OOHC Health Pathway: carer’s guide

As a foster or kinship carer you play a crucial role in the health of the children in your care. The Health Pathway ensures that every child entering out-of-home care (OOHC) receives timely and appropriate health screening, assessment, intervention, monitoring and review of their health needs.

### Health pathway

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<th>Step</th>
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| Step 1: Initiating a health assessment          | • FACS will make a health referral for a child entering OOHC within 14 days of the Children’s Court order allocating interim parental responsibility to the Minister.  
• You and your caseworker can help by providing any relevant information for the referral. |
| Step 2a: Primary health screening assessment   | • A primary health screening assessment is commenced within 30 days of the child entering OOHC. It is usually conducted by a GP, child and family health nurse and/or Aboriginal Medical Services.  
• The health service provider will contact you to arrange a suitable time and date for the assessment. |
| Step 2b: Comprehensive assessment              | • If there is need for further assessment, a child will receive a comprehensive health assessment. This may involve a range of clinicians and may occur over several appointments.  
• You can help by taking the child to the appointments. |
| Step 3: Development of a Health Management Plan| • The Health Management Plan outlines health needs identified in step 2 and how these will be addressed. The plan is developed by a nominated health professional in consultation with you, your caseworker and the child. You will get a copy of the plan. |
| Step 4: Targeted service intervention          | • The child will receive health services outlined in their health management plan. Where possible, these services should be provided through a publicly funded health care service. |
| Step 5: Periodic review and assessment          | • Regular health reviews are required and should occur as indicated in the plan. At a minimum, reviews must occur every six months for a child under five and annually for a child aged five and older. |
What is the Health Management Plan?

The Health Management Plan is developed by a health professional (e.g. a paediatrician, OOHC coordinator (health), health case manager). The plan includes information provided by you, your caseworker, the health care provider and other relevant professionals during the assessment and review stages of the OOHC Health Pathway.

The plan covers all relevant information relating to the health and developmental needs of the child.

What is your role?

To help meet the health needs of a child or young person in your care:

- encourage the child to participate in any decisions relating to their health, where possible
- make sure the immediate health needs of the child are met
- take the child to health appointments and provide support
- tell the caseworker about any health, development or wellbeing issues concerning the child
- participate in the development of the Health Management Plan
- take the child’s blue book and the plan to all health appointments
- do the best you can to make sure the plan is being followed
- participate when necessary in the child’s therapy
- talk to the caseworker about the outcomes of any health assessments and reviews
- make sure the plan and any other relevant health records are given to new carers or parents if a child moves placement or moves back home
- encourage young people transitioning from OOHC to keep their copy of the plan in a safe place.

The OOHC Health Pathway is a joint initiative of FACS and NSW Health.

For more information about health and children in care go to www.community.nsw.gov.au → parents, carers & families → fostering & adoption, then click on the related link on the right of the page.

www.facs.nsw.gov.au