NSW GOVERNMENT | Family & Community Services

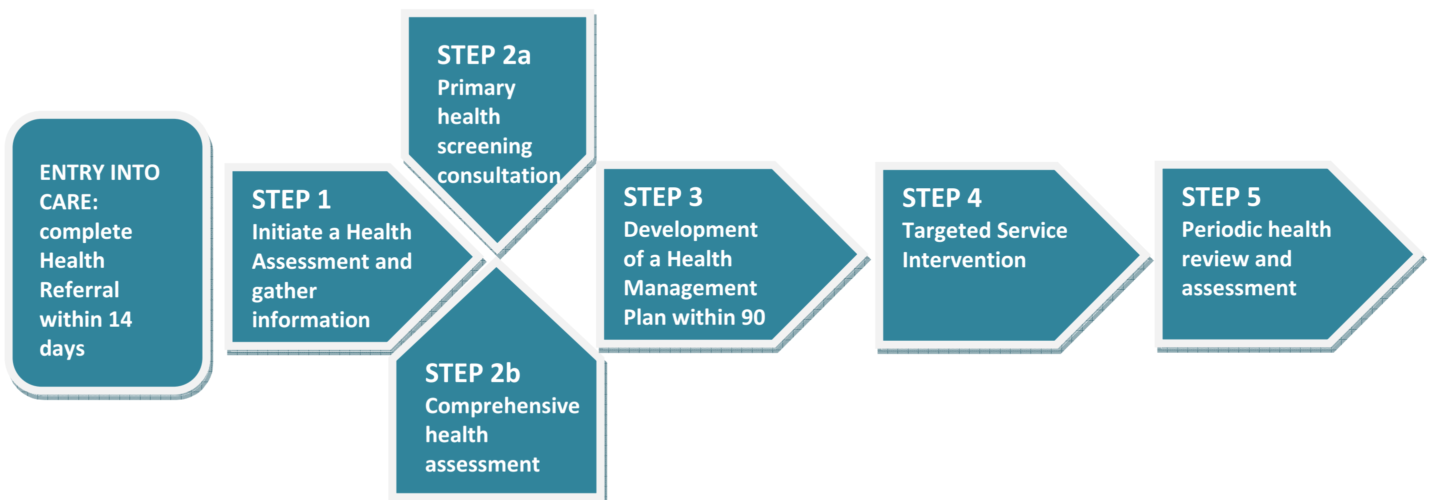
Fact sheet

September 2015

OOHC Health Pathway: a caseworker's guide

The Health Pathway is a joint initiative of Family and Community Services (FACS) and NSW Health aimed to ensure that every child or young person entering statutory out of home care (OOHC) receives timely and appropriate health screening, assessment, intervention, monitoring and review of their health needs.

FACS and NGO caseworkers play an essential role in improving the health and wellbeing of children and young people in OOHC by supporting the Health Pathway process. This fact sheet guides FACS and NGO staff through the health pathway process.



The Health Pathway

STEP	LEAD	DESCRIPTION
ENTRY INTO CARE **Complete Health Referral (within 14 days of entering care)**	FACS	As soon as a child or young person enters care, FACS will commence the Health Pathway. FACS completes the Health Referral form: • Inform and obtain verbal consent from carer and written consent from child (if child >14 years) prior to making an OOHC Health referral • Generate the Health Referral Form through the Health record in KiDS • Complete the form and relevant fields including the Client Information Form (CIF Part A and B) and "Consent form to release and obtain information". This consent enables NSW Health to exchange information about the child with relevant medical professionals and health staff. • Print the Health Referral form and obtain signatures from approving manager. • Attach scanned copy of approved health referral form to Health Record in KiDS, and email it to the local Health OOHC Coordinator and appropriate NGO.
STEP 1 **Initiate the health assessment pathway**	Health OOHC Coordinator	• The Health OOHC Coordinator coordinates referral for health screening process and contacts carer and child's caseworker.

STEP	LEAD	DESCRIPTION
STEP 2a **Primary health screening (commenced within 30 days of entering care)**	Agency with supervisory responsibility NGO/FACS	Within 30 days of child entering care, a primary health screening is commenced either by a GP, child and family health nurse or Aboriginal Medical Services. Screening may include growth and developmental check, immunisation review, vision, hearing, dental, nutrition and mental health screen. The child's caseworker must: • Ensure the child's participation in decision making in all pathway steps in an age appropriate way • Attend appointment with carer and child • Remind carer to bring child's **Personal Health Record** (**Blue Book** for 0-5 yr children) • Obtain and file copy of the screening report, (if FACS placement attach to KiDS) and incorporate findings into case plan, and • If no further assessment required, initiate review of child's health needs in 6 -12 months (depending on age).
STEP 2b **Comprehensive assessment**	Health OOHC Coordinator WITH Agency with supervisory responsibility NGO/FACS	If there is need for further assessment, a child will receive a **comprehensive health assessment** coordinated by Health OOHC Coordinator. This may involve a range of practitioners and appointments for assessment of physical health, development, psychosocial, and/or mental health. The child's caseworker will: • Support and accompany carer and child to these appointments where possible, and • Obtain and file copy of assessment report, (if FACS placement attach to KiDS) and incorporate findings into case plan.
STEP 3 **Development of a Health Management Plan with 90 days of entering care**	Health OOHC Coordinator WITH Agency with supervisory responsibility NGO/FACS	All children will receive a **Health Management Plan** which is a record of the child's health needs identified in Step 2a and/or 2b and the services recommended addressing these. The child's caseworker will: • Support and accompany carer and child to appointment • Obtain and file copy of the Health Management Plan, (if FACS placement attach to KiDS), and incorporate results into case plan, and • Provide confidential copies of Plan to carer/young person/school where appropriate.
STEP 4 **Targeted service intervention**	Agency with supervisory responsibility NGO/FACS	The child or young person will receive health services/programs as identified in the Health Management Plan. Where possible, publicly funded services are to be sought. The child's caseworker will: • Encourage carer to follow up on all recommended therapy/services for the child • Ensure carer takes Health Management Plan and Personal Record Form (Blue Book) to all appointments • Advocate on child's /carer's behalf when there are barriers to accessing services, and • Encourage the child's participation and decision making in programs/services.
STEP 5 **Periodic health review and assessment**	Agency with supervisory responsibility NGO/FACS WITH Health OOHC Coordinator	Regular health reviews (using 2a template) by a health practitioner or GP 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 over five. Practitioners can use 2a template. The child's caseworker must: • Liaise with Health OOHC Coordinator to ensure these reviews occur, and • Update child's case plan where necessary after each review.