

Child Safety POLICY

Title: Immunisation of children in care
Policy No: 638-3

Policy Statement:

The Queensland Government supports immunisation of children in accordance with the National Immunisation Program Schedule. The Queensland Immunisation Schedule reflects the national schedule, and recognises the particular needs of Aboriginal and Torres Strait Islander children. Immunisation is one of the most effective ways to protect children against harmful diseases which can cause serious complications, including death.

Children living in care are often behind with their immunisations. This may be due to missing their scheduled immunisations before coming into care, or once in care, because of disruptions to the continuity of healthcare. In either event, the child's immunisation schedule will be continued and maintained while the child is in care, unless the doctor advises there is a medical reason for not proceeding with the immunisation. The immunisation status of infants under 12 months of age will be followed up as a matter of priority due to their particular vulnerability. Aboriginal or Torres Strait Islander children will receive appropriate additional vaccines to prevent them from being placed at a greater risk of disease in their early lives.

The Department of Child Safety, Youth and Women (Child Safety) considers childhood immunisation an essential part of a child's health care needs and will arrange for children, who are in need of protection and subject to a child protection care agreement or a child protection order granting custody or guardianship to the chief executive to receive immunisations in accordance with the recommended schedule of immunisations, unless a doctor advises there is a medical reason for not proceeding.

When a child is the subject of an investigation and assessment, the focus of Child Safety's intervention is assessing their need for protection, and as such Child Safety will not routinely seek to arrange immunisations for children taken into custody during the investigation and assessment. In circumstances where the child's immunisation is relevant to the investigation and assessment or where there is need for an emergent vaccination, active attempts to obtain the consent of a parent will be made. If consent cannot be obtained, Child Safety may request a medical practitioner to administer the relevant vaccination by exercising their authority under the *Child Protection Act 1999*, section 97.

When a child is subject to a child protection care agreement, the parents remain responsible for their child's vaccinations and Child Safety will seek the parent's consent for scheduled vaccinations in the first instance. Where a parent objects to their child being immunised, the grounds for the objection will be discussed with a doctor. Where a parent is unable to be located, does not give consent or is otherwise unable to consent, Child Safety will seek medical treatment and ask the doctor to consider providing the vaccination under the authority of the *Child Protection Act 1999*, section 97.

When a child is subject to a child protection order granting custody to the chief executive (including interim and procedural orders), Child Safety will seek to obtain the consent of the parents and work with the parents to understand their views about immunisations, prior to arranging a vaccination. Where the parent is unable to be located, does not give consent or is otherwise unable to consent, Child Safety staff will seek medical treatment and ask the doctor to consider providing the vaccination under the authority of the *Child Protection Act 1999*, section 97. Where a parent objects to their child being immunised, the grounds for the objection will be discussed with a doctor.

When the chief executive has guardianship of the child, the chief executive provides consent for the child's foster or kinship carer to arrange for the vaccination of the child.

In all cases where an emergent vaccination is required for a child in the care of Child Safety, the delegated officer will consent to the vaccination or seek medical treatment and ask the medical practitioner to exercise the authority of the *Child Protection Act 1999*, section 97, depending on the intervention to which the child is subject.

Principles:

- The child's safety, wellbeing and best interests, both through childhood and for the rest of the child's life, are paramount in decisions made under the *Child Protection Act 1999*.
- Immunisation is a safe and effective way of giving protection against disease.
- It is in a child's best interest to be provided with all recommended vaccines to protect them against vaccine-preventable diseases.
- Child Safety has a responsibility to meet the health needs of children in care.
- Decisions relating to a child in care are timely and will facilitate the prompt receipt of services to the child that will enhance their safety and wellbeing.
- Active efforts will be made to ensure the child's parents are consulted and appropriately involved in any medical treatment for their child.
- Children and young people have a right to participate in making decisions that affect them, with due regard to their age, maturity and capacity to understand.

Objectives:

This policy aims to ensure that children in care receive immunisations in accordance with the recommended schedule of immunisations, to ensure they receive the health benefits resulting from immunisation. It also aims to ensure that a child does not receive an immunisation if a doctor advises there is a medical reason for not proceeding with immunisation.

Where a parent is unable to be located, immunisations will occur in line with medical advice. Where parental consent for immunisations is refused, parents will be provided with an opportunity to explain their reasons for not consenting and to provide relevant medical information, such as past reaction to a vaccination, which Child Safety will provide to a doctor for consideration. Medical advice will be sought in relation to the grounds provided for the refusal and subsequent medical advice will be followed.

Scope:

This policy refers to all children subject to Child Safety intervention and in the care of the chief executive under the *Child Protection Act 1999*.

Immunisation refers to the routine childhood vaccinations outlined in the [Queensland Immunisation Schedule](#), which includes the vaccines provided to Year 7 students through the Queensland School Immunisation Program as well as the additional vaccines recommended for Aboriginal and Torres Strait Islander people and for medically at-risk children.

Roles and Responsibilities:

The roles and responsibilities of Child Safety staff regarding health decisions for a child in care are outlined in the Child Safety Practice Manual, chapter 5.

Child Safety staff will gather information from parents about the child's immunisation history as soon as possible when they enter care, to enable early identification of any due or overdue immunisations. This information can also be obtained from or verified by the Australian Immunisation Register.

Child Safety staff will provide the carer with the child's immunisation history as soon as possible after the child enters care.

Child Safety staff will seek parental consent in the first instance for any overdue or upcoming immunisations for a child in the custody of the chief executive.

Carers are authorised to make immunisation arrangements for a child subject to a child protection care agreement or a child protection order granting custody to the chief executive, once consent has been provided either by the parent or Child Safety. Carers are encouraged to take the child to either a bulk billing GP, or an immunisation clinic provided through local councils and some community health centres. For Aboriginal and Torres Strait Islander children, Child Safety staff will encourage carers to make arrangements with Aboriginal Medical Services.

Carers for a child subject to a child protection order granting guardianship to the chief executive are authorised to make immunisation arrangements for the child, as authorised by the 'Authority to care – Guardianship to the Chief Executive'.

Carers are required to advise Child Safety staff when the child has received a vaccine, and to tell Child Safety about any matter of significance identified by the immunisation provider during the immunisation process.

The guardians of children subject to a child protection order granting long-term guardianship to a suitable person or a permanent care order are responsible for making immunisation arrangements for the child.

Authority:

Child Protection Act 1999, sections 5A, 5B, 5D, 5E, 7, 11, 12, 13, 51B-D, 73, 74, 75, 82, 83A, 84, 97, 122, 159A-159H, 159M

Child Protection Regulation 2011, section 7.

Delegations:

Refer to statutory delegations for details of who is delegated to make decisions related to immunisations of children in care.

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Links:

Child Safety Practice Manual, chapters 4, 5, 8.

Related Policies:

Participation by children and young people in decision-making (369)

Case planning (263)

Information exchange and service delivery co-ordination (403)

Working with Aboriginal and Torres Strait Islander families and communities (610)

Care agreements (415)

Related Legislation:

Child Protection Act 1999

Child Protection Regulations 2011

Related Government Guidelines

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