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# Navigate your Health

Initiative Type

Model of Care

Status

Deliver

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<https://clinicaexcellence.qld.gov.au/improvement-exchange/navigate-your-health>

## Summary

Navigate your Health (NYH) is a two-year pilot initiative being led by Children's Health Queensland (CHQ) in partnership with the Department of Child Safety, Youth and Women (DCSYW) and the Aboriginal and Torres Strait Islander Community Health Service - Brisbane (ATSICHS) to improve health outcomes of children and young people in care. NYH is a key example of successful partnership, shared investment and trust being built between two government agencies to improve

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outcomes for consumers. Through enhanced system integration, workforce development, and innovative approaches to service delivery, demonstrable improvements in health outcomes will continue. The model is fundamentally underpinned by a co-designed approach which included input from health and child safety professionals, advocates, and most importantly - children and young people with lived experience within the child safety and care systems. NYH has also been accepted as a culturally appropriate model by multiple Indigenous primary health services across the pilot catchment. The project was nominated as a finalist at the 2018 Queensland Health Awards for Excellence.

### Key dates

Jan 2017

Jan 2019

### Implementation sites

Children's Health Queensland Hospital and Health Service, Department of Child Safety, Youth and Women (Moreton Region, Brisbane District)

### Partnerships

Department of Child Safety, Youth and Women (DCSYW) and the Aboriginal and Torres Strait Islander Community Health Service - Brisbane (ATSICHS)

## Key Contacts

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## **Aim**

Improve health outcomes of children and young people in care.

## **Benefits**

- Clear processes and pathways for coordinating initial health screening.
- Comprehensive health and developmental assessments.
- Coordination and provision of ongoing healthcare underpinned by the creation of dedicated Health Navigator roles.

## **Background**

Historically, there has been a stark divide between Child Safety and Health as systems that have not interfaced effectively. However, by introducing the Health Navigation function, which removes barriers, and integrates across both systems to deliver a coordinated and streamlined service for children and young people, we are on our way to realising workforce and system integration between Child Safety Officers (DCSYW employees) and health professionals across the primary care (GPs, practice nurses, private practice psychologists, practice managers), secondary and tertiary care (General Paediatric, Specialist Paediatric medical, nursing and allied health) workforces to prioritise and deliver enhanced, timely and child/young person centred care that is closer to the home of the young person, with providers they can build longer-term relationships with, and who will support them on their journey through their time in care.

## **Solutions Implemented**

Specifically, the key elements of the model include:

1. Health screening: Children and young people receive a preliminary health check, followed by

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a comprehensive health and developmental assessment covering the domains of physical, developmental and mental/emotional health.

2. Referral coordination: The most appropriate pathways for the child/young person will be determined - dependent on the outcome of the preliminary and comprehensive assessments, age, cultural status, disability status, care history, and health history. Referrals to required services or additional assessments are progressed and will be monitored to ensure timely access, follow up and the development of a Health Management Plan.
3. Health care coordination: Children and young peoples' health care will continue to progress in an integrated way, and in line with the recommendations of their Health Management Plan. A higher emphasis and priority for meeting their health care needs is in place, and Child Safety Officers are supported by the Health Navigator roles.

## Evaluation and Results

In line with the CHQ Integrated Care Framework and National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, NYH continues to achieve the following goals:

- Improved timely access to health services for children and young people in care in the Brisbane Region.
- Improvements in health outcomes including but not limited to increased rates of immunisation, oral health outcomes such as preventative services, early intervention for child development concerns and improvements in overall health as young people transition out of care.
- Children and young people are receiving the accurate identification of their physical, mental and developmental health needs, and a coordinated approach to meeting these needs. There will continue to be increased levels of health literacy of children and young people, carers, residential care staff and Child Safety staff.
- Strengthened partnership and collaboration between CHQ, DCSYW, PHNs, and ATSIHCS Brisbane through a single point of coordination across the health, child safety and welfare sector.
- Improved capability for DCSYW and partners to make informed decisions for children and young people regarding their health and wellbeing needs whilst in care and through transition points, i.e. entry into, whilst living in, reunification or exiting care.

## Lessons Learnt

- Innovation takes time to bed down.
- Systems infrastructure is critical (governance structure, co-investment, risk management, stakeholder engagement, project management, clinical leadership).
- Research and evaluation of the pilot will continue to demonstrate sustainable outcomes and improvements made to date.

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- The evidence-based, best practice model has been designed to be scalable and replicable to other jurisdictions so that children and young people in out of home care across the state can benefit from improved health outcomes.
  - Partnership with inter-agency and non-government organisations has supported the maturity and refinement of the model, and enhanced the ability to deliver timely provision of care to this vulnerable population.

## References

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## Further Reading

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