

PROVISION OF HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN 'OUT-OF-HOME CARE' PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

This procedure is applicable to all staff of the Sydney Children's Hospitals Network [SCHN]. In particular those working with children and young people in out-of-home care – OOHC [previously known as foster care], their parents /carers, support networks and relevant organisations both internal & external to NSW Health.

- This SCHN procedural document summarises key information for SCHN staff working with all children and young people in OOHC to ensure their health needs are identified, addressed and information is communicated to key stakeholders.
- Children and young people in OOHC are widely recognised as a highly vulnerable group and often have a range of unidentified and untreated health issues.
- Due to the complex needs of children and young people in OOHC, referrals for clinical services for this cohort will be clinically prioritised ahead of others.
- Imperative for SCHN staff is the need for consistency and continuity in working collaboratively and in the best interests of the child and young person with Family and Community Services- Community Services (FaCS-CS), non-government organisations (NGOs), NSW Health services, Local Health Districts (LHD's), other health services, health professionals, authorised foster carers, relative or kinship carers and where appropriate biological parents.
- Staff of SCHN have a responsibility to be informed of, understand and provide health services in accordance with:

['Memorandum of Understanding \[MoU\] between Family and Community Services Community Services \[FaCS-CS\] NSW Health on Health Screening, Assessment, Intervention & Review for Children & Young People in statutory Out-of-Home Care' \(2011\) and Health Assessment of Children and Young People in Out of Home Care \(Clinical Practice Guidelines\)' \(2013\)](#)

This procedure should be read in conjunction with:

- SCHN Departmental local policies and procedures

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st August 2014	Review Period: 3 years
Team Leader:	OOHC Advisor	Area/Dept: Child Protection Unit CHW

- [‘Keep Them Safe: A Shared Approach to Child Wellbeing’ \(2009- 2014\)](#)
- [‘Memorandum of Understanding \[MoU\] between Family and Community Services Community Services \[FaCS-CS\] & NSW Health on Health Screening, Assessment, Intervention & Review for Children & Young People in statutory Out-of-Home Care’ \(2011\)](#)
- [‘Child Wellbeing and Child Protection – NSW Interagency Guidelines’ \(2009-2014\)](#)
- [National Clinical Assessment Framework for Children and Young People in OOHC \(2011\)](#)
- [Health Assessment of Children and Young People in Out of Home Care \(Clinical Practice Guidelines\)’ \(2013\)](#)
- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(2013\)](#)
- [NSW Aboriginal Health Plan 2013-2023](#)
- [NSW Aboriginal Health Impact Statement and Guidelines \(2014\)](#)

CHANGE SUMMARY

- This document replaces the CHW version of the same title.
- Following key government reform arising from the Government initiative ‘Keep Them Safe: A Shared Approach to Child Wellbeing’ (2009- 2014) there have been a number of changes to the OOHC sector.
 - The MoU between NSW Health and Family and Community Services (2007) which intended to secure priority access for children and young people in OOHC services provided by NSW Health has been replaced.
 - The updating of the MoU between ‘Family and Community Services Community Services (FaCS-CS) & NSW Health on Health Screening, Assessment, Intervention & Review for Children & Young People in statutory Out-of-Home Care’ (2011) and the development of the ‘Health Assessment of Children and Young People in Out of Home Care (Clinical Practice Guidelines)’ (2013) underpin changes to this procedural document.

READ ACKNOWLEDGEMENT

- All SCHN staff working directly or indirectly with children and young people in OOHC and/ or related services need to be aware of the procedure, read and refer to it when applicable.

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1 Introduction

Children and young people in out-of-home care (OOHC) are widely recognised as a highly vulnerable group and often have a range of unidentified and untreated health issues. They frequently have poor physical health, developmental delays and compromised mental health; they often have a lower rate of immunisation uptake compared to their peers.

SCHN staff understand and acknowledge that children and young people in OOHC are a vulnerable group. This group of children and young people are often disadvantaged in all aspects of life as well as living transient lives within complex foster care systems and processes.

Aboriginal and Torres Strait Islander children and young people are over represented in the OOHC population and have a unique set of health care concerns. Health professionals across SCHN are committed to providing or advocating for high quality services to all children and young people who access services. [See NSW Aboriginal Health Plan 2013-2023](#) and [NSW Aboriginal Health Impact Statement and Guidelines](#).

Due to the complexity and unique needs of this cohort, staff from SCHN provide clinical priority for accessing health services. Prioritising access to health services is defined as a genuine and considered effort to respond to the referral request. Prioritisation will take into account, the serious long term health and social inequalities experienced by this group of children and young people. These referrals will be considered ahead of any others within the context of clinical prioritisation.

It is important to note that the MOU between NSW Health and Family and Community Services (2007), which intended to secure priority access for children and young people in OOHC services provided by NSW Health, does not cover acute health services likely to be required by the child or young person in OOHC in response to ordinary childhood illnesses or accidents. Like everyone else they will access generic local health services to meet their regular everyday needs.

2 Key information

2.1 Contact Details

SCHN

If staff members require advice &/or support when working with children and young people in OOHC, please contact the relevant staff at either Westmead or Randwick campuses:

- Nursing Unit or Nurse Manager, Medical Head, Allied Health Professional or Manager/ Head of Department
- The Child Protection Unit
- Social Work Department
- Out-of-Home Care Advisor (if role available) based at The Children's Hospital at Westmead) on 9845 2434 or email non urgent enquiries to: [SCHN-oohcadvisor@health.nsw.gov.au](mailto:oohcadvisor@health.nsw.gov.au)

Note: For issues relating to the immediate safety and protection of a child or young person in OOHC please contact the on-call/ intake worker for The Child Protection Unit at relevant campus. If necessary contact the NSW Police &/or FaCS-CS Helpline to notify of your concerns.

STATEWIDE

- o Each Local Health District (LHD) has an OOHC Coordinator appointed who is responsible for the strategic implementation of the health pathway within their LHD's. The health pathway provides an interagency system for children and young people entering OOHC to be referred to their LHD for health assessment, intervention and periodic health review. Each LHD has developed a model of service delivery for the implementation of the health pathway based on local processes, procedures and resources. The local OOHC coordinator is the point of contact for these documents and processes. Current OOHC Coordinator contact list available on the CHW intranet:
http://chw.schn.health.nsw.gov.au/ou/child_protection/services/out-of-Home_care/oohc_coordinators_contact_list_may_2014.docx
- o Services are underpinned by the principles outlined in the 2011 MoU and the Clinical Practice Guidelines for the Health Assessment of Children and Young People in Out of Home Care' (2013).

2.2 Out of Home Care and Parental responsibility

Out-of-home care (OOHC) is defined as the "Care and control of a child or young person at a place other than their usual home by a person that is not their parent". Statutory OOHC is where the Minister for Family and Community Services – Community Services (FaCS-CS) has 'parental responsibility' for a child or young person by virtue of an interim or final order of the Children's Court. Most children and young people in statutory OOHC live with authorised foster carers, relative carers, or kinship carers. In some cases they live in residential care units such as group homes.

Parental responsibility is defined as "the duties, powers, responsibilities and authority which, by law, parents have in relation to their children". It is a legal responsibility that entails decision making for the health, welfare and well-being of a child or young person. In some instances, shared parental responsibility (PR) may apply, e.g. PR may be shared between carers or parents and the Minister for Family and Community Services (FaCS-CS).

2.3 Consent to Medical and Dental Treatment

For children and young people in out-of-home-care, section 157 of the Care Act authorises foster carers to consent to medical and dental treatment:

1. not involving surgery, on the advice of a medical practitioner or dentist; or
2. involving surgery that a medical practitioner or dentist certifies in writing needs to be carried out as a matter of urgency in the best interests of the child or young person.

Treatment involving non-emergency surgery generally needs to be notified to the child or young person's FaCS-CS caseworker and authorised by the designated agency providing their out-of-home-care.

3. (on the advice of a dentist) can be consented to by a foster carer. Minor dental surgery is tooth extraction, filling of a decayed tooth, root canal or repair to a broken or chipped tooth.

In a particular case a foster carer may have been given the authority to exercise the power to give consent involving non-emergency surgery if that authority has been specifically delegated to that foster carer. This can only be done by a person at the level of a Community Services Field Manager (Manager Casework) or above. This consent needs to be provided in writing and sent to Medical records for inclusion in the child or young person's medical record.

The consent arrangements outlined above do not replace the legal right of children and young people aged between 14 and 18 years to consent to their own medical or dental treatment if they have developed the capacity to do so.

See: **Child Wellbeing and Child Protection Policies and Procedures for NSW Health** (2013) http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_007.pdf

FaCS-CS as 'legal parent' also provides consent for Health workers arranging or conducting assessments to liaise with the child's General Practitioners (GP's), Specialists, Child care centres, schools and others to obtain all health information and other necessary information to complete the assessment.

2.4 Case Management

A major reform following Keep-Them-Safe (KTS) is the transfer of case management of children and young people in OOHC from FaCS-CS to non-government organisations. In this instance FaCS-CS maintain parental responsibility but delegate case management to an authorised non-government organisation. Community Services, as legal guardian of children in their care, provide information to Health workers (via a Health Referral Form) to enable children in OOHC to receive health assessments and other services. SCHN staff are requested to actively seek out and effectively sustain communication with identified Case worker[s] in both the non-government organisation and FaCS.

3 Background

3.1 OOHC Health Pathway (MoU between FaCS and Health)

- In 2011, following subsequent NSW Government Keep Them Safe (KTS) recommendations, a joint Memorandum of Understanding (MoU) between Family and Community Services, Community Services (FaCS-CS) and NSW Ministry of Health was developed.
- The MoU related to the 'Health Screening, Assessment, Intervention & Review for Children & Young People in statutory Out-of-Home Care'.
- It sets out the understanding between NSW Health and FaCS-CS as to the role of each agency in arranging and delivering the health pathway.

- Referral to the 'health pathway' ensures children and young people entering statutory OOHC and whilst in the care of FaCS-CS are referred for assessment, intervention and periodic review of their health needs.
- The time at which a child or young person enters OOHC provides an important opportunity for health professionals to assess the child's health, development and wellbeing. Therefore timely provision of local government health services, including medical, dental, mental health and other health and therapeutic services is key to avoiding or ameliorating poor health outcomes.

3.2 The Health Assessment of Children and Young People in OOHC (Clinical Practice Guidelines)

- In October 2013 the 'Health Assessment of Children and Young People in Out of Home Care (Clinical Practice Guidelines)' were published on the NSW Health website. The document provides best practice guidance for health professionals on the health assessment processes and appropriate assessment tools for all children and young people (aged 0-18 years of age) in statutory OOHC. [Health Assessment of Children and Young People in Out of Home Care \(Clinical Practice Guidelines\)' \(2013\)](#)
- The target audience for these guidelines includes health professionals across the public, private and non-government sector. These health professionals and services may include medical, nursing, allied health, oral health "dental", Aboriginal medical services and other services provided in Local Health Districts (LHD). These guidelines provide guidance on the health, developmental and psychosocial assessment for children and young people in statutory OOHC.

4 SCHN Staff objective

Relevant SCHN staff will:

- Actively facilitate and promote priority access, where possible, for children and young people in OOHC.
- Work cooperatively with LHD's, health professionals and other health services in implementing the health pathway.
- Work cooperatively with FaCS/ Non-Government Organisation's (NGO's) and those providing case management for children/ young people in OOHC.

5 SCHN Service Provision

5.1 Referral process

- FaCS-CS, NGO or Health Professional will use the Directory of Services of SCHN (CHW &SCH) and MOU to make appropriate referrals.

- Consult SCHN Policy- "[Referral to SCHN services \(inpatient and outpatient\) from another Local Health District](#)".
- Initial referral, clearly identifying the child/ young person as in OOHC, should be made through normal referral pathways to a specific Department. Department Managers, where possible, will endeavour to provide prioritised, timely service provision to the child/ young person.
- See SCHN- 'Client Registration policy' (*under development*) for information on how to register a patient who is in OOHC.
- If there is a waiting list and priority access is required, the case worker or Health Professional will contact the relevant clinical manager or bed manager to request clinical prioritisation. In some instances this will require a Section 17- "Best Endeavours" request for a priority service from the case worker, FaCS – CS or NGO.
- Under section 17 of the Children and Young Persons (Care and Protection) Act 1998 No 157, FaCS- CS may request Health services to provide services to a child, young person or their family to promote the child or young person's safety, welfare and wellbeing. "The government department or agency, or the non-government agency, must use its best endeavours to comply with a request made to it under section 17 if it is consistent with its own responsibilities and does not unduly prejudice the discharge of its functions".
<http://www.legislation.nsw.gov.au/fullhtml/inforce/act+157+1998+FIRST+0+N#ch.2-pt.3-sec.17>
- If the service cannot be provided or the issue is unresolved the FaCS-CS, NGO caseworker/ Manager or Health Professional should contact the SCHN Manager in the first instance or Clinical Director for that Department. (*See conflict resolution*)

5.2 Service Provision

- Please also refer to local departments existing policies and procedures when working with children and young people in OOHC.
- To work collaboratively with internal and external stakeholders and encourage active participation of the child or young person as appropriate.
- To ensure that appropriate and timely verbal or written consent for treatment and/or procedure[s] is obtained from designated person with parental responsibility. See http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_007.pdf
- To actively promote, facilitate and participate in the transition of the young person in OOHC to adult health care service[s] where relevant
- To protect the privacy of children and young people, parents and /or Carers as per policy: *Access and Amendment to Patient Information by the Patient, Parent, Guardian or Other Parties*.
- To uphold the principles and intent of Chapter 16a for exchange of information in relation to and in the best interests of the child or young person in OOHC.
- See also "Safety and Security of CHW Patients" Policy and procedure.

5.3 Documentation, Communication and information sharing

- Clear documentation of health information and copies of reports should be provided to FaCS- CS case worker and managing case worker (where appropriate).
- For children and young people on the health pathway any relevant health information, reports or follow up requirements should also be communicated to the local OOHC Coordinator (however, this is the responsibility of the case worker but may be facilitated by the Health Professional if relevant and appropriate). See Child Wellbeing and Child Protection Policies and Procedures for NSW Health (2013)

5.4 Privacy and confidentiality

SCHN understand the need for privacy and confidentiality in relation to information regarding children and young people in OOHC, as well as their carers. See **SCHN Medical Health Care Records Management Policy**:

<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2014-9045.pdf>

Acknowledgement

SCHN staff also acknowledge the contributions made to the health and wellbeing of children and young people in OOHC by biological and non-biological parents / foster carers as well as extended family and kinship members.

6 Resolution Procedure

If the service cannot be provided or is unresolved through normal communication pathways the relevant staff member should contact the Manager or Department Head.

7 Key Terms

Term	Definition
Out-of-home care (OOHC)	Care and control of a child or young person at a place other than their usual home by a person that is not their parent. It includes care and control under an order of the Children's Court or when they are a protected person for more than fourteen days or for a total of more than 28 days in any 12-month period. Children in OOHC may be in foster care, relative/ kinship care or in a residential placement.
Statutory out-of home care	Where the Minister for Family and Community Services has parental responsibility for a child or young person by virtue of an interim or final order of the Children's Court. Most children and young people in statutory OOHC live with authorised foster carers, relative carers, or kinship carers. In some cases the child or young person may live in a residential care unit such as a group home.
Carer	Refers to a person who is authorised as a foster or relative/kinship carer by a designated agency.
Child	A child is defined by the Children and Young Person's Care and Protection Act (1998) as a person who is under the age of 16 years

Young person	A young person is defined by the Children's Care and Protection Act (1998) as a person who is aged 16 years or above but is under the age of 18 years.
Out-of-home care Coordinator	An appointed person allocated in each Local Health District to co-ordinate the delivery of OOHc health assessments and reviews for children and young people in OOHc.
Non-government organisation (NGO)	Within this context, refers to agencies that are accredited by the Children's Guardian and funded by FaCS-CS to provide OOHc services.
FaCS- CS	Department of Family and Community Services, Community Services Division.

8 References

1. 'Keep Them Safe: A Shared Approach to Child Wellbeing' (2009- 2014)
<http://www0.health.nsw.gov.au/initiatives/kts/index.asp>
2. 'Memorandum of Understanding [MoU] between Family and Community Services Community Services [FaCS-CS] & NSW Health on Health Screening, Assessment, Intervention & Review for Children & Young People in statutory Out-of-Home Care' (2011):
http://www.community.nsw.gov.au/docswr/assets/main/lib100044/mou_docs_nswhealth.pdf
3. 'Child Wellbeing and Child Protection – NSW Interagency Guidelines' (2009-2014):
http://www.community.nsw.gov.au/kts/guidelines/info_exchange/introduction.htm
4. National Clinical Assessment Framework for Children and Young People in OOHc (2011):
<http://health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc>
5. NSW MoH Guideline - Health Assessment of Children and Young People in Out of Home Care (Clinical Practice Guidelines)' (2013): http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_010.pdf
6. NSW MoH Policy Directive - Child Wellbeing and Child Protection Policies and Procedures for NSW Health (2013) http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_007.pdf
7. NSW MoH Policy Directive - NSW Aboriginal Health Plan 2013-2023:
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_066.pdf
8. NSW MoH Policy Directive - Aboriginal Health Impact Statement and Guidelines:
http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf
9. SCHN Policy - Medical Health Care Records Management:
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2014-9045.pdf>

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