

*"I am on medication now. I am more in control and can sleep better."<sup>72</sup>*

## **Best health possible**

*"At a recent hospital procedure CSO had not signed papers for an eye operation. If grandmother had not insisted, operation would have been cancelled for another year."<sup>73</sup>*

*"Injections – missed out (permission not provided)."<sup>74</sup>*

72 Young person's view as quoted at page 70 of Child Guardian Views of Children and Young People in Foster Care, Queensland, 2008.

73 Young person's view as quoted at page 106 of Child Guardian Views of Children and Young People in Foster Care, Queensland, 2008.

74 Young person's view as quoted at page 106 of Child Guardian Views of Children and Young People in Foster Care, Queensland, 2008.

# Best health possible

## Key messages

The available evidence suggests that gaps currently exist in the child safety system's response to the health needs of children and young people in out-of-home care, in relation to both assessing their needs and facilitating access to health services.

## Expected outcome for children and young people

The child safety system should provide every child in out-of-home care with preventative health services and, if any needs arise, health services are provided promptly.

## Significance

Research indicates that the physical and mental health of children and young people in out-of-home care is often poor when compared with their peers.<sup>75</sup> This highlights the need for the child safety system to actively assess and access required health services.

## How the child safety system is working together

The Child Guardian is working with Queensland Health, the Department of Child Safety and the Queensland Police Service to establish a multi agency framework for promoting the safety and wellbeing of children of parents with mental health issues, improving cross-agency coordination of child protection services and strengthening early intervention and secondary prevention responses.

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<sup>75</sup> National Children's Bureau, Health Care Programme Handbook, London 2005 available at <http://www.ncb.org.uk/healthycare/>, as cited at page 4 of the Report card on Health: Australia's Children and Young People in Care, Create Foundation, Sydney 2006.

## Key findings in 2007–08

### Child Health Passports

When surveyed (in early 2008) by the Child Guardian, the majority of young people who responded did not know if they had Child Health Passport. Only 7% of young people in foster care and 4% of young people in residential care advised the Child Guardian that they had a Child Health Passport.

The Department of Child Safety has subsequently advised that as at 1 October 2008, the number of children and young people with a completed Child Health Passport was 1635 (or almost 25% of all children and young people who require a Child Health Passport), which indicates some progress.<sup>76</sup>

The Department of Child Safety Child Health Passport initiative aims to provide a current and continuous child health record for use by Child Safety Officers, carers and parents (for children who return home). The Department of Child Safety has stated that the target date for all (eligible)<sup>77</sup> children in out-of-home care to have a Child Health Passport is 2010.<sup>78</sup>

### Meeting health needs

Unmet health needs were a significant issue for approximately 300<sup>79</sup> children and young people in out-of-home care who responded to a Child Guardian survey in 2007–08.

Almost 11% of young people in foster care and 18% of young people in residential care advised the Child Guardian when surveyed that they had a health problem they were concerned about.

In 2007–08, 14% of all children and young people identified in a Community Visitor Serious Issue Form<sup>80</sup> had an unmet mental health need. Other health problems commonly reported to Community Visitors included:

- respiratory conditions
- eating disorders
- sexually transmitted infections
- food allergies, and
- dental problems.

### Accessing health services

Analysis of the Community Visitor Serious Issue Forms for 2007–08 revealed that unmet health needs often arose from a combination of the issue not being identified or known to the Department of Child Safety and issues surrounding access to the required health services.

Often children and young people were placed on long waiting lists to receive medical treatment.

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76 Correspondence received from the Department of Child Safety, dated 30 January 2009.

77 Only children who are subject to a child protection care agreement or a court assessment order that has been extended beyond a 30 day period; or an interim or child protection order granting custody or guardianship to the Chief Executive are eligible for a Child Health Passport.

78 At page 25, Child Protection Queensland 2006–07 Performance Report, Department of Child Safety, Queensland, 2008.

79 The number of respondents in the Child Guardian Views of Children and Young People in Foster Care, Queensland, 2008 and the Child Guardian Views of Children and Young People in Residential Care, Queensland, 2008 that indicates they had a health problem they were concerned about plus the number of children and young people who were identified in a Serious Issue Form in 2007–08 as having an unmet health problem. These numbers should be interpreted with care as they may be an understatement of the true levels of health issues experienced by children and young people, given that this is based on a survey sample and the measure requires children and young people to self-report their health concerns.

80 Further explanation of Serious Issue Forms is provided in Appendix C of this report.

Of the young people who advised the Child Guardian Survey they had a health problem:

- 54% of young people in foster care advised they were unable to see someone for help, and
- 25% of young people in residential care advised they were unable to see someone for help.

## 2007–08 Child Guardian activities about health

### Mandatory and Essential Services Audit – Child Health Passport

The Child Guardian has commenced an audit of the Department of Child Safety’s compliance with legislative and policy requirements to provide mandatory services, such as Child Health Passports, to children and young people entering out-of-home care since January 2007.

### Child Guardian Stamp of Approval



Queensland Health has developed a new policy, *Meeting the protection needs of children for whom a person with a mental illness has care responsibilities*, to ensure child protection concerns and family support needs are assessed as part of the mental health admissions and treatment process.

## Strategic action areas for 2008–09

The Child Guardian will further analyse the circumstances where unmet health needs and difficulty accessing health services have been identified by children and young people, with a view to identifying any specific gaps and informing the design and delivery of the required service response.

The Child Guardian will complete its *Analysis of child and adolescent suicide in Queensland: 2004–2007* report and engage with child safety system service providers where scope exists to address risk factors in deaths that may be preventable.