide parent with Parent Resource.</p> <p>CSO to confirm placement of child/young person and advise carer of the following:</p> <ul style="list-style-type: none"> » need to book in with preferred GP for health assessment process » CHP » Carer Connect app » Kicbox app for child. 	Prior to initial appointment	<input type="checkbox"/>

	Pathway	Role	Time frame	Done
Step 2	Preliminary health check	<p>CSO provides opportunity for parent to be involved at health appointment in collaboration with carer and child/young person where possible.</p> <p>CSO updates Child Safety health care file.</p> <p>CSO progresses reimbursement to carer of 'gap fee' associated with Comprehensive Health Assessment.</p>	Within 30 days of Interim Order	<input type="checkbox"/>
Step 3	Comprehensive Health Assessment	<p>CSO provides opportunity for parent to be involved at health appointment in collaboration with carer and child/young person.</p> <p>CSO updates Child Safety health care file.</p> <p>CSO progresses reimbursement to carer of 'gap fee' associated with health assessment.</p>	Within 90 days of Interim Order	<input type="checkbox"/>
Step 4	Development of a Health Management Plan (HMP)	<p>CSO contributes to the development of the HMP.</p> <p>CSO provides opportunity for parent to be involved in HMP.</p> <p>CSO progresses Child Related Costs (CRC) form for any expenditure approval in advance to reduce time for carer's reimbursement on any additional services.</p> <p>CSO integrates the HMP into the child/young person's Case Plan with linkages to Education Plan.</p>	Within 90 days of Interim Order	<input type="checkbox"/>
Step 5	Targeted services/early intervention	<p>CSO ensures CHP folder is provided to new carers or parents if restored.</p> <p>CSO liaise and handover with GP when child/young person changes placement.</p>	As needed	<input type="checkbox"/>
Step 6	Periodic review	CSO liaises with GP to ensure HMP review occurs when due.	6 or 12 months	<input type="checkbox"/>

At the hospital

Who might you see at the hospital?

- » Child health nurses.
- » Paediatricians.
- » Child development services.
- » Other allied health professionals.
(i.e. physiotherapist, occupational therapist, social worker, speech pathologist, psychologist etc).
- » Emergency department (ED) doctors or nurses.



How can hospital staff help?

Hospital staff will communicate with the child/young person, carer, and/or parent, and Child Safety to complete screenings and assessments as requested by either Child Safety or the GP.

Where can I go to better understand the process?

You can make contact with the hospital's paediatric nurse navigator or NQPHN's Primary Care Engagement Officer.

What process will the hospital follow?

The following table details the standard process hospital staff undertake with the child/young person, carer, and/or parent.

	Pathway	Role	Time frame	Done
Step 1	Initiating a health assessment and gathering information	Complete questionnaire and S159 request sent by child safety officer (CSO) at Child Safety.	Within 30 days of Interim Order	<input type="checkbox"/>
Step 2	Preliminary health check	GPs need to send referral to Townsville Hospital and Health Service via central intake number (07) 4433 1111 and request that they receive assessment outcome and recommendations.	Within 30 days of Interim Order	<input type="checkbox"/>

	Pathway	Role	Time frame	Done
Step 3	Comprehensive Health Assessment	<p>Complete following referral from GP and provide report/outcome of assessments back to GP.</p> <p>Community Child Health (CCH) has capacity to complete the PEDS, ASQ, and growth and development assessments at any of their clinics within a one to two-week time frame once the referral is received.</p> <p>Appointments need to be made for these assessments.</p> <p>CCH are able to complete hearing screens for 4-18 year olds.</p>	Within 90 days of Interim Order	<input type="checkbox"/>
Step 4	Development of a Health Management Plan (HMP)	Contribute to the HMP and attend any stakeholder meetings if arranged by GP or Child Safety.	Within 90 days of Interim Order	<input type="checkbox"/>
Step 5	Targeted services/early Intervention	Further appointments at the hospital may be with: paediatrician or the child development service (i.e. speech therapist, physiotherapist, occupational therapist, social worker, psychologist, etc).	As needed	<input type="checkbox"/>
Step 6	Periodic review	Nil actions required unless otherwise directed.	6 or 12 months	<input type="checkbox"/>

I am a teacher

How can you help the child/young person?

1. Start by getting to know the child/young person and their individual learning needs.
2. Be proactive in accessing school-based support where required to support access, participation, and engagement in learning.
3. Discuss any concerns promptly with appropriate staff at your school (principal, guidance officer, etc).
4. Let Child Safety know, through your line manager, if the child or young person is presenting with any concerns regarding learning, development, or safety.
5. Be actively involved in any discussions and meetings with stakeholders.
6. Implement any agreed recommendations.



What services can you make the carer and child/young person aware of?

You can discuss the needs of the child/young person with your administration team, guidance officer, or relevant support staff to determine appropriate services that could be discussed at stakeholder meetings.

Where local programs and offerings to support students exist, i.e. youth based health nurses or youth support coordinators, these staff may provide relevant support to assist student engagement at school.

Where additional support may be required, access to regional staff including principal advisors – autism and therapists can be made through the school principal and leadership team.

	Pathway	Role	Time frame	Done
Step 1	Initiating a health assessment and gathering information	Complete Questionnaire and S159 request sent by Child Safety.	Within 30 days of Interim Order	<input type="checkbox"/>
Step 2	Preliminary health check	Nil action required.	Within 30 days of Interim Order	<input type="checkbox"/>
Step 3	Preliminary health check	Nil action required.	Within 90 days of Interim Order	<input type="checkbox"/>
Step 4	Development of a Health Management Plan (HMP)	Care coordinator integrates the HMP into the child/young person's Case Plan with linkages to Education Plan.	Within 90 days of Interim Order	<input type="checkbox"/>
Step 5	Targeted services/early intervention	Care coordinator liaises with school to ensure intervention is occurring. Care coordinator liaises and completes handover with school when child/young person changes placement.	As needed	<input type="checkbox"/>
Step 6	Periodic review	If applicable, child safety officer (CSO) will liaise with school if any changes occur.	6 or 12 months	<input type="checkbox"/>

I am a dental professional

How can you help the child?

1. Ask your receptionist to flag in your system that the child/young person is in care to ensure recall and appropriate risk categorisation.
2. Conduct a dental assessment every six months for all children in care (aged 0-18 years old) and provide a dental summary report to Child Safety.
3. Ensure recall process includes carer, Child Safety and/or child/young person, and parent.
4. Notify Child Safety if child/young person is overdue for a dental assessment.



Where can you go to better understand children in care?

Child Safety has a guide for health professionals and decision making that can be downloaded at: www.cyjma.qld.gov.au/resources/dcsyw/protecting-children/guide-for-health-professionals.pdf. This resource explains trauma-informed dental care for oral health staff and can be downloaded at: <http://hmprg.org/wp-content/uploads/2019/01/Trauma-Informed-Care-and-Oral-Health.pdf>. You can also make contact with your local Child Safety Service Centre.

When is guardian/parent consent required for dental treatment?

- » Carers can consent to routine dental care.
- » Parent/guardian consent is not required unless general anaesthetic is necessary.
- » You can contact the child safety officer (CSO) to arrange parent/guardian consent.



Resources

Project contact details:

Townsville North and Hinchinbrook Service Centre

Phone: (07) 4796 6502

Townsville South and Burdekin Service Centre

Phone: (07) 4796 6200

Townsville West and Charters Towers Service Centre

Phone: (07) 4796 6300

Townsville Investigation and Assessment Service Centre

Phone: (07) 4796 6400

Northern Queensland Primary Health Network

Primary Care Engagement Officer

Email: tsv.providerenquiries@nqphn.com.au

You can also contact your NQPHN Primary Care Engagement Officer to assist with uploading templates into your practice software to guide your assessment and Health Management Plan development.

Definitions:

Interim Order: Made on adjournment of child protection order, these orders are normally made during the course of the proceedings before the Children's Court.

It is a temporary order and will usually only last until the matter is next in court. An interim order can include granting temporary custody of a child to Child Safety until a Short-Term Child Protection Order or Long Term Child Protection Order is made before the court.

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