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## Transition from Care Service – Platform 18

Initiative Type

Model of Care

Status

Close

Added

08 August 2017

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10 June 2020

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/platform-18>

### Summary

Platform 18 (P18) project was established to develop a health model of care to improve the health outcomes for young people preparing to transition out of out-of-home care (OOHC) to ensure the health needs are assessed and met prior to and leading up to leaving OOHC. The model established and trialled was funded from the Children's Hospital Foundation, Innovation Grant funding to develop

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new ways of engaging vulnerable and disadvantaged young people in improving their health outcomes.

## Key dates

Dec 2016

Jun 2017

## Implementation sites

Lady Cilento Children's Hospital

## Key Contacts

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## Aim

To establish a trial in Australia's first Transition from Care Health Service. Supporting the needs of young people in out-of-home care.

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## Benefits

Improving the health of one of our most vulnerable population groups.

## Background

Children and young people living in OOHC who have separated from birth families due to abuse and or neglect are one of the most vulnerable population groups. This group has been identified as one of the groups who experience persistent poor health outcomes including being under immunised, poor oral health, compromised mental health and general wellbeing.

## Evaluation and Results

The trial of Platform 18 has highlighted the unmet health needs of young people in OOHC and the need for dedicated services to provide health service and coordinated care across the sector between health and welfare services. This is consistent with the international and national literature which affirms the need for health services and welfare agencies to better coordinate and institute the delivery of dedicated health services for this vulnerable group. The sample (n=51) were seen by P18 and received health assessments with the outcome detailed as follows:

- 18/51 (35%) identified as Aboriginal and or Torres Strait Islander
- 35/51 (68%) young people not fully immunised, 26/35 (74%) who have comprehensive health assessments completed have commenced their catch up immunisation schedule by P18/CHQ immunisation service.
- 35/51 (68%) of young people have a general practitioner (GP) and 27/35 identified that they have seen a GP in the last 6 months. Despite this many were assessed to have single or multiple health problems not addressed by a general practitioner i.e. under immunised, poor nutrition, outstanding sexual health needs.
- 18/51 (35%) of young people had not seen a dentist in the last 12 months as opposed to (66%) of the general population.
- 13/51 (25%) of young people seen were referred onto local oral health services. Local CHQ oral health services were prompt in supporting referrals from P18.
- 34/51 (66%) young people seen in the trial period now have a comprehensive health assessment many require referrals to specialist health services such as Psychology, Dietician, Radiology, Ear, Nose and Throat specialists.

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## Lessons Learnt

Adolescence is a significant period of time for this cohort which is compounded by the duality of leaving OOHC and managing arrange of tasks including transition into independence, completing education and well as managing health needs. Complexity exits during this period which also includes transiency in accommodation, lack of continuity of formal relationships and family all at home at one time, as well as accelerated change in development and life planning. Once having left OOHC, this group becomes for the main, invisible from the OOHC system and young people often have unmet health needs which reach beyond 18 years of age with a formal cessation of OOHC. P18 has demonstrated young people unmet health needs can be addressed by having dedicated services in place that provide direct care but also invest into the coordination of care. P18 reflects a model that successfully engages with young people, however to do this with a wider reach of young people in OOHC and the support of those who may not have engaged at this time of the trial at a later point. Having a nurse led service has proven beneficial in supporting young people develop competence in understanding health need and having more preparation to access the gateway of health services following the formal exit out of OOHC.

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