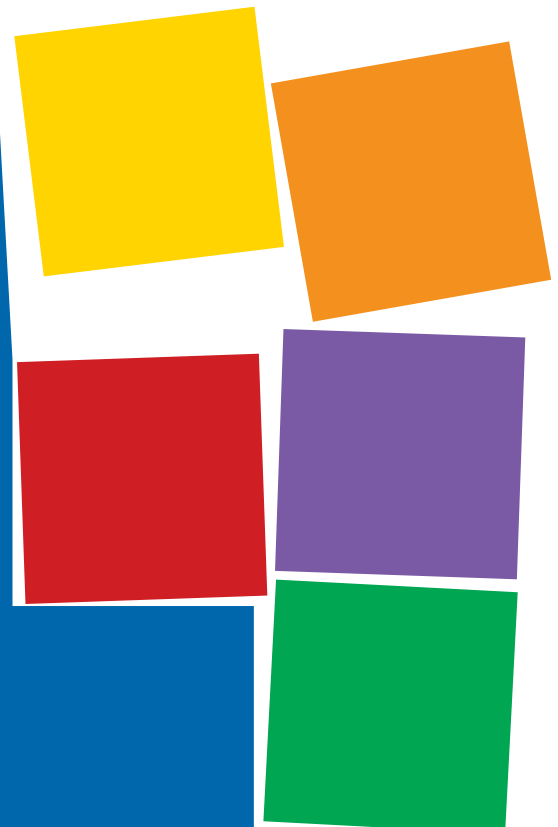


Department of Education and Early Childhood Development

Victorian Child Health Record Review
Benchmarking Report | August 2010



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Department of Education and Early Childhood Development

Victorian Child Health Record Review

Benchmarking Report

August 2010

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1. Background

PricewaterhouseCoopers (PwC) was engaged by the Department of Education and Early Childhood Development (DEECD) to review the current Victorian Child Health Record (Victorian CHR).

A benchmarking exercise, involving the assessment of child health records across Australian and international jurisdictions, was undertaken as part of the review process to understand:

- role(s) of the record within each jurisdiction
- similarities and differences of the content
- similarities and differences in the physical format
- any feedback from the identified stakeholders regarding the record's content and structure and how it meets its defined role(s)
- the overarching government department's views regarding the record.

The benchmarking process will contribute to the determination of good practices in child health records, in terms of both content and physical format (structure). This will provide a mechanism to evaluate the effectiveness of the current Victorian CHR against its stated objectives, and make recommendations for its improvement.

1.1. Scope of jurisdictions

Benchmarking was undertaken with the following Australian jurisdictions:

- Australian Capital Territory (ACT)
- New South Wales (NSW)
- Queensland (QLD)
- South Australia (SA)
- Tasmania
- Western Australia (WA).

The following international jurisdictions were also included within the benchmarking process:

- Canada
- England
- New Zealand (NZ)
- Scotland.

1.2. Approach

An initial desktop assessment was conducted, which involved an assessment of the similarities and differences in content and format of the records across jurisdictions.

Further consultation (in the form of teleconferences) was conducted with the relevant government's department representatives to gain an understanding of the role(s) of the record and the underlying decision making processes that lead to the content and format of the record.

Lastly, during the consultations the representatives were asked to identify any stakeholder feedback that had been received, and the views of the government department, regarding the record and how this impacted the perceived utilisation and achievement of the role(s) of the record. This also included feedback received regarding any changes to both the content and layout of the record as a result of recent reviews of the current record.

1.2.1. Representatives consulted

The following representatives within each of the jurisdictions were consulted during the benchmarking process.

Table 1: Representatives consulted

Jurisdiction	Department
Australia	
ACT	ACT Health
NSW	Department of Health
QLD	Queensland Health
SA	SA Department of Health
TAS	Department of Health and Human Services
WA	Department of Health
International	
England	Centre for Epidemiology and Biostatistics
NZ	NZ Ministry of Health
Scotland	Scottish Executive Department of Health



2. Child health record benchmarking assessment

The table below provides a summary of the records currently in place and when each was last reviewed.

Table 2: Child health records across jurisdictions

Jurisdiction	Name of record	Date of development	Date of most recent review
Australia			
ACT	Personal Health Record or “Blue Book”	1988	<ul style="list-style-type: none"> Recent major review undertaken in 2009, however, resulted in only minor changes to the record Major review to be undertaken in 2011
NSW	Personal Health Record or “Blue Book”	1988	<ul style="list-style-type: none"> Major review conducted in 2007 Minor reviews conducted annually
QLD	Personal Health Record or “Red Book”	Early 1990s	<ul style="list-style-type: none"> Major review conducted in 2005 Minor reviews conducted annually
SA	Child Health Record or “Blue Book”	1981	<ul style="list-style-type: none"> Major review conducted in 2009
TAS	Personal Health Record or “Blue Book”	Mid 1990s	<ul style="list-style-type: none"> Major review to be undertaken in 2011 Minor reviews conducted annually
WA	Personal Health Record	1989	<ul style="list-style-type: none"> Major reviews conducted in 2000 and 2006, with differing levels of stakeholder engagement Minor reviews conducted bi-annually
International			
Scotland	Personal Child Health Record or “Red Book”	2009	<ul style="list-style-type: none"> Major review conducted in 2009
NZ	Personal Health Record or “Well Child Tamariki Ora” Health book	1987	<ul style="list-style-type: none"> Minor review conducted in 2010 Major review to be undertaken in 2011
England	My Personal Child Health Record or “Red Book”	1983	<ul style="list-style-type: none"> Major review in 2004 resulted in a standardised national approach Minor review conducted in 2009

2.1 Role of the record

Consultation with each of the representatives identified that, in general, the role of the record is:

- to provide a paper-based, parent-held record of a child's health and development
- to act as a communication tool between parents, health professionals and other service providers.

Interestingly, NSW, SA, TAS and WA identified that one of the most important roles of the record is to provide the child with a record of their health and development, rather than it being the parents' or maternal and child health nurse's record.

Notwithstanding the identity of the owner, all interviewees identified that the record is a method of tracking a child's health and development journey. SA's structure notably varies to that of other States, with the record being set out by a child's age in years. based on the belief that such a structure would provide the best illustration of the child's health and development journey.

Almost all Australian jurisdictions consulted (with the exception of TAS) identified that one role of the record is to act as tool to facilitate targeted child health and development education and promotion.

All interviewees identified that, with the increased accessibility of online resources, parents are now provided with parenting advice from a range of sources, some of which may not represent legitimate or useful information. Some of those interviewed therefore felt the record could act as a filtering device for parents who seek useful parenting information.

Those interviewed in the ACT and NSW said a role of the record is to provide a method for engaging parents in the ongoing assessment of the health and development of their child.

Interviewees also identified that the record provides a method of aligning the child and maternal health visits with government policy.

2.2 Content

One key theme that arose from the consultations was the desire from most Australian jurisdictions to have a nationally consistent child health record.

Interviewees consulted within Australia stated their respective government departments invested a significant level of resources in the ongoing maintenance and development of the content of the record. In most cases, those interviewees stated the changes were often based on the record's alignment with nationally accepted child health and development policies (such as the immunisation schedule, alignment with universal child health visit schedule, Parents' Evaluation of Development Status (PEDS) and Brigance screenings). It was felt that further alignment between states would be useful in enhancing parent and child engagement and utilisation.

2.2.1 Health and development promotion and education

In those jurisdictions where limited information is provided within the record, or as part of the 'whole' record, (such as NSW and WA) interviewees stated parents had identified they preferred limited information being provided within the record (per previous stakeholder consultations undertaken by those jurisdictions). As a result, the information provided to parents, both within the record and as part of the visits, had been significantly reduced. In these jurisdictions, interviewees stated the book's focus is as a 'record', rather than an information source and it, instead, provides details on how to access further education and promotion as required.



In England and Scotland, parents are provided with separate parenting books that are written by the respective jurisdiction's health departments. As such, their records have been developed to direct parents to important and reputable information sources, rather than providing specific parenting information.

In NZ, the Health Book is separated into two main sections one comprising detailed parenting information the other, the record which notes child's health and development at key age stages.

2.2.2 Child health and development structured assessment tools

The child health and development information provided and assessment tools required to be conducted within each 'visit' or 'age' are underpinned by departmental child health and development policies. These policies have formed the framework of the maternal and child health nurse assessments (visits) and therefore the information that is provided and recorded within the record by the nurse at each visit.

The visits are reasonably consistent across jurisdictions in Australia, NZ and Scotland with most implementing the national contact schedule (or universal screening procedures) as a base.

Timings of visits for children older than 3 years vary across jurisdictions. Some request two more visits at this age (e.g. ACT, NSW, QLD and SA) whilst others request only one (TAS and WA). Notably, the interviewee stated that WA had previously included a 4-5 year old visit, which caused some confusion among parents, as there was also a school screening mechanism in place that did not relate to the record. To eliminate this confusion, WA removed this visit from the record.

England showed notable differences in the structure of the child health and development assessments. At present, government policy sets a universal contact schedule tailored to an individual child's health and development needs. There are 3 structured visits and 2 non-compulsory visits that focus on the child's development. If a health visitor identifies an increased need, a child's health and development may be assessed at more frequent intervals.

The framework of each nurse visit is linked directly to the 'visit' or 'age' sections within the book in most jurisdictions, except VIC, where the visit sections in the record differ slightly to that in the Key Ages and Stages Framework.

Whilst most Australian jurisdictions have, or are in the process of implementing, the PEDS framework, other items that must be addressed at each visit differ across jurisdictions. This is based on the relationships the associated Maternal and Child Health Service has to other child health and development service providers. An example is the SIDS criteria that TAS child health nurses are required to record within each visit.

Questions for parents and / or PEDS

Each record contains a series of questions to be completed by the parents prior to the maternal and child health nurse visits.

Most jurisdictions have (with the exception of QLD), or are in the process of introducing, PEDS, therefore the questions asked of parents are based on the nationally accepted developmental assessment tools.

Notably, the ACT, TAS and WA records include both questions for parents, developed in consultation with health professionals, and the PEDS.

In VIC, the PEDS do not form part of the record itself, but are provided as a separate booklet for parents to complete.

The interviewee from WA stated that, following the introduction of the PEDS, the parents and maternal and child health nurses have commented that the inclusion of both sets of questions has created some confusion, and some of the questions for parents were no longer relevant.

Brigance

The secondary developmental screening method currently in place in VIC has not been widely applied across other Australian jurisdictions, or internationally. The outcomes of the Brigance screenings are recorded within each 'visit' section.

SA was one of the only other jurisdictions where this tool was used in some health checks (at the 6-9 month, 18-24 month and 4 years visits).

TAS is currently in the process of monitoring the success of the implementation of PEDS and its ability to relate to the current secondary screening process in place, prior to the potential implementation of Brigance.

Health checks

All records contain sections that enable maternal and child health nurses to record key health statistics about the child.

In Scotland and England, the record has far greater emphasis on the developmental details of the child, with minimal details regarding the child's health that documented within the record itself.

Newborn checks

All newborn checks are carried out by the midwife or doctor at the hospital where the child is born. Details regarding the child's birth are expected to be recorded within the record.

As most maternity services are not directly linked to the maternal and child health service and the completion of this information is not required at the hospital, the completion of this section is often varied.

Linkage with the maternal health service

NSW is developing a maternal health record, which it is hoped will link with the child health record. QLD is also in the process of introducing a Patient Maternal Health Record, and is seeking to link this with their child health record.

SA introduced a maternal health record; however this is not linked with the child health record and did not promote the completion of the newborn check.

NZ is currently investigating implementation of a record that will link the maternity services system with the child health system, to provide 'a seamless' link from pregnancy to adolescence.

2.2.3 Other information

Growth charts:

All Australian jurisdictions provide growth charts from the National Centre for Health Statistics in collaboration with the National Centre for Chronic Disease Prevention and Health Promotion.

NZ, England and Scotland have all implemented the World Health Organisation growth charts. In England and Scotland the printers of the record have provided parents with the ability to record and track their child's growth online.

Some Australian jurisdictions are considering their implementation of the World Health Organisation growth charts in future reviews, to minimise the cost of producing the record and to ensure greater harmonisation with global trends.

Stakeholders have consistently identified this as one of the most useful sections within the record. For this reason, some states (e.g. NSW, SA, and WA) have moved this section to the front of the record.

Emergency contacts

Emergency contact pages are provided within all records.

The NSW, SA and WA records include emergency contact details on the back cover of the record.

In WA, an emergency plan is provided within the record, which requires the parent to nominate key contacts in case of emergency. This is completed during the first home visit by the maternal and child health nurse.

In NZ, emergency contact details are provided on the back cover of the record as well as 'useful' contact details located in the back inside cover. This includes the child's GP and nurse and is required to be completed by the parent.

Immunisation details

The immunisation section is broken up between information about immunisations, and recording of immunisations. Again, the level of information varies across jurisdictions.

Stakeholders have also identified this as one of the most useful sections for parents and health professionals in the record.

For this reason, some jurisdictions (e.g. SA), have provided more comprehensive information covering both childhood and adulthood immunisation requirements, to enhance the record's ongoing use.

Other health professional progress notes

All jurisdictions include a section for progress notes that enables other health professionals to record outcomes of their consultations.

To enhance their utilisation, TAS's progress notes are yellow. The interviewee consulted from TAS stated they believed the usage of these sections remained low, particularly as they have not had requests to add further pages.

SA provides progress notes at each age.

Age range

Most records track the health and development journey up to the child's fourth or fifth year, when the child enters the school system. At this point, health and development information is generally recorded in alternative health systems.

NSW has identified the potential for the record to extend past this age and provides a section in the book that enables the inclusion of additional health and development information.

In some districts of NZ the record is extended to 12 years old, as there is a program in place that provides health checks to 11 and 12 year olds (including immunisations), however, there is currently no system to record the outcomes of these checks.

England also provides a section to record the outcomes of the child's school health visitor visit which is scheduled within the first year of school.

2.2.4 Summary

The following table provides a summary of the content in terms of health and development education and promotion as well as the health and development assessment tools included within each record across the jurisdictions.

Table 3: Summary of health and development promotion and education and assessment tools employed

Jurisdiction	How education / promotion is provided	Details of education and / promotion	Development assessment tool	Frequency of health and development checks	Use and frequency of Brigance assessment tool
Australia					
Victoria	<ul style="list-style-type: none"> • Child health information – your guide booklet, understanding childhood immunisation booklet and PEDS provided in addition to the record; stored within the front cover • Information on how to use the record is provided in the front section • Further health and developmental information and tools are provided in MCH nurse visits. • References the following for more information including the following: <ul style="list-style-type: none"> – Maternal and Child Health Line (magnet provided within record) – Raising Children Network (RCN) website 	<ul style="list-style-type: none"> • PEDS Booklet provides information on: <ul style="list-style-type: none"> – Use and value of PEDS • Child health information – your guide booklet provides parenting advice on: <ul style="list-style-type: none"> – You new baby – Recognising serious illness – Crying – Feeding – Hearing – Immunisation – Injuring prevention – Skin care – Sun protection – Sleeping – Safe sleeping and SIDS – Communication and language – Teeth – Toilet training – Transport safety – Vitamin K – Walking – Where to access more information 	<ul style="list-style-type: none"> • PEDS 	<ul style="list-style-type: none"> • Birth and newborn • 2 weeks • 4 weeks • 8 weeks • 4 months • 8 months • 12 months • 18 months • 2 years • 3.5 years • 8 months • 12 months • 18 months • 2 years • 3.5 years 	<ul style="list-style-type: none"> • 4 months
ACT	<ul style="list-style-type: none"> • Included within the ‘information section’ of the record • Understanding childhood immunisation booklet provided in addition to the record; stored within the front cover • References the following for more information including the following: <ul style="list-style-type: none"> – Healthdirect (magnet provided within record) – RCN website 	<ul style="list-style-type: none"> • Information section contains advice on: <ul style="list-style-type: none"> – Managing feelings – Post natal depression – About your new baby – Guide to general development – How to know my child is sick and when to seek advice from a GP – Coping with crying – Dental hygiene • Health checks section contains information on: <ul style="list-style-type: none"> – Why health checks are important • Immunisation section contains advice on: <ul style="list-style-type: none"> – Immunisation advice 	<ul style="list-style-type: none"> • PEDS • Questions for parents 	<ul style="list-style-type: none"> • Birth and newborn • 1 to 4 weeks • 6 to 8 weeks • 6 to 9 months • 18 to 21 months • 3 to 4 years • Kindergarten age <p>Check boxes also included for normal, review, refer for each section within each health check identified above</p>	<ul style="list-style-type: none"> • Not used

Jurisdiction	How education / promotion is provided	Details of education and / promotion	Development assessment tool	Frequency of health and development checks	Use and frequency of Brigance assessment tool
NSW	<ul style="list-style-type: none"> • Introduction provides information on how to use the book and special information for parents • Limited health and development information, provided mainly within the child and family health service and appointments and records and family history • References the NSW Department of Health RCN and NSW Centre for Parenting and Research, as well as a range of NSW hospital website for further information 	<p>Child and family health service and appointments provides advice on:</p> <ul style="list-style-type: none"> – What services to access – Why services may be required – How to access the services <ul style="list-style-type: none"> • Records and family history contains information on: <ul style="list-style-type: none"> – Dental hygiene – Driveway safety • Immunisation information provided within immunisation section 	<ul style="list-style-type: none"> • PEDS, checked for completion in health check section 	<ul style="list-style-type: none"> • Birth and newborn • 1 to 4 weeks • 6 to 8 weeks • 6 months • 12 months • 18 months • 2 years • 3 years • 4 years <p>Check boxes also included for normal, review, refer for each section within each health check identified above</p>	<ul style="list-style-type: none"> • Not used
QLD	<ul style="list-style-type: none"> • Information on how to use the record provided in the introduction • Child health information booklet provided in addition to the record; stored in the front cover • Fact sheets available online for information on child development and parenting for children older than 12 months 	<ul style="list-style-type: none"> • Child health information booklet contains advice on: <ul style="list-style-type: none"> – Key developmental outcomes – Dental hygiene – Illness – Feeding and nutrition • Vaccine safety provided within immunisation section 	<ul style="list-style-type: none"> • Questions for parents 	<ul style="list-style-type: none"> • Birth and newborn • 0 to 4 weeks • 2 months • 4 months • 6 months • 12 months • 18 months • 2 1/2 to 3 1/2 years • 4 - 5 years <p>Check boxes also included for review or refer for each section within each health check identified above</p>	<ul style="list-style-type: none"> • Not used
SA	<ul style="list-style-type: none"> • How to use the record provided in the introduction • Where to go for help section identifies main contact details to access further information includes the Child and Youth Health website • Limited information, contained within each year section under ‘what I need’ and ‘how to help me grow and learn’ 	<ul style="list-style-type: none"> • Health and development information provided within ‘what I need’ under the following sections: <ul style="list-style-type: none"> – Sleep and settling – Feeding – Child safety – Teeth – You and your baby/toddler – Immunisation (both in section and dedicated immunisation section) • Developmental advice provided in ‘how to help me grow and learn’, including exercise to do and when to seek help • Explanation of growth charts provided in growth section 	<ul style="list-style-type: none"> • PEDS, checked for completion in health check section 	<ul style="list-style-type: none"> • Birth and newborn • 1 to 4 weeks • 6 to 8 weeks • 6 to 9 months • 18 to 24 months • 3 years • 4 years <p>Check boxes also included for appropriate, review or refer for each section within each health check identified above</p>	<ul style="list-style-type: none"> • Not used

Jurisdiction	How education / promotion is provided	Details of education and / promotion	Development assessment tool	Frequency of health and development checks	Use and frequency of Brigance assessment tool
TAS	<ul style="list-style-type: none"> Health and development information provided at front of record References the RCN, Child and Youth Health (SA), Parenting website (SA) and other dedicated sites for further information 	<ul style="list-style-type: none"> Health information section contains advice on: <ul style="list-style-type: none"> Sleeping Crying Feeding Illness Dental hygiene Injury prevention Toileting Maternal wellbeing Growth charts section identifies use and value of growth charts Health assessments detail use and value Immunisation information contained within immunisation section of record 	<ul style="list-style-type: none"> PEDS Parenting questions 	<ul style="list-style-type: none"> Birth and newborn 2 weeks 4 weeks 6 weeks 8 weeks 8 months 12 months 18 months 2 years 3.5 years 	<ul style="list-style-type: none"> Not used
WA	<ul style="list-style-type: none"> Limited information provided, refers to various parenting contacts in contacts section. Magazine is provided to parents in visits Information on how to use the record is provided in the front section 	<ul style="list-style-type: none"> Immunisation details (limited and within immunisation section) 	<ul style="list-style-type: none"> PEDS Questions for parents 	<ul style="list-style-type: none"> Birth and newborn Birth to 10 days 6 to 8 weeks 3 to 4 months 8 months 18 months 3 years <p>Check boxes also included for appropriate or review for each section within each health check identified above</p>	<ul style="list-style-type: none"> Not used
International					
England	<ul style="list-style-type: none"> Information contained at front section of record (information sources) Developmental information provided within 'Your child's first and growth charts' Developmental information provided in the 'Birth to Five' book Record refers to the NHS direct website for further information 	<p>Child information sources section contains the following information:</p> <ul style="list-style-type: none"> Feeding Child engagement (playgroups, nursery's) Parent wellbeing <ul style="list-style-type: none"> A small amount of immunisation information (what is required and at what age) provided in the immunisation section Your child's first information section: <ul style="list-style-type: none"> Developmental firsts, what are key firsts and when this occurs Birth to Five book provides information on: <ul style="list-style-type: none"> Healthy Child Programme immunisation information on maternal support optimal child and maternal health and wellbeing 	<ul style="list-style-type: none"> PEDS or similar 	<ul style="list-style-type: none"> 6 to 8 weeks 1 year 2 to 2 years School entry review Other optional 	<ul style="list-style-type: none"> Not used

Jurisdiction	How education / promotion is provided	Details of education and / promotion	Development assessment tool	Frequency of health and development checks	Use and frequency of Brigance assessment tool
NZ	<ul style="list-style-type: none"> Handbook provided as part of the Health Book Parenting information defined by age and topics around 'what you should expect', Safety and Help sections Record provides clear signals where parents are able to access further information Most of the information is provided in Maori and English 	<ul style="list-style-type: none"> Parenting information sections provide the following information: <ul style="list-style-type: none"> Each age group contains: <ul style="list-style-type: none"> Spending / sharing time together Protecting your baby from harm Having fun (and learning) with your baby Feeding Dental hygiene Behaviour advice Safety information section contains information on injury prevention Help section contains information on child illnesses and accidents, including how to administer first aid and CPR 	<ul style="list-style-type: none"> PEDS 	<ul style="list-style-type: none"> Birth First week 6 weeks 3 months 5 months 9 months 15 months 2 years 3 years 5 years 	<ul style="list-style-type: none"> Not used
Scotland	<ul style="list-style-type: none"> Some information contained within record, although minimal and referencing other information sources. The following health and developmental information books provided in health visits: <ul style="list-style-type: none"> Ready Steady Baby! Ready Steady Toddler! 	<ul style="list-style-type: none"> Ready Steady Baby! Contains health and developmental information, including: <ul style="list-style-type: none"> Maternal health and wellbeing (throughout pregnancy and post-natal depression) Child safety (injury prevention) Feeding Illness Ready Steady Toddler! contains information about parenting within the following sections: <ul style="list-style-type: none"> Everyday routines – feeding, sleeping Growing up – developmental information Illness 	<ul style="list-style-type: none"> PEDS or similar 	<ul style="list-style-type: none"> Birth and newborn 6 to 8 weeks 3 months 6 months 9 months 12 months 18 months 2 years 3 years 	<ul style="list-style-type: none"> PEDS completed with nurse



2.3 Structure

The table below provides a summary of the format of each of the records.

Table 4: Summary of structure

Jurisdiction	Colour	Format – external	Format – internal (sections)	Additional remarks
Australia				
Victoria	Blue	<ul style="list-style-type: none"> • Landscape B5 • Soft plastic cover • Bound with removable sheets • Colour coded sections 	<ul style="list-style-type: none"> • Introduction • Appointments • Emergency contacts • Suggested visits (multiple sections) • Growth details • Immunisation details 	<ul style="list-style-type: none"> • Visits tabs no longer align with Key Ages and Stages schedule • PEDS are separate to the record • Visit sections have duplicates that can be removed and kept by the maternal and child health nurse
ACT	Blue	<ul style="list-style-type: none"> • Landscape B5 • Soft plastic cover • Bound with removable sheets • Colour coded tabs 	<ul style="list-style-type: none"> • Contents • Appointments and notes • Personal details and contacts • Consultations / notes • Information • Health checks • Growth charts • Immunisation 	<ul style="list-style-type: none"> • Duplicates of each visit are retained by nurse
NSW	Blue	<ul style="list-style-type: none"> • Portrait A5 • Ring binder • Hard plastic cover • Removable tabs (paper / plastic) and sheets • 1 plastic sleeve located at the back of the record • Emergency contacts located on back cover 	<ul style="list-style-type: none"> • Contacts • Appointments • Records and family history • Progress notes • Growth charts • Visits (multiple sections) • Primary and secondary school • Immunisation 	<ul style="list-style-type: none"> • Stakeholder comments suggest: <ul style="list-style-type: none"> – cover made of plastic that is too tough to bend – plastic sleeves are useful to keep other items of information within the record
QLD	Red	<ul style="list-style-type: none"> • Landscape B5 • Soft plastic cover • Bound with removable sheets • Colour coded tabs 	<ul style="list-style-type: none"> • Introduction • Emergency reference • Neonatal examination • Health checks • Growth checks • Progress notes • Immunisation 	<ul style="list-style-type: none"> • No duplicates contained within record except for neonatal examination, which is retained by the hospital
SA	Blue	<ul style="list-style-type: none"> • Portrait A5 • Ring binder • Hard plastic cover (softer than WA and NSW) • Removable tabs (paper / plastic) and sheets • Emergency contacts located on back cover 	<ul style="list-style-type: none"> • Personal details • Where to go for help • My birth • About me • Growth • Child age (yearly) (e.g. my first year) <ul style="list-style-type: none"> – What I need – Help me grow – How to help me grow and when to seek help – Health checks • Immunisation 	<ul style="list-style-type: none"> • Costs approximately \$7 per book. • Ink used on cover wipes off easily with baby wipes • Duplicates of each visit retained by nurse
TAS	Blue	<ul style="list-style-type: none"> • Landscape B5 • Soft plastic cover • Bound with removable sheets • Yellow consultation notes 	<ul style="list-style-type: none"> • Emergency contacts • Contents • Consultation / notes • Health information • Growth charts • Assessments • Immunisation 	<ul style="list-style-type: none"> • Duplicates of each visit are retained by nurse

Jurisdiction	Colour	Format – external	Format – internal (sections)	Additional remarks
WA	Purple	<ul style="list-style-type: none"> Portrait A5 Ring binder Hard plastic cover Removable tabs (paper / plastic) and sheets 2 plastic sleeves contained at end of record Emergency contacts located on back cover 	<ul style="list-style-type: none"> Information Emergency contacts Appointments Records Progress notes Visits (multiple sections) Immunisation 	<ul style="list-style-type: none"> Duplicates of each visit are retained by nurse Stakeholder comments suggest: <ul style="list-style-type: none"> – cover made of plastic that is too tough to bend – would like sleeves to be sealed, to prevent information from falling out of the record Record available in 4 foreign languages
International				
England	Red	<ul style="list-style-type: none"> Landscape A5 Soft plastic cover 	<ul style="list-style-type: none"> Child, family and birth details, information sources Immunisation Screening and routine reviews Growth charts 	<ul style="list-style-type: none"> Duplicates of each visit are retained by the health visitor Parents able to subscribe to online growth charts
NZ	White, blue spine	<ul style="list-style-type: none"> Portrait A5 Bound booklet Useful telephone numbers listed on back inside cover Child danger signals listed on back cover Comments / progress notes provided after each scheduled visit 	<p>Health Book:</p> <ul style="list-style-type: none"> Child and family information About the Well Child service Parenting information at each age: <ul style="list-style-type: none"> – 0 - 6 weeks – 6 weeks – 6 months – 6 – 12 months – 1 – 2 years – 2 -3 years – 3 -5 years Safety Help <p>Record:</p> <ul style="list-style-type: none"> Growth Referrals Birth check Visits (multiple by age) Visits to hospital, doctors, nurses notes immunisation 	<ul style="list-style-type: none"> 4 year check information is also available online. The Ministry of Health is looking at creating an online record for all visits Removable referral pages No duplicates included within book
Scotland	Red	<ul style="list-style-type: none"> Landscape A5 Soft plastic cover 	<ul style="list-style-type: none"> Personal child health record Child and family details Immunisation Development, screening and routine reviews Health services and information sources Notes and growth charts Inserts available to down syndrome children 	<ul style="list-style-type: none"> Parents able to subscribe to online growth charts

2.4 Stakeholder engagement

In the benchmarking process, interviewees were asked their views of the perceived level of engagement across two key stakeholder groups: parents and health professionals.

2.4.1 Parents

The perceived utilisation of the records varied across jurisdictions.

Through tracking of online 4-year old checks, NZ noted that up to 80% of the target population was using the record at the 4-year old level and that the Maori and CALD populations also had a high level of use.

The QLD and TAS interviewees stated parents often call the parenting information services or would seek information online in the first instance, even when the required information was contained within the record. This suggests that parents may not be engaging with the detailed information provided within the record.

The SA and WA interviewees identified that the CALD and ATSI populations' utilisation of the record is based on its ease of use. They believe this was best delivered through simple language and the use of diagrams. The availability of the record in various languages was also suggested as a method of increasing utilisation of the record.

In England, the interviewee stated that utilisation usually diminished from 9 months of age. The interviewee identified that positive parent engagement relied heavily upon how its importance was initially conveyed to parents shortly following the birth of the child. Additionally, the interviewee stated that parents often did not understand who owned and the responsibility to complete the record.

2.4.2 Health professionals

All Australian jurisdictions and England interviewees acknowledged that health professionals, other than the maternal and child health nurses, rarely utilise the book.

A significant amount of education has been afforded by most Australian jurisdictions to enhance the engagement of these stakeholders; however, it continues to appear they do not actively seek to record key items of information in the record.

2.5 Future Trends

Interviewees were asked their views regarding future trends of the record. Across Australian jurisdictions there was a consistent view that Australian children would most benefit from a nationally consistent child health record.

In addition, most Australian interviewees stated their desire to have an electronic child health record, although they acknowledged this may be well in to the future, and may be dependent upon a number of wider health system issues.

NZ is one jurisdiction of particular interest, where the 4 year old check is able to be completed by the nurse online. Given the positive outcomes seen in this initial phase, NZ is looking to implement the system across all ages. This is currently not able to be accessed by parents; however, it is hoped this can soon occur. Additionally, it was noted in consultation with Plunket, NZ's main child health nurse provider, an electronic system called PlunketPlus is currently being tendered providing Plunket users (nurses, community services providers and, ultimately, parents and children). It is hoped that this will provide the ability to access health and development information and records online through one central system.

3 Summary of key findings

It was consistently identified across jurisdictions that the role of a record is to provide a paper-based, parent-held record of a child's health and development and a communication tool between health professionals and other service providers.

The benchmarking also identified that some jurisdictions have shifted from the record acting as a device for health promotion and education to being a facilitator for those parents seeking useful information that is increasingly available through other mediums, such as parenting websites. This shift was mostly driven by feedback received from parents regarding their assessment of the value of the education and promotion included within the record.

The PEDS tool was identified as the method of assessing child development across most jurisdictions. No jurisdiction, except VIC, employs Brigance to provide a secondary development screening measure for children.

Growth charts and immunisation schedules were identified as the sections most utilised by parents across all jurisdictions. In response to this, some jurisdictions have positioned these in the first part of the record for easier access. In addition, the printer in England and Scotland enables parents' access to online growth charts to plot the growth of their child electronically.

The format of the records in NSW, SA and WA varies compared to the traditional record format, with these records being presented in a plastic A5 ring binder folder, with section tabs. This format enables greater personalisation of the record, with parents and other users being able to add or update information on the child with relative ease. The provision of plastic sheets within the record also enables parents to include additional information within the record that may not fit within the record's structure. Furthermore, this format enables the parents and child to continue recording health and development information within the record following the completion of the structured maternal and child health nurse visits.

Of particular interest was the emergence of electronic records in NZ. While still in its infancy, NZ appears to be embracing the use of such technology and is looking to expand its program to cover all age groups as well as providing accessibility to all stakeholders, including parents.

It was identified that CALD and ATSI groups found the record more easy to use if the record was provided in simple English, with images, and if the record was made available in other languages.

Additionally, those interviewed consistently identified that a national approach to a child health record would be beneficial given the considerable resources each jurisdiction invests in maintaining their respective record.