

Wellbeing and Health In-reach Nurse Coordinator Program

Guideline

June 2024

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Glossary

Term	Definition
Aboriginal people	Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW (NSW Health Policy Directive PD2005_319)
Care navigation	Provides clients with the support and practical assistance they need to navigate the health system, including identifying and addressing barriers that may prevent timely access to care.
Care coordination	Person-centred organisation of client health care to facilitate self-management, appropriate care and health outcomes.
Carer	A primary carer for the student.
Child and Adolescent Mental Health Service (CAMHS)	NSW Health specialist mental health service providing assessment, education and treatment for children and young people experiencing emotional, behavioural and social difficulties.
Child Wellbeing Unit (CWU)	Units in NSW Health and Department of Education that support their mandatory reporters to better respond to concerns relating to the safety, welfare and wellbeing of children and young people.
Client	Any person referred and accepted to receive support from the WHIN Coordinator program.
Delivery Support Team	A team of non-school based roles such as the Learning and Wellbeing team, Networked Specialist Facilitators and National Disability Scheme (NDIS) Coordinators, as well as school-based roles, including Assistant Principal, Learning and Support, Senior Psychologists Education and itinerant teachers.
Director, Educational Leadership	Provides support to a network of principals. The Director works with each school principal to ensure evidence-based decision-making is focused on improving student progress and achievement.
Electronic Medical Record (eMR)	An online record where client details are entered and accessible to NSW Health clinicians
Full Time Equivalent (FTE)	Unit that measures the workload of a person in a standard working week.
Gillick competence	A Gillick competent child or young person has a sufficient level of understanding and intelligence to enable them to fully understand their healthcare needs and proposed medical or healthcare treatment. If a child or young person is assessed as being Gillick competent, parental consent is not legally required.

HEEADSSS	Home and Environment, Education and Employment, Activities, Drugs/Substances, Sexuality and Suicide/Depression, and Safety. This is a psychosocial health assessment that can be undertaken with high school students.
Health Entity Registration On-line (HERO)	A register of all health establishments and service units within NSW Health.
Immediate family members	Immediate family members include parents, siblings, carers and guardians of students.
LGBTIQ+	Refers to lesbian, gay, bisexual, transgender and gender diverse, intersex, queer, and the + represents people of other diverse sexualities and genders not captured in the letters of the acronym.
Local health districts	NSW Health organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.
My Health Learning	NSW Health eLearning system providing self-managed online learning for NSW Health staff.
National Disability Insurance Scheme (NDIS)	A national system of disability support focused on the individual needs and choices of people with disability, their family members and their carers. The NDIS provides access to support services and funding.
Model of Care	Defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place.
Networked Specialist Facilitator	Employed by NSW Department of Education to establish and maintain interagency relationships and build a sustainable network of specialist support services for schools and an access point for other agencies to connect with Education about complex matters.
Parent, carer or guardian	Primary carer of child or young person.
Psychosocial support	Support given to help meet the mental, emotional, social, and spiritual needs of clients and their family members.
Registered Nurse	A nurse who has completed a Bachelor of Nursing at university and registered to practice by the Nursing and Midwifery Board of Australia.
Risk of Significant Harm (ROSH)	A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. This means the concern is sufficiently serious to warrant a response by a statutory authority (such as NSW Police Force or Community Services) irrespective of a family's consent.

School learning and support and wellbeing teams	Teams of key school personnel, including a school counsellor and a learning and support teacher, involved in meeting the specific requirements of children with disability and learning support needs. Wellbeing teams coordinator a planned, strategic approach to student wellbeing.
Student	A child or young person enrolled in a NSW public school, including primary, high, central school or School for Specific Purposes.
Triage	Preliminary assessment of clients in order to determine the urgency of their need for treatment and the type of treatment required.

1. Introduction

1.1. Background

The Wellbeing and Health In-reach Nurse (WHIN) Coordinator program is a partnership between NSW Health and the NSW Department of Education. The program locates a wellbeing nurse to work in selected NSW public primary and high schools to identify health and social concerns for vulnerable school students and their families and facilitate their access to health care. The aim of the program is to contribute to improved education, health and wellbeing outcomes of children, young people and families.

The links between health and education are well established [1]. Healthy children are better learners and higher educational achievement is a critical factor in better health outcomes over a lifetime [2],[3]. There is compelling evidence that school-based nurses with a care navigation and care coordination role are valuable for early intervention and accessing timely care for school students with health and wellbeing risk factors [4]. There is greater capacity for understanding students' needs and mobilising targeted care when nurses are an integral part of the school and function as a central point of contact and coordination of health care for students [4].

The first WHIN Coordinator program sites were established in 2018 in Young, Tumut and Cooma and extended to a further three sites in Deniliquin, Murwillumbah and Lithgow. The program sites in Young, Tumut and Cooma participated in an independent formative evaluation that was completed in December 2020. The evaluation found the wellbeing nurses were contributing to improved health and education outcomes for students. The wellbeing nurses were integrated into school wellbeing systems, and students and family members were supported and connected to health and wellbeing services. Recommendations for improving implementation of the program included:

- improving program governance at state, site and school level
- enhancing integration of the wellbeing nurse in the school environments
- refining the service delivery model
- developing a monitoring and reporting framework for quantitative evidence of the wellbeing nurse's impact on education and health outcomes.

Following this pilot, the NSW Government committed a further \$46.8 million in the 2020/21 budget until the end of June 2024 to provide 100 additional wellbeing nurse positions in regional and metropolitan NSW over four years. The findings and recommendations from the formative evaluation of the three sites were used to guide the establishment of the additional sites.

In 2024, the NSW Government confirmed ongoing funding for 106 wellbeing nurse positions to provide a service to approximately 400 selected primary and secondary schools.

1.2. Wellbeing nurses

Wellbeing nurses are registered nurses with high-level specialist skills associated with child and family health, youth health and/or psychosocial support. They provide a leadership role in supporting health care coordination and navigation for students and their families.

Wellbeing nurses are employed by NSW Health local health districts and by Albury Wodonga Health to work across selected schools in NSW. The selection of schools is determined by student, family and community need, and is based on evidence and local knowledge. Factors considered in the selection of the schools include community social disadvantage, child and family vulnerability, health and mental health risk factors, educational outcomes, bushfire and drought affected communities, remote communities, number of student enrolments and geographic distance between schools ([Appendix 1](#)).

Wellbeing nurses work closely with the school's learning and support and wellbeing teams. They also work closely with local health and community services to support students and their family members on a wide range of health and wellbeing issues. Issues may include mental health, social and behavioural support, physical health, and peer or family relationships.

1.3 Purpose of the Guideline

The Guideline describes:

- the roles and responsibilities of Health and Education staff
- the WHIN Coordinator program Model of Care
- the WHIN Coordinator program governance.

The WHIN Coordinator Program Guideline is for:

- wellbeing nurses
- managers of wellbeing nurses
- school principals, school learning and support and wellbeing teams, and school counselling services
- Directors, Educational Leadership
- NSW Department of Education, education support staff including Networked Specialist Facilitators, Learning and Wellbeing Coordinators.

This Guideline underpins strong relationships and collaborative practices between the wellbeing nurse, school-based staff and staff that support students and their family members.

2. Roles and Responsibilities

2.1 Wellbeing nurse

The wellbeing nurse is supported by the local health district and Director, Educational Leadership to work across selected public schools and health and community settings to:

- work with school principals to establish the program in schools
- develop networks and effective referral pathways with health and community services and programs
- implement the [WHIN Coordinator Program Model of Care](#).

2.1.1. Establishing the WHIN Coordinator program in schools

The wellbeing nurse works with the school principal and school staff to establish the WHIN Coordinator program in schools. This includes:

- developing a clear referral pathway and processes in the school to effectively implement the WHIN Coordinator program
- developing a communication plan to introduce the role to school staff and school community
- establishing relationships with key school staff and integrating and working with the school learning and support and wellbeing teams
- attending (either in person or remotely) the school learning and support and wellbeing team meetings and other meetings that are deemed relevant for the wellbeing nurses' role
- using [communication resources](#) to promote ongoing awareness of the WHIN Coordinator program and wellbeing nurse role to students, their family and school staff
- attending local WHIN Coordinator program governance committee meetings with the wellbeing nurse manager, the principals and the Directors, Educational Leadership or delegate and reporting on their service activity and issues and concerns affecting delivery of the service.

2.1.2. Developing networks and referral pathways with key service providers

The wellbeing nurse builds connections and effective referral pathways with health and community services and programs by:

- establishing links and integrating the WHIN Coordinator program with Local Health District services and NSW Health programs ([Appendix 2](#))
- cultivating partnerships with local private health and community services and providers ([Appendix 2](#)) and providing information about the WHIN Coordinator program
- identifying services out of area that may accept referral for service provision via virtual care where local services are limited or not available
- maintaining regular contact with health and community services to maintain recency of service knowledge and referral pathways.

2.1.3. Implementing the WHIN Coordinator Program Model of Care

Key features of the [WHIN Coordinator Program Model of Care](#) model are to:

- build trusting relationships with students and their family members to identify and assess their health and social needs and address barriers to accessing services

- coordinate access to appropriate early and therapeutic intervention, assessments and referral of students and family members to services and programs, including support to attend health appointments where appropriate
- contribute to care coordination and case management of students and their family members
- support access to health promotion to improve health literacy and engagement of students and their family members
- work with students and their family members, the school principals, school learning and support and wellbeing teams, the local school counselling service, NSW Department of Education Delivery Support teams, school staff and local health and community services, as appropriate, to assist students and their family members access the health and wellbeing services and supports they need
- [respond to child wellbeing and child protection concerns](#) in accordance with NSW Health child protection policies and processes and be aware of NSW Department of Education child polices relating to child protection and wellbeing
- operate in accordance with legal responsibilities, NSW Health and local health district policies and procedures
- abide by agreed local working protocols and partnership arrangements with schools and other services
- abide by local health district policies and protocols when conducting a home visit as part of a wider engagement strategy
- if required in exceptional circumstances to transport students to medical appointments, following risk management processes and consulting the wellbeing nurse's line manager and the school principal.

Activities out of scope:

- delivering lessons on health and wellbeing
- undertaking individual or group mental health interventions with students and providing counselling to students
- providing population screening for health and development
- providing any direct therapeutic intervention for students who require health care procedures while at school, including tube feeding, tracheotomy suctioning, diabetes management
- providing personal care procedures such as toileting.

2.1.4. Reporting requirements

The wellbeing nurse:

- informs the school principal/s and the wellbeing nurse's line manager of any operational issues that may impact the delivery of the WHIN Coordinator program such as changes to their days at the school, sick or annual leave
- in accordance with school processes, communicates to relevant school staff the wellbeing nurse's whereabouts when not at school on appointed days (for example, via an electronic calendar that can be accessed by the wellbeing nurse and relevant school staff), and if their return is delayed for any reason
- uses the NSW Health patient administration system to record and maintain patient activity data
- uses the school's record keeping system to provide information to the school principal, school learning and support and wellbeing team and school staff when a student is accessing the wellbeing nurse, including:
 - student name
 - dates of consultations with student
 - date and time student may be taken off school grounds to attend a medical appointment
 - date student is discharged from the WHIN Coordinator program

- completes mandatory reporting for children and young people at suspected Risk of Significant Harm (ROSH) and informs the school principal that a report has been made
- provides de-identified service level progress reports for the wellbeing nurse's line manager, school principal and program local governance committee, when requested
- reports work safety incidents to the wellbeing nurse's line manager and school principal
- reports the occurrence of adverse events or incidents that results in, or has the potential for injury, damage or loss including near misses in local health district's incident management system in accordance with the [NSW Health Incident Management Policy \(PD2020_047\)](#) and the [NSW Health Policy Work Health and Safety: Better Practice Procedures \(PD2018_013\)](#)
- informs the school principal of adverse events or incidents to enable the school to comply with their own incident management procedures.

2.1.5. Training

NSW Health mandatory training

Wellbeing nurses undertake the following training:

- Mandatory training determined by the local health district
- NSW Health My Health Learning modules:
 - Child Wellbeing and Child Protection Parts 1, 2 and 3 (Course Codes 183216327, 183212149 and 183356907)
 - Child Protection targeted training (Course Code 64042171)
 - HEEADSSS assessment – working effectively with young people Learning Pathway (Course Codes 159949091, 160031090, 160031203, 160031204)
 - Sharing Information to Support and Protect Vulnerable Children and Young People (Course Code: 164528345)

NSW Health training relevant to the role

Wellbeing nurse can also access evidence based learning resources that support continued professional development relevant to their role via the NSW Health Wellbeing Nurse Learning Navigator on NSW Health My Health Learning platform (Course Code: 517822172). Wellbeing nurses can select from six topic areas:

- clinical practice
- nursing leadership
- interagency collaborative partnerships
- professional, legal and ethical practice
- communication
- evidence, safety and quality improvement.

NSW Department of Education mandatory training

Whilst being an employee of NSW Health, the wellbeing nurse undertake the following online NSW Department of Education mandatory training on MyPL platform:

- Aboriginal Cultural Education – Lets take the first step (AC00560)
- Anaphylaxis e-learning (NRG01569, NRG01570, NRG01610)
- Anti-Racism Policy Training (NR30069)
- Child Protection Awareness Induction Training (NR28972)
- Child Protection Update 2024 (NR41255)
- Code of Conduct (NR27345)
- Code of Conduct refresher training (NR27345)
- Cybersecurity NSW Essential training (NR31133)
- Cyber Security NSW Essential Refresher training (NR36708)
- Data Breach Preparedness Module 1: Reporting Data Breaches (NRG12326)
- e-Emergency Care (NRG 14190)
- Fraud and Corruption Control (NR33012)

- WHS Induction for employees (NR33383)

School site inductions

Wellbeing nurses attend school site inductions at each participating school prior to the start of delivering the program. The inductions include information about:

- site facilities
- contact details of relevant school staff
- first aid arrangements
- site emergency responses (evacuation, lockdown, lockout)
- reporting injuries, illnesses or safety hazards in the workplace.

2.2. NSW Health Local Health District¹

The local health district is responsible for:

- employment of wellbeing nurses
- providing wellbeing nurses with laptops, mobile phones and access to local health district fleet vehicles²
- management and support of wellbeing nurses, including performance management, rostering, payroll, leave management, and disciplinary/grievance functions
- approving wellbeing nurses' activities during school holidays, including where the nurse works and who provides day-to-day support
- ensuring wellbeing nurses follow the [Wellbeing and Health In-reach Nurse Coordinator Program Model of Care](#)
- ensuring wellbeing nurses have access to ongoing and regular clinical supervision to support them to implement their skills appropriately, encourage self-evaluation of performance, explore complex or challenging situations and allow debriefing and reflection following traumatic experiences
- consulting with the school principal about the performance of the wellbeing nurse and the implementation of the program by the wellbeing nurse at their school
- communicating with school principals about any operational issues impacting on the delivery of program
- ensuring wellbeing nurses completes all NSW Health mandatory training
- supporting wellbeing nurses to access training to enhance their skills and knowledge relevant to their role
- ensuring wellbeing nurses understand and comply with [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013 007\)](#)³
- following up on relevant incidents occurring on the school sites reported by wellbeing nurses in the local health district incident management system in accordance with [NSW Health Incident Management Policy \(PD2020 047\)](#) and [NSW Health Policy Work Health and Safety: Better Practice Procedures \(PD2018 013\)](#)
- ensuring wellbeing nurses are up to date with documenting the service events in a child or young person's electronic medical record (eMR) in line with local health district processes⁴
- working with Directors, Educational Leadership or delegate to establish and coordinate the local WHIN Coordinator Program Governance committee

¹ NSW Health local health district responsibilities apply to Albury Wodonga Health.

² Local health district fleet vehicles may occasionally be unavailable to wellbeing nurses due to unscheduled local health district clinical emergency. Wellbeing nurse can continue to deliver the program to students and families through virtual care.

³ The wellbeing nurse is a mandatory reporter and has a legal responsibility to report suspected child abuse and neglect to the relevant government authorities.

⁴ The Ministry of Health extracts non identifiable aggregated data on service events from the NSW Health Enterprise Data Warehouse for Analysis Reporting and Decisions (EDWARD) to generate quarterly reports.

- ensuring an appropriate NSW Department of Education delegate is represented on the recruitment panels for the wellbeing nurses, in consultation with the Director, Educational Leadership
- registering the WHIN Coordinator program location in HERO according to NSW Health [IB2017_044 HERO: NSW Health service location registration requirements](#)
- providing reports on request to the NSW Ministry of Health and Department of Education representative on WHIN Coordinator program achievements and 'good news' stories.

2.3. School principal

The school principal is responsible for:

- providing a furnished room or space at their school site that, if shared by other staff, can be booked by the wellbeing nurse to see students and their family members in privacy. The room should be clearly signed indicating the availability of the wellbeing nurse
- ensuring the wellbeing nurse has access to wifi, printers, photocopiers, scanners and stationery supplies that assist them in their day-to-day role
- ensuring the wellbeing nurse is given relevant school policies, procedures and guidelines
- ensuring the wellbeing nurse receives a general local induction to the school site, including information about available facilities, contact details, first aid arrangements, emergency responses (evacuation, lockdown, lockout), reporting injuries, illnesses or safety hazards in the workplace
- supporting the wellbeing nurse to build strong professional relationships with the members of the school's learning and support and wellbeing team
- supporting the wellbeing nurse to integrate with the school's learning and support and wellbeing team, including clarifying roles and responsibilities and referral pathways
- providing day-to-day support while the wellbeing nurse is working in the school
- supporting the setup of processes to enable the wellbeing nurse to communicate their whereabouts when travelling outside of the school (for example, via an electronic calendar that can be accessed by the wellbeing nurse and relevant school staff), and if their return is delayed for any reason
- providing information to the wellbeing nurse's line manager regarding the wellbeing nurse's performance and any issues impacting the delivery of the WHIN Coordinator program at their school
- using the communication tools created by the NSW Department of Education to communicate information about the WHIN Coordinator program to the school's students, their family members, school staff and school stakeholders
- promoting the wellbeing nurse role to the school staff and school community, including referral pathways to the wellbeing nurse within the school
- informing students and parents/carers/guardian that the wellbeing nurse is employed by NSW Health and operates within the consent and confidentiality requirements of NSW Health.

2.3.1. School principal in the base school

In addition to the above school principal responsibilities, the school principal in the base school is also responsible for ensuring the wellbeing nurse:

- is provided with a dedicated furnished work space with a desk and chair and lockable storage for documents
- is provided with the NSW Department of Education's [Code of Conduct](#), [Controversial Issues in Schools Policy and Procedures](#) and [Allegations Against Employees Policies and Procedures](#), security and safety, policies, procedures and guidelines
- receives relevant mandatory NSW Department of Education training and maintains a record of completion of training.

2.4. Local health district and school principal

The local health district and school principal are responsible for supporting the wellbeing nurse to commence in a new school. Prior to commencement of the role in the school, the local health district, school principal and wellbeing nurse discuss and agree on the arrangements for the wellbeing nurse to work in the chosen school. These include:

- the days and hours the wellbeing nurse is expected to be on school site, taking into consideration:
 - the wellbeing nurse's contracted hours, leave allowance and flexible work arrangements with the local health district, including flexible work hours and working remotely
 - travel time between school sites
 - required attendance at health appointments with students and families
 - required visits to local health district services, health and community services to access health resources, information and medical records
 - redeployment to other areas of health, for example to support the COVID response, flood and bushfire response, or other health emergencies
- identifying a furnished space at the school for the wellbeing nurse to deliver the program and any specific considerations that may apply (for example times of access to the space and privacy)
- remote working arrangements for times the wellbeing nurse is unable to be on the school site, for example linking via phone or video into meetings with students, families and school staff
- access to the school internet and basic office equipment such as printer, scanner and stationery
- access the school data system for retrieving and recording relevant student information, as appropriate
- access to a school computer to install 'remote access' to the local health district system, if required.

2.5. NSW Department of Education Director, Educational Leadership

The Director, Educational Leadership who provides leadership, supervision and support to school principals of participating schools is responsible for:

- informing school principals about their allocation of a wellbeing nurse
- ensuring school principals receive a copy of the WHIN Coordinator Program Guideline prior to wellbeing nurses starting in the school
- identifying an appropriate NSW Department of Education delegate to be represented on the wellbeing nurse interview panel, in consultation with the local health district
- introducing the wellbeing nurse to school principals
- working with the local health district and school principals to help resolve issues regarding the implementation of the program
- working with the local health district to establish and coordinate the WHIN Coordinator Program Governance committee
- escalating issues to the NSW Department of Education that cannot be resolved by the WHIN Coordinator Program Governance committee.

3. WHIN Coordinator Program Model of Care

3.1. Model of Care principles

The following principles underpin the WHIN Coordinator Program Model of Care:

Client and family engagement

Working in active partnership with clients and their family regarding decisions about their care, recognising the vital role of the family in supporting the clients' health and wellbeing.

Cultural competence and cultural safety

Understanding and acknowledging cultural diversity and creating an environment that is safe and respectful of clients and their families' cultural identities.

Equitable access

Promoting equitable access to high-quality care and inclusive support tailored to the needs of clients, irrespective of their gender, sexuality, ethnicity, socio-economic circumstances or disability.

Evidence-informed practice

Utilising clinical expertise, best available clinical evidence and the unique values of clients and their circumstances to inform decisions about their health care.

Individual empowerment

Empowering clients to actively participate in their care decisions, raising awareness about their rights and responsibilities.

Integrated care

Fostering collaboration among health care providers to provide seamless linking of services to meet whole of clients' health needs.

Safety and wellbeing of children and young people

Taking proactive measures to prevent harm and mitigate the consequences of violence, abuse, and neglect by early identification of potential risks and swift, targeted interventions to safeguard children and young people.

Priority populations

Understanding the health and wellbeing disparities and unique needs of priority populations and addressing the inequities in accessing health care.

Safety and trust

Creating a secure and trusting environment for clients, promoting transparency, reliability, and open communication.

Strengths-based approach

Identifying and building upon the strengths, resources, and capabilities of clients and their family, fostering a positive and growth-oriented environment.

Trauma-informed care

Providing a safe, supportive environment to clients, families and health staff that reflects available research about the prevalence and effects of trauma-exposure and the best methods for supporting clients exposed to trauma, helping to minimise the impact of the trauma and prevent re-traumatisation.

3.2. Meeting the needs of Priority Populations

The wellbeing nurse enables access and provides safe, and culturally sensitive support in a personalised way to priority populations. Priority populations include Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, people with a disability, LGBTIQ+ people, and refugees and asylum seekers.

3.2.1. Aboriginal clients

The wellbeing nurse is aware that Aboriginal people have a long and diverse history and strong sense of community and connection to culture. They understand that some Aboriginal people continue to have mistrust in health services due to the ongoing impacts of colonisation and intergenerational trauma.

The wellbeing nurse provides Aboriginal clients culturally safe support by:

- providing a culturally safe and welcoming environment
- including the client and their family members and people that are important to them in the decisions about their care
- liaising with Aboriginal Health Workers and health professionals Aboriginal Education Officers and Aboriginal community members for guidance, cultural knowledge and support when working with Aboriginal clients as appropriate
- offering the client and their family members referrals to specific services for Aboriginal people where possible.

3.2.2. Culturally and Linguistically Diverse clients

The wellbeing nurse considers the cultural needs, religious values, and language spoken of clients from a Culturally and Linguistically Diverse (CALD) background. This includes:

- engaging interpreter services in line with [*NSW Health Policy Directive Interpreters – Standard Procedures for Working with Health Care Interpreters \(PD2017_044\)*](#)
- ensuring written or electronic information provided to clients and family is accessible and in-language if available
- liaising with CALD health professionals for guidance, cultural knowledge and support when working with CALD clients as appropriate
- offering the client and/or their family members referrals to specific services for people from a CALD background where possible.

3.2.3. People with a disability

The wellbeing nurse recognises that people with a disability have the right to health care that is inclusive, person-centred and accessible. They understand that children and young people with a disability have the right to express themselves, be heard and exercise self-determination and should be engaged as decision makers about their own health and wellbeing.

The wellbeing nurse supports clients with a disability by:

- placing the client with a disability at the centre of decision making about their health and wellbeing, working with the carer, family members, natural networks of support, and service providers as partners
- assisting the client to obtain adjustments required or requested by the client as appropriate
- ensuring the client with a disability and their family members have access to information in a way they can understand.

3.2.4. LGBTIQ+ clients

When providing care for LGBTIQ+ people, the wellbeing nurse recognises and respects the diversity of bodies, sexes, genders and sexualities in all people.

The wellbeing nurse:

- creates a safe environment where the client can share what language best describes themselves, their health care experiences and needs, relationships and family or support network
- uses appropriate pronouns, language and terminology about bodies, sexuality, gender and intersex variations
- includes the client's preferred names and pronouns in medical records where possible
- respects and supports the client's right to affirm their gender in a way that is authentic and meaningful to them
- offers the client and/or their family members referrals to services with gender affirming practices
- understands the mental and emotional distress LGBTIQ+ people may face due to stigma, discrimination, social isolation and experiences of violence and abuse.

3.2.5. Refugees and asylum seeker clients

The wellbeing nurse recognises that people from refugee and asylum seeker backgrounds require culturally responsive and trauma informed care.

People from refugee and asylum seeker backgrounds can experience psychological and physical health issues due to exposure to persecution, conflict, trauma, disrupted schooling and lack of adequate health care. They may also experience language barriers, social exclusion and isolation, cultural differences, financial barriers, racism and discrimination.

The wellbeing nurse provides refugee and asylum seeker clients with support by:

- using a sensitive, staged approach to history taking and assessments
- engaging interpreter services during consultations with the client and/or their family members whenever required
- consulting with the NSW Refugee Health Service if further advice is required
- offering the client and/or their family members referrals to specific services for refugees and asylum seekers where possible.

3.3. WHIN coordinator program modes of delivery

The WHIN Coordinator program is primarily delivered in schools. However, the program can also be delivered from various settings, including local health district community health centres, at a client's home (home visit) or other appropriate sites to meet the client and/or family needs and address barriers to accessing the program.

The wellbeing nurse may choose to use any mix of service delivery modes, including face-to-face or virtual care modalities (telephone, video conferencing, instant messaging or email). The choice of delivery mode depends on:

- client preference
- geographical location
- work health and safety risk factors.

3.3.1. Face-to-face

The wellbeing nurse ensures all face-to-face consultations with a client and/or their family regarding their health and wellbeing occurs in a private, secure and comfortable environment. The environment should be free from external intrusion and ensure complete confidentiality and privacy for the client.

Any risks associated with seeing clients alone are identified, eliminated or effectively minimized in accordance with Chapter 16 of the [NSW Health Protecting People and Property Manual](#).

3.3.2. Home visits

There may be occasions where it is appropriate for the wellbeing nurse to conduct home visits as part of a wider engagement strategy with the client and/or family members. Conducting home visits is at the discretion of the wellbeing nurse and the local health district. The wellbeing nurse

must not be placed at risk to their personal safety when conducting home visits and makes efforts to reduce the risks by:

- following Chapter 16 of the [NSW Health Protecting People and Property Manual](#) and local health district work safety policies and procedures
- completing a risk assessment before conducting a home visit to identify any dangerous risks and develop a plan to ensure worker safety
- recording risk assessment in the client's eMR
- establishing check in/out procedures with the schools and their managers to enable their movements to be tracked.

3.3.3. Virtual care

Virtual care is an interaction between a clinician and a client, or between a clinician and other clinicians occurring remotely with the use of information technologies. Appropriate virtual care modes for the wellbeing nurse include:

- telephone conferencing
- video conferencing
- asynchronous communication, including Store and Forward, email, text messages, or instant messaging e.g. Microsoft Teams chat
- mHealth, such as patient apps.

Requirements to support the delivery of virtual care for the WHIN Coordinator program are listed in Table 1.

Table 1: Virtual care requirements

Wellbeing nurse	Client
Access to telephone, smartphone, tablet or computer	Access to a phone, tablet or computer with stable internet connection or data
Webcam, headset, and speakers if using a computer	Device with camera (video conferencing)
Videoconferencing capability via supported NSW Health platforms e.g. myVirtualCare	Aids or appropriate supports if visually or hearing impaired nurse
Safe and private space for consultations with clients	Safe and private space for consultations with wellbeing nurse

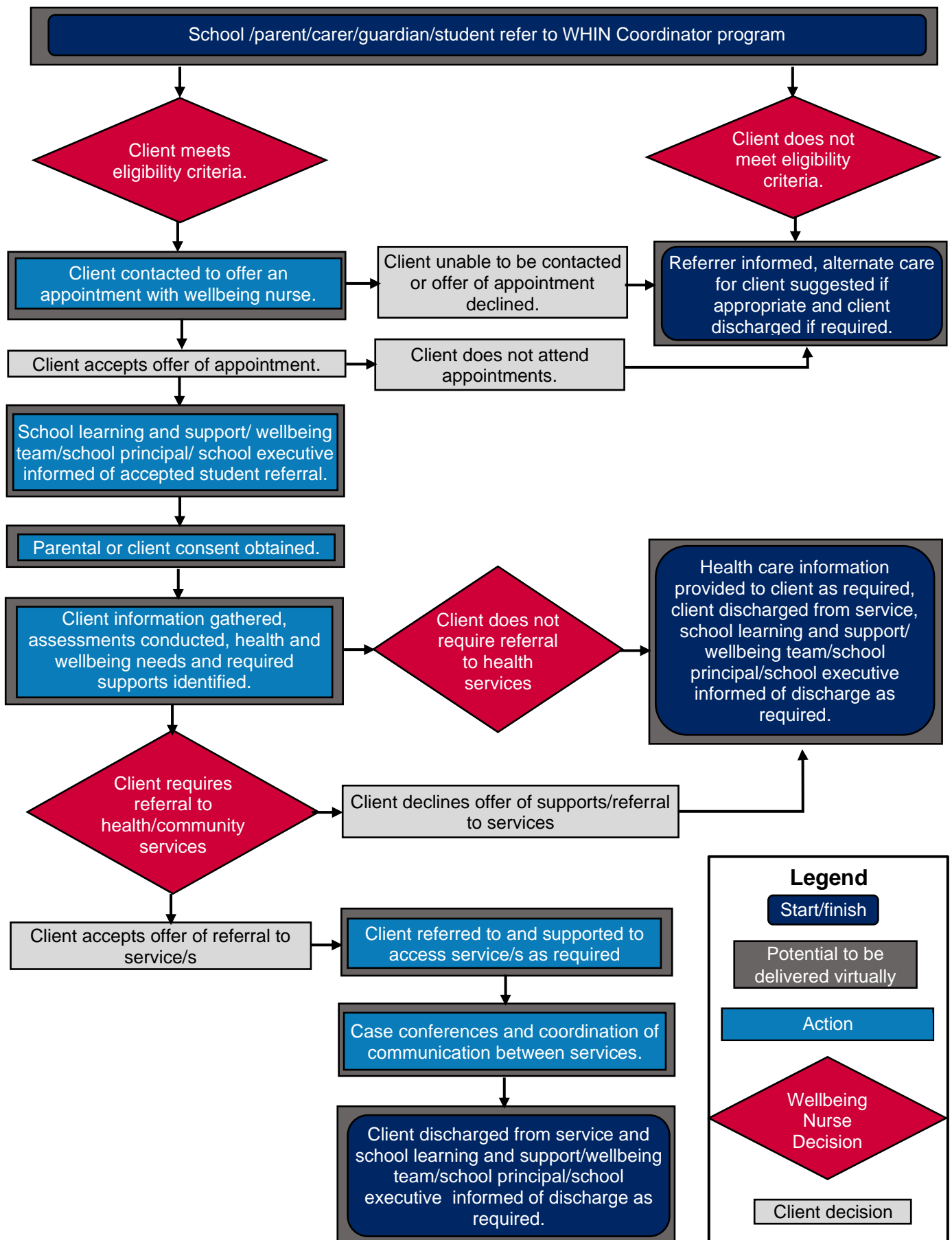
Not all clients and/or their families may be suitable for virtual care or wish to communicate with the wellbeing nurse via virtual modes. In addition to client and/or their family preference, the wellbeing nurse uses clinical judgement to determine if a client and/or their family is suitable for virtual care.

Considerations for assessing suitability for virtual care include the following:

- information can be gathered or concerns addressed safely and satisfactorily
- cultural factors and language challenges, e.g. whether an interpreter is required
- client's cognitive ability
- the level of trust and rapport with the client and/or family
- the presence of violence, abuse or neglect and any known trauma history and if the client and/or family is able to indicate if they are no longer safe or have sufficient privacy.

These considerations should be reviewed regularly in consultation with the client and/or family.

Figure 1: Model of Care pathway



3.4. Referral to the WHIN Coordinator program

Students and their family members are referred to the WHIN Coordinator program for assistance in identifying and understanding their health and wellbeing needs and accessing appropriate supports and services.

3.4.1. Eligibility criteria

The WHIN Coordinator program can accept the referrals for:

- any student enrolled in a school with an allocated wellbeing nurse
- immediate family members of a student enrolled in a school with an allocated wellbeing nurse
- children and young people enrolled to commence at the school with an allocated wellbeing nurse.

Students and their immediate family members can be referred to the WHIN Coordinator program for care coordination and care navigation for the following:

- behavioural, neurodevelopmental and learning disorders
- mental and emotional health concerns
- growth and development concerns,
- vision, hearing and dental health concerns
- sexual health and gender diversity concerns
- risk taking behaviour e.g. alcohol and drugs use/misuse, vaping, smoking, excessive or problematic gaming, sexualised behaviours
- personal safety concerns such as domestic violence and homelessness
- family and peer relationships issues
- pregnancy and parenting support
- accessing National Disability Insurance Scheme (NDIS) support
- accessing additional support if required when returning to school following an acute hospital admission.

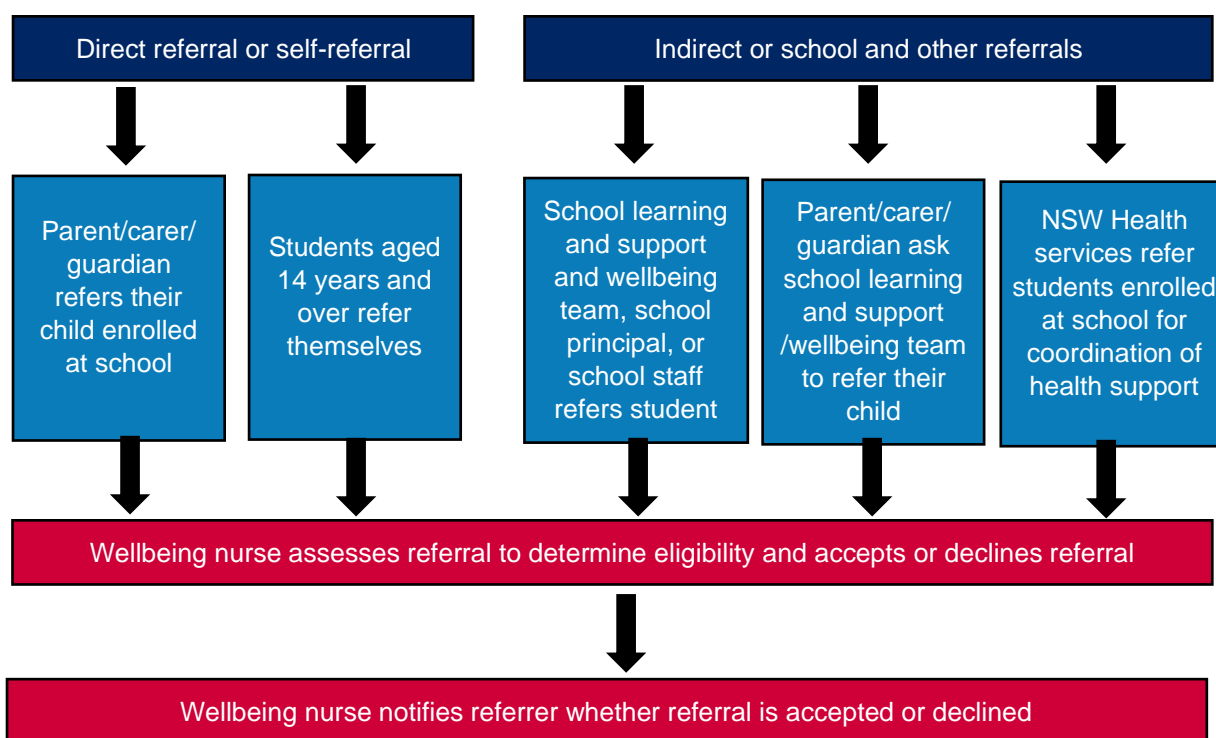
The following falls outside the scope of the program

- administration of medications
- provision of therapeutic intervention or medical procedures such as tube feeding, tracheotomy suctioning, diabetes management
- provision of immunisations
- provision of clinical counselling for mental health or behavioural concerns
- provision of vision, hearing, dental or growth assessments or screening.

3.4.2. Referral pathways

Referrals to the WHIN Coordinator program can be made using the *Wellbeing Nurse Referral Form* ([Appendix 3](#)). Students and their family members can be referred to the WHIN Coordinator program through two referral paths (Figure 2).

Figure 2: Referral pathways



Direct referral

Any child or young person attending a school with a wellbeing nurse can be referred to the program by their parent, carer or guardian. Students 14 years and older can refer themselves to the program. The referral can be made directly to the wellbeing nurse in person, by email, telephone or videoconference. If a student under the age of 14 years self refers to the program, the wellbeing nurse obtains parental consent prior to accepting the referral. Further guidance is provided in the [Consent](#) section of the Guideline.

Indirect referral

The school learning and support and wellbeing team, school principal or school staff can refer a student of any age at the school to the WHIN Coordinator program. Parents/carers/guardian can ask the school learning and support and wellbeing team to refer their child to the program. Students aged 14 years and over can also ask the learning and support team to refer them to the program. The school learning and support and wellbeing team may determine when a referral by this team to the WHIN Coordinator program is appropriate.

NSW Health services may refer students enrolled at the school to receive assistance to engage with health and community services for any additional follow-up treatment.

3.4.3. Accepting or declining a referral

The wellbeing nurse assesses each referral and determines if the referral meets the [eligibility criteria](#) and notifies the referrer whether they have accepted or declined the referral. If the referral is declined, the wellbeing nurse provides a reason for declining the referral and suggests alternative care pathways, if appropriate.

The wellbeing nurse informs the school learning and support and wellbeing team, school principal or school executive as required when a student referral has been accepted and documents the referral in the school's centralised record system. Further guidance on documenting a student's referral in the school's centralised record system is provided in the [Documentation](#) section of the Guideline.

3.5. Offering an appointment

If the referral to the program is accepted, the wellbeing nurse:

- attempts to contact the parent/carer/guardian/student via the most appropriate and effective means of communication to make introductions, discuss the referral to the WHIN Coordinator program, and offer them an appointment
- identifies and addresses any barriers with the client and/or family that may prevent them from attending the appointment
- negotiates with parent/carer/guardian/student a time and date to meet face-to-face or via virtual care (video, telephone consultation) as appropriate. Further guidance is provided in the [Modes of service delivery](#) section of the Guideline.
- if a video consultation is elected, sends a video conference link to parent/carer/guardian/student via text or email with instructions on how to access the link
- provides the parent/carer/guardian/student with a link to or a printed copy of the [Wellbeing Nurse Consent Form \(Appendix 4\)](#), [Wellbeing Nurse Information flyer](#) [Privacy Leaflet for Patients](#) and/or [We keep it zipped](#) resource
- assists parent/guardian/student to complete the *Consent Form* if required.

3.5.1. Unable to contact client, offer declined or failure to attend

The wellbeing nurse follows local health district protocols regarding attempts to contact a client, declined offer of service and non-attendance at scheduled appointments.

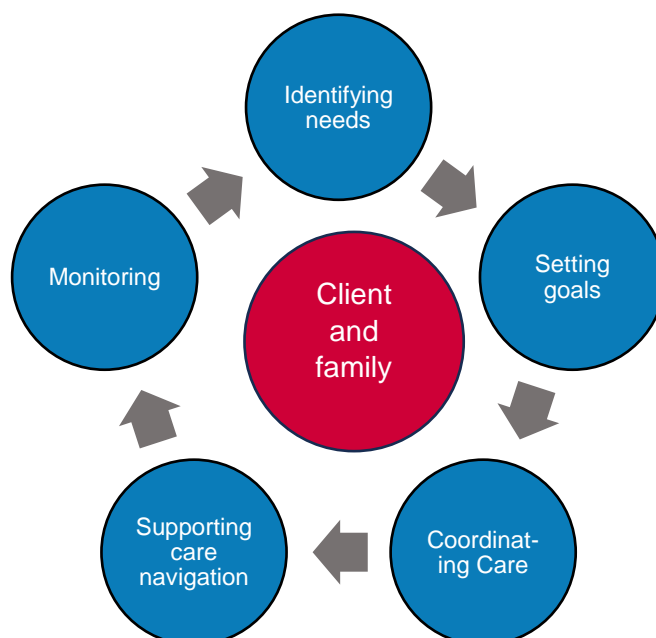
Accessing the WHIN Coordinator program is voluntary and clients can decline the offer. If the client declines the offer of service, the wellbeing nurse informs the referrer that the offer of the service has been declined.

For clients who are unable to be contacted, have declined the offer of service or failed to attend scheduled appointments, the wellbeing nurse considers all available information to determine if there may be a ROSH to a child or young person and, if required, initiates appropriate action as outlined in the [child protection reporting](#) section of the Guideline.

Clients can be re-referred to the WHIN Coordinator program if identified concern re-emerges or a new concern arises.

3.6. Service

Figure 3: Service cycle



3.6.1. Identifying needs

The wellbeing nurse explores issues and conducts assessments to identify the health and wellbeing needs of the client. The wellbeing nurse gathers the client's information and medical history and other relevant information from the client and/or family members, other clinicians, school staff and medical reports as appropriate. Current supports and services the client is accessing or has received previously are identified and the client's health and wellbeing needs assessed using the [assessment tools](#) endorsed for use for the WHIN Coordinator program if appropriate.

3.6.2. Setting goals

The wellbeing nurse works with the client and/or their family to identify goals to achieve for the client's health and wellbeing. Goals are prioritised in collaboration with the client and/or family members based on the client's and family members' identified needs, circumstances, preferences and the supports most urgently needed. Strategies are developed in collaboration with the client and/or family for achieving the agreed goals. The wellbeing nurse discusses assessment results with the client and/or family members if appropriate and provides them with information on supports and services that would help them make an informed decision and meet their agreed upon goals. If a referral to service/s is required, the wellbeing nurse discusses referral options with client and/or family members and obtains the [appropriate consent](#) to refer the client to the service/s.

3.6.3. Coordinating care

The wellbeing nurse collaborates with the school learning and support and wellbeing team, health services and other agencies to contribute to case planning and communicates and coordinates referrals between services/organisations for the client, as required.

3.6.4. Supporting care navigation

The wellbeing nurse coordinates the client's and/or their family members' access to appropriate early and therapeutic intervention, assessments and referral to other services and programs. They support the client and/or family members to navigate and engage with the service/s and programs as required until they can navigate health services and programs by themselves. This may include assisting the client and/or family to schedule appointments with services, attending appointments with the client and family, and assisting them to understand the health information.

3.6.5. Monitoring

The wellbeing nurse manages and tracks referrals and outcomes with the client and/or family and services/organisations involved in the client's care via email, phone call and/or meetings as required. The wellbeing nurse can make additional referrals as required if other supports and services are needed.

3.7. Assessments

The wellbeing nurse uses evidence-based and validated assessment tools to help identify the health and wellbeing needs of children and young people. The assessment tools and guides in Table 2 are endorsed for use for the WHIN Coordinator program:

Table 2: Assessment tools and guides

Assessment tool	Description
Strengths and Difficulties Questionnaires (SDQ)	Strengths and Difficulties Questionnaires (SDQs) are brief behavioural screening questionnaires for children aged 4 years to 18 years and includes parent and teacher report versions for all ages, and a self-report measure from 11 to 18 years of age. The questionnaire and scoring function are available in the eMR.
<u>NSW Youth Health and Wellbeing Assessment Guideline</u>	The Youth Health and Wellbeing Assessment Guideline includes the youth health and wellbeing assessment tool HEEADSSS (<u>H</u> ome, <u>E</u> ducation/employment, <u>E</u> ating/exercise, <u>A</u> ctivities/peer relationships, <u>D</u> rug use/cigarettes/alcohol, <u>S</u> exuality, <u>S</u> uicide/depression, <u>S</u> afety). HEEADSSS is a conversation guide for clinicians to conduct a psychosocial assessment of young people aged 12 to 18 years. Online training on the use of the HEEADSSS is available to NSW Health workers on the NSW Health and Education Training Institute’s My Learning platform.
<u>CRAFFT</u> (Car, Relax, Alone, Forget, Friends, Trouble)	CRAFFT is designed to identify substance use, substance-related riding/driving risk, and substance use disorder among young people aged 12 to 18 years. There are two versions of CRAFFT, a Clinician Interview and a Self-administered Questionnaire.
<u>SCOFF</u> (Sick, Control, One, Fat, Food)	SCOFF is a brief screening tool to assess young people aged 12-18 years on the possible presence of an eating disorder.
<u>DASS-Y</u> (Depression, Anxiety Stress)	DASS-Y is an instrument for use with children and young people aged 8 to 17 years of age to measure the negative emotional states of depression, anxiety and stress.
<u>ASQ</u> (Ages and Stages Questionnaires) and <u>ASQ-Trak</u>	The Ages and Stages Questionnaires (ASQ) are parent-report measures for development and social-emotional screening for children from birth to five years and six months of age. It includes ASQ-3 that assesses the developmental progress and ASQ:SE- that assesses social-emotional development. ASQ-Trak is used to track the developmental progress of Aboriginal children and is administered by interview.

3.8. Triage and response

The prioritisation framework in Table 3 serves as a reference for the wellbeing nurse regarding recommended response times for client concerns identified by the wellbeing nurse. These response times are used in conjunction with clinical judgement and consultation with clinical personnel and the school’s learning and support and wellbeing teams.

Table 3: Recommended response time for identified concerns

Priority level	Identified concern	Recommended response time
1	<ul style="list-style-type: none"> Reported suicidal ideation Disclosure of violence, abuse or neglect 	Immediate
2	<ul style="list-style-type: none"> Acute escalation of anxiety, depression, eating disorder Acute deterioration in behaviour or presence of psychotic symptoms Risk of self harm Homelessness Risk of significant harm/risk of removal from home 	Within 24 hours
3	<ul style="list-style-type: none"> Self-neglect, depression, anxiety, existing mental health disorders New or escalating behavioural issues such as disordered behaviour or aggression Pregnancy Unprotected sexual activity, risk of pregnancy or sexually transmitted disease Historical reports of violence, abuse and neglect Health pathways for return to school with medical conditions Risk of homelessness Family loss, separation, change in living conditions 	Within 5 days
4	<ul style="list-style-type: none"> Undiagnosed development delays/concerns Vision/hearing/dental growth concerns Existing behavioural challenges Multiple service referrals for health concerns with limited active engagement Parenting support Problematic and harmful sexualised behaviours Sexuality or gender diversity concerns Disordered eating 	Within 3 weeks
5	<ul style="list-style-type: none"> Risk taking behaviours e.g. vaping, smoking, excessive or problematic gaming Parent education Support to access health promotion Support to access group health screening/assessments (e.g. vision, hearing) Support to access services for weight management Promotional events and resource development 	Within 4 – 6 weeks

If at any stage of the client’s journey, the wellbeing nurse determines the client is at immediate risk of harm, e.g. active suicide attempts/ self-harm, the wellbeing nurse calls Triple Zero (000) and/or follows the school emergency procedure.

3.8.1. Mental health

The wellbeing nurse does not provide mental health diagnostic assessment or treatment. The wellbeing nurse can apply the [Mental Health Continuum](#) to determine level of mental health needs and refer accordingly.

The wellbeing nurse develops and maintains referral pathways and connections so they can appropriately refer students for mental health services and supports. Their referral network includes:

- School staff:
 - school counselling staff
 - Student Support Officers
- Department of Education:
 - Networked Specialist Facilitators
 - Delivery Support Teams
- NSW Health:
 - School-Link Coordinators
 - Child and Adolescent Mental Health Service (CAMHS)
- Other non-Government and private providers.

If the wellbeing nurse identifies the client may need mental health support, the wellbeing nurse can contact the NSW Mental Health Line on 1800 011 511 to determine an appropriate response and services that might be best for the client.

3.9. Consent

The wellbeing nurse as an employee of NSW Health complies with the [NSW Health Consent to Medical and Healthcare Treatment Manual](#).

The wellbeing nurse obtains written or verbal informed consent using the *Wellbeing Nurse Consent Forms* ([Appendix 4](#)) before undertaking any formal assessments with clients, referring them to other services or providing support. Written consent is preferred. Verbal consent should be indicated on the *Wellbeing Nurse Consent Form*. The consent given is documented in the electronic medical record (eMR) system and the completed *Wellbeing Nurse Consent forms* uploaded to the eMR.

The wellbeing nurse can obtain consent from either parent, even if parents are separated or divorced unless a court order has been made stipulating otherwise. Where no formal court orders have been made, and one parent consents and the other refuses, parents may be counselled to try and reach an agreement on what is in their child's best interests.

Parental consent is not required if:

- a student 14 years or older requests their parent/carer/guardian are not to be informed of the referral to the wellbeing nurse or another service for support AND
- the student is assessed as [Gillick competent](#).

The wellbeing nurse documents the outcome of the assessment Gillick competence in the eMR. The wellbeing nurse encourages the students to talk to their parents/carer/guardian about their health concerns and/or provide permission for the wellbeing nurse to do so on their behalf.

3.9.1. Gillick competence (mature minor)

The wellbeing nurse uses clinical judgement to apply the criteria of Gillick competence and assess the student's maturity and level of understanding of their healthcare needs and proposed medical or healthcare treatment if required. The wellbeing nurse considers the student's:

- level of independence and maturity
- communication skills (including comprehension).
- capability of understanding the general nature and effect of the issues and the proposed procedure or treatment
- capability of understanding the nature, consequences and risks involved in the proposed treatment
- the presence of other relevant health issues e.g. developmental disability, intellectual disability.

3.10. Child wellbeing and child protection

3.10.1. Responding to disclosures

As NSW Health employees, wellbeing nurses have a responsibility to promote the health, safety, welfare and wellbeing of children and young people. As a mandatory reporter, the wellbeing nurse must identify and appropriately respond to child wellbeing and child protection concerns.

In accordance with the [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013 007\)](#), the wellbeing nurse:

- identifies:
 - signs of possible child abuse, neglect, family violence and prenatal harm and/or relevant parent/carer health issues that may affect parenting capacity
 - any contextual information that may inform the concern.
- responds by:
 - recording the time and date of the conversation and, to the best ability, exact work used by the child or young person
 - reassuring the child or young person that they have a right to disclose their abuse and/or neglect so that steps can be taken to help them keep them safe
 - applying the online [NSW Mandatory Reporter Guide](#) and follows instructions
 - consulting other professionals working with the child/young person/family if required to gather further information about the family and explore strategies to support them, in accordance with Chapter 16A information sharing provisions detailed in Section 6 of the [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013 007\)](#)
 - if an outcome of suspected ROSH is reached, reporting the suspected ROSH to the Child Protection Helpline on 13 21 11 or the NSW Health Child Wellbeing Unit (CWU) on 1300 480 420 to report concern
 - documenting the report of suspected ROSH in the eMR
 - contacting the NSW Health CWU or Local Health District Child Wellbeing Coordinator if required, for advice and assistance with child protection practice, processes, interventions, referral options, including whether a ROSH report is needed
 - informing and provides the report reference number to the school principal (or delegate) of the ROSH report using the exchange provision of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998
 - keeping the school principal (or delegate) updated on response progress consistent with Chapter 16A information sharing provisions detailed in Section 6 of the [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013 007\)](#)
 - working collaboratively with school staff as appropriate to plan any actions to address child safety, welfare or wellbeing concerns
 - continuing to provide support to the child/young person/family and referring them to relevant services.

When a suspected ROSH report is indicated and both the wellbeing nurse and the school principal are aware of the same information, they both report the suspected ROSH.

The wellbeing nurse and school principal can contact their respective CWU to confirm whether a ROSH has been made about a student, or to receive assistance in planning a response after a ROSH report has been made.

3.10.2. Child Wellbeing Unit support for the wellbeing nurse and school principal

The NSW Health CWU supports NSW Health staff and the NSW Department of Education CWU supports NSW Department of Education staff. The CWUs help them to fulfil their child protection and wellbeing responsibilities. This includes assistance in deciding when concerns need to be reported to the Child Protection Helpline. The NSW Health CWU can make a report on behalf the wellbeing nurse based on who has the most relevant, direct information and is best placed to have the reporting conversation with the Child Protection Helpline.

When a child protection concern is identified, the wellbeing nurse can contact the NSW Health CWU if required:

- to consult with a NSW Health child protection professional for practice or procedural advice about any safety, welfare or wellbeing concern for a child, young person or unborn child
- to seek background health, child protection or wellbeing information about a child, young person or vulnerable family
- for advice about where to gain further information regarding services and supports available for children, young people and families
- if unsure whether a report to the Child Protection Helpline is warranted.

3.10.3. Child Related Allegations

The wellbeing nurse follows the NSW Health Policy Directive, [Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff \(PD2020_044\)](#), if they have concerns about child related allegations, charges or convictions. This includes advice on what to do if it is known that the alleged perpetrator works in a non-NSW Health organisation.

If there are concerns about a Department of Education staff member (paid or unpaid), they immediately inform the school principal.

3.11. Privacy and confidentiality

The student and parents/carers/guardian are provided with a printed copy or links to [Privacy Leaflet for Patients](#) and/or [We Keep it zipped](#) resources before or at their first appointment to inform them how personal health information is kept private. These resource outline:

- how personal health information is kept private
- when young people can make decisions about their own health
- situations where information needs to be shared.

The wellbeing nurse checks that the student and/or parent/carer reads and understands the information contained in the resources they provide.

The wellbeing nurse ensures students and parents/carers/guardian are aware of their right to confidentiality and the exceptions to this right which includes:

- intention to self-harm
- intention to harm someone else
- they are being harmed by someone else (including circumstances of abuse or neglect)
- know someone else who may intend to harm themselves or someone else.

3.11.1. Disclosing health information

The wellbeing nurse discloses information if required to other NSW prescribed bodies, including schools, or specified private health professionals⁵, to coordinate the delivery of services to promote safety, welfare and wellbeing of children, young people and their family members. The

⁵ A prescribed body is services or organisations responsible for providing services to children e.g. NSW Health, NSW Department of Communities and Justice, school, Police, non-government organisations. Specified private health professionals include registered nurses and midwives, medical practitioners, psychologists, occupational therapists, speech pathologists.

wellbeing nurse obtains consent from the parent/carer/guardian/student using the [Wellbeing Nurse Consent form](#) before sharing the client's information with the other NSW prescribed bodies.

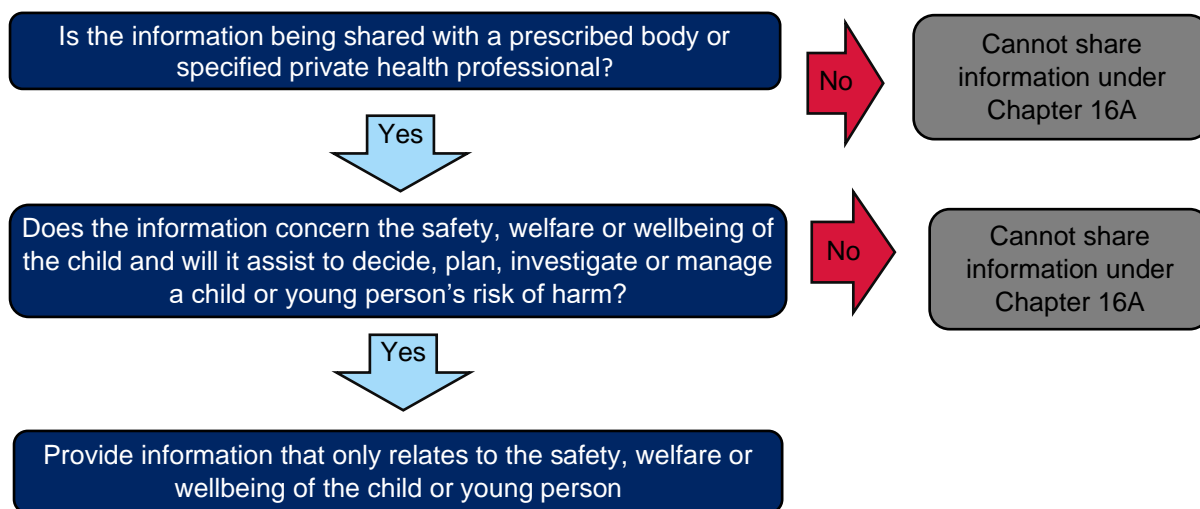
Students and/or parents/carers/guardian are informed that the child's referral to a wellbeing nurse will be documented in the school's centralised record system. Any details of the health assessment, health care or referrals made following the health assessment is not recorded in the school's record system. This health information is included in the student's medical record held by the local health district.

Students and parents/carers/guardian are also informed that if they disclose any information that relates to the safety, welfare or wellbeing of a child or young person, the wellbeing nurse as a mandatory reporter needs to respond. This may involve sharing their disclosed information with other agencies.

Consent is not necessary for exchange of information under Chapter 16A of the [Children and Young Persons \(Care and Protection\) Act 1998](#) if the information exchanged relates to the safety, welfare and/or wellbeing of a child and fulfils the objects and principles of the legislation. Chapter 16A recognises that the protection of confidentiality or of an individual's privacy must be balanced against another form of the public interest, which is ensuring the safety, welfare and/or wellbeing of vulnerable children and young people.

The wellbeing nurse shares information with the school's learning and support and wellbeing team and other prescribed NSW bodies when appropriate in accordance Chapter 16A of [Children and Young Persons \(Care and Protection\) Act 1998](#) and Section 6 of the [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013_007\)](#). The decision process for sharing a client's health information is shown in Figure 4.

Figure 4: Decision process for sharing information



3.12. Discharge from WHIN Coordinator program

Clients can be discharged from the WHIN Coordinator program when an appropriate intervention and/or referrals have been made. The client can re-engage with the WHIN Coordinator program if new needs develop or circumstances change or re-emerge, provided the client is a student enrolled at a school allocated a wellbeing nurse or is an immediate family member of the student.

The wellbeing nurse discharges clients from the WHIN Coordinator program for any of the following reasons:

- the client has been referred to and linked to appropriate services to receive support and no longer requires active support from the wellbeing nurse
- the presenting concern has been resolved without the need for intervention
- the client and/or their family members cease engaging with or responding to the wellbeing nurse
- the client and/or their family members has requested the discharge
- the student no longer attends the school.

To discharge the client from the WHIN Coordinator program, the wellbeing nurse:

- contacts the client, or if appropriate, their family member, prior to discharge to determine their needs have been met before formally exiting them from the WHIN Coordinator program
- provides client and/or family members with a follow up health care plan if required
- provides a handover of a student's care to the student's new school if required and is able to do so
- records the date of discharge in the eMR
- informs the school learning and support and wellbeing team, school principal or school executive as appropriate and/or records in the school's centralised record system that the student has been discharged from WHIN Coordinator program.

3.13. Documentation

3.13.1. NSW Health records

Referrals, clinical information and care plans are documented in a child or young person's eMR, in accordance with the NSW Health [Care Records – Documentation and Management \(PD2012-069\)](#) and line with Local Health District processes. This includes recording:

- date of client's referral to the WHIN Coordinator program, including uploading of any completed [Referral forms](#) where possible
- any record of client's consent, including uploading completed Consent form where possible
- each contact attempt with client and missed appointments
- dates of initial and follow up appointments with clients
- mode of service delivery for each service event with client and/or their family members
- people present with the client at the appointment with the wellbeing nurse
- home visiting risk assessments
- outcome of assessment of student's sufficient understanding and intelligence to make fully understand what is proposed in terms of the wellbeing assessment and sharing of the health information with other services if required
- completed client's health and/or wellbeing assessment forms
- client's assessed health needs
- supports provided to client
- agreed care plan or interventions for addressing client's health and wellbeing needs
- referrals made to services and supports and referral outcomes
- progress of client and any changes to presentation, including changes to risk and treatment plan
- date and record of clinical review meetings and discussions with clinicians involved client's care
- date and record of discussions with school staff and learning and support and wellbeing team meetings regarding required supports and care of a student
- date and record of discussions with other agencies and decisions regarding supports for a client
- uploading completed [NSW Health information exchange forms](#) where possible
- date of client's discharge from the WHIN Coordinator program.

All paper and electronic client health information must be kept secure and disposed of in accordance with the NSW Health [Records – Documentation and Management \(PD2012_069\)](#), the NSW Health [Privacy Manual for Health Information](#) and local health district policies and procedures. This includes:

- keeping all paper copies of client health information in lockable storage or secure access areas when not in use until they can be scanned and integrated within the client's health record and correctly disposed of
- maintaining a secure electronic environment for all client health data held on computer systems
- disposing of paper or electronic client health information in a manner that preserves the privacy and confidentiality of health record information e.g. shredding or pulping or completely deleting from electronic device or server.

3.13.2. School records

The wellbeing nurse can record the following in the school's centralised record system.

- student name
- dates of consultations with student
- date student is discharged from the WHIN Coordinator program
- when a student is taken off school ground to attend a health appointment.

In accordance with the [Privacy Manual for Health Information](#), the information recorded in the school record system must not contain specific details of identified issues or referrals made to the wellbeing nurse or referrals made by the wellbeing nurse to other services.

3.14. Quality improvement

The wellbeing nurse with their managers undertake a process of continuous quality improvement to ensure delivery of a high-quality service. This can include analysis and review of:

- response times from receipt of referral
- assessment outcomes
- service activity data (drawn from Non-Admitted Patient Data Collection)
- clinical documentation audits
- client feedback and experiences.

3.15. Monitoring measures

The NSW Ministry of Health routinely monitors WHIN Coordinator program activity across NSW through collection of program monitoring measures. The Ministry collects the following local health districts' deidentified, non-admitted patient data from the NSW Ministry of Health's data warehousing platform, Enterprise Data Warehouse (EDWARD):

- number of unique clients by age (5-11 and 12-18 years), sex, Aboriginal and/or Torres Strait Islander Status
- number of occasions of service by age, sex, Aboriginal and/or Torres Strait Islander Status.

4. WHIN Coordinator Program Governance

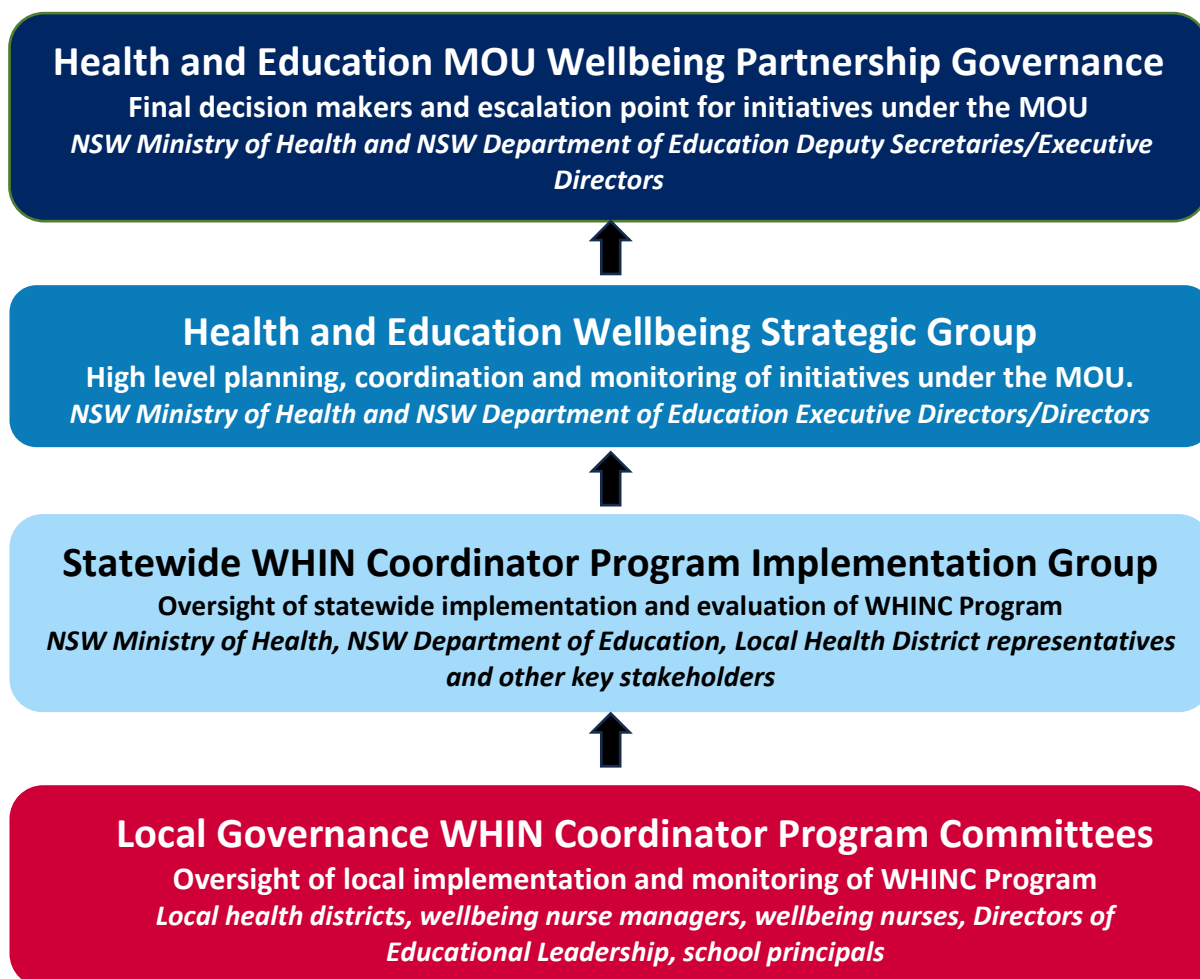
4.1. Governance roles

The NSW Ministry of Health is responsible for funding and delivering the WHIN Coordinator program across NSW. The NSW Ministry of Health oversees the design and statewide implementation and evaluation of the program. NSW Health local health districts and Albury Wodonga Health are responsible for the employment and management of wellbeing nurses and the implementation and performance of the program in their area. The NSW Department of Education partners with NSW Health to deliver the program in over 400 NSW public schools.

The NSW Department of Education and NSW Health have agreed how the program is delivered in schools. The NSW Department of Education is responsible for communicating this to NSW Department of Education staff, families and the community.

4.2. Governance Framework

Figure 5: Governance framework



4.2.1. Local governance

Joint local WHIN Coordinator program committees meet at least once a quarter to oversee and review local delivery of the WHIN Coordinator program and manage local issues. The committees consider aspects of program delivery, including planning, program performance, program issues and strategies to improve delivery ([Appendix 5](#)). Membership includes school principals from the participating schools (or delegate), NSW Department of Education Directors, Educational Leadership (or delegate), wellbeing nurses' line managers and wellbeing nurses. Meetings are jointly organised and co-chaired by the Local Health District wellbeing nurses' manager and Director, Educational Leadership or their delegate.

The local WHIN Coordinator program committees report to the *Statewide WHIN Coordinator Program Implementation Group* on implementation and delivery of the WHIN Coordinator program. Issues that cannot be resolved by the local committee can be escalated to the *Statewide WHIN Coordinator Program Implementation Group*.

4.2.2. Statewide WHIN Coordinator Program Implementation Group

The *Statewide WHIN Coordinator Program Implementation Group* meets once per quarter to oversee the statewide implementation, monitoring and evaluation of the WHIN Coordinator program. Membership includes representatives from metropolitan and rural/regional local health districts, the NSW Ministry of Health Mental Health Branch, the Office of Regional Youth, Department of Communities and Justice, and Aboriginal representation from Health and Education, and Primary Health Networks. The Group is co-chaired by NSW Ministry of Health and the Department of Education.

The Group reports quarterly to the *Health and Education Memorandum of Understanding (MOU) Student Wellbeing Partnership Strategic Group* on the progress of the program implementation. Issues that cannot be resolved by the group are escalated to the *Health and Education MOU Wellbeing Partnership Strategic Group*.

4.2.3. Health and Education Student Wellbeing Partnership Strategic Group

There is a *Memorandum of Understanding (MOU)* between NSW Health and NSW Department of Education that details the collaborative approach the departments take to maintaining and strengthening student health and wellbeing across NSW. The *MOU* consolidates governance across many Health and Education programs, including the WHIN Coordinator program. The Strategic Group's membership includes Executive Directors and Directors responsible for programs included in the *MOU* and reports to the *Student Wellbeing Partnership Governance Group*.

The *Health and Education MOU Wellbeing Partnership Governance Group* is the final decision maker and point of escalation. Members include Deputy Secretaries from NSW Health and NSW Department of Education and relevant Executive Directors leading priorities under the *Health and Education Supporting Health and Wellbeing MOU 2021 - 2024*.

5. Related Documents

- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013_007\)](#)
- [Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-2023](#)
- [Integrated Prevention and Response to Violence, Abuse and Neglect Framework \(PD2019_041\)](#)
- [National Action Plan for the Health of Children and Young People 2020-2023](#)
- [NSW Health Consent to Medical and Healthcare Treatment Manual](#)
- [NSW Health Integrated Trauma-Informed Care Framework: My story, my health, my future](#)
- [NSW Health Privacy Manual for Health Information](#)
- [NSW Health Strategic Framework for Integrating Care](#)
- [NSW Youth Health Framework 2017-2024 \(PD2017_019\)](#)
- [Responding to Sexual Assault \(adult and child\) Policy and Procedures \(PD2020_006\)](#)
- [Safe & Supported: The National Framework for Protecting Australian Children 2021-2031](#)
- [The First 2000 Days Framework \(PD2019_008\)](#)
- [Wellbeing Nursing Capability Framework](#)
- [Youth Health and Wellbeing Assessment Guideline \(GL2018_003\)](#)
- [NSW Department of Education Wellbeing Framework for Schools](#)

6. References

1. WHO. Health Promoting Schools: A framework for action. World Health Organisation, 2006.
2. Basch, C. E. Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *Journal of School Health*. 2011; 81(10): 593-598.
3. Feinstein L, Sabates R, Anderson T M, Sorhaindo A, Hammond C. What are the effects of education on health? OECD, 2006. Retrieved from OECD Website: <https://www.oecd.org/education/innovation-education/37437718.pdf>
4. Moore G, Du Toit A, Thompson S, Hutchinson J, Wiryoatmodjo A, Prakash Sivaprakash P, Gordon R. The effectiveness of school-located nurse models on student health, education and wellbeing: a Rapid Evidence Summary prepared by the Sax Institute (www.saxinstitute.org.au) for the NSW Ministry of Health, 2021
5. Urbis. Wellbeing And Health In-reach Nurse (WHIN) Coordinator Model Pilot Evaluation. Final Report. Prepared for the NSW Ministry of Health

7. Appendices

Appendix 1: Criteria for selection of WHIN Coordinator program school

Health information

- SEIFA ranking (ABS)
- Intentional self-harm hospitalisations (NSW HealthStats)
- Interpersonal violence related hospitalisations (NSW HealthStats)
- Mental health data - Suicides.
- Bushfire and Drought affected areas
- Sense check with Local Health District services:
 - Child and Adolescent Mental Health Services/Child Youth Mental Health Services
 - School Link Coordinator
 - Child and Family Health and Youth Health services
 - Integrated Violence Abuse and Neglect services
 - Eating Disorders Coordinator
 - Integrated Violence Abuse and Neglect services

Education information

- NSW Department of Education NSW government schools master dataset <https://data.cese.nsw.gov.au/data/dataset/nsw-public-schools-master-dataset>
- Index of Community Socio-Educational Advantage (ICSEA)
- Proportion of Aboriginal and LBOTE students
- Connected Communities <https://education.nsw.gov.au/public-schools/connected-communities/connected-communities-strategy>

Other factors for consideration

- Number of school enrolments
- Proximity of school sites to each other
- School readiness
- Local health and community services systems and referral networks.

Appendix 2: Health and community services and programs

NSW Health services and programs	
Alcohol and other drugs (smoking and vaping)	<ul style="list-style-type: none"> • Alcohol and Other Drugs services • Needle and Syringe Program
Allied health	<ul style="list-style-type: none"> • Audiology • Occupational therapy • Orthoptics • Orthoptists • Physiotherapy • Psychology • Speech pathology • Social workers
Chronic illness and disability	<ul style="list-style-type: none"> • Agency for Clinical Innovation Transition to Care Network
Emergency care	<ul style="list-style-type: none"> • Emergency Departments
Health promotion	<ul style="list-style-type: none"> • Get Healthy Service for Young People • Go4Fun
LGBTIQ+	<ul style="list-style-type: none"> • Specialist Trans and Gender Diverse Health Services
Mental health	<ul style="list-style-type: none"> • Child and Adolescent Mental Health Service (CAHMS) • Enhancement to Rural Health Counselling • Getting On Track In Time - Got It! • Local Health District Eating Disorders Coordinators • Local Health District Mental health services • Mental Health Line (1800 011 511) • School-Link • Safe Havens • Suicide Prevention Outreach Teams
Multicultural	<ul style="list-style-type: none"> • NSW Health Care Interpreting Services
Oral health	<ul style="list-style-type: none"> • Dental services • Oral Health Fee for Service Scheme • Primary School Mobile Dental Program
Paediatric	<ul style="list-style-type: none"> • Paediatric community and in-patient services
Parenting	<ul style="list-style-type: none"> • Child and Family Health Services • Sustained Health Home Visiting • Get Healthy in Pregnancy telephone health coaching service • Services for Aboriginal Families
Prevention and Response to Violence Abuse and Neglect	<ul style="list-style-type: none"> • Child Wellbeing Unit and Child Wellbeing Coordinators • Joint Referral Unit (JRU) for the Joint Child Protection Response Program (JCPRP) • New Street services (supporting children and young people aged 10 to 17 years who have engaged in harmful sexual behaviours)

Appendix 2: Health and community services and programs

	<ul style="list-style-type: none"> • <u>Safe Wayz program</u> (supporting children under 10 who have displayed problematic or harmful sexualized behaviour) • <u>Out of Home Care Health Pathway program</u> • Local Health District Prevention and Response to Violence Abuse and Neglect / Domestic Violence services • <u>Sexual assault services</u>
Refugees	<u>NSW Refugee Health Service</u>
Sexual health	<ul style="list-style-type: none"> • <u>Sexual Health Clinics</u> • <u>NSW Sexual Health InfoLink</u> (1800 451 624)
School based	<ul style="list-style-type: none"> • <u>Getting On Track In Time - Got It!</u> • <u>Live Life Well @ School</u> • <u>NSW School Vaccination Program</u> • <u>School-Link</u>
Young people	<ul style="list-style-type: none"> • <u>Youth Health Services</u>



Appendix 2: Health and community services and programs

External services	
Alcohol and other drugs (smoking and vaping)	Quitline 13 7848 (13 QUIT)
Allied health	<ul style="list-style-type: none"> • Audiology • Occupational therapy • Orthoptics • Orthoptists • Physiotherapy • Psychology • Speech pathology • Social workers
Chronic illness and disability	<ul style="list-style-type: none"> • Canteen • National Disability Insurance Scheme (NDIS) providers
General Practices	<ul style="list-style-type: none"> • Health Direct - Find a GP (General Practice)
Homelessness	
LGBTIQ+	<ul style="list-style-type: none"> • HERE • InterLink • Rainbow families • The Gender Centre • TransHub • Twenty10
Mental health	<ul style="list-style-type: none"> • Beyond Blue and Youth Beyond Blue • Black Dog Institute • Butterfly Foundation • Children of Parents with a Mental Illness (COPMI) • Emerging Minds • Headspace • Kids Helpline (1800 55 1800) • Standby (Support after suicide) • Transcultural Mental Health Centre • 13Yarn (support for Aboriginal people with anxiety) • Bravo (support for children and young people aged 8 to 17 with anxiety) • Rural Adversity Mental Health Program
Parenting	<ul style="list-style-type: none"> • Parenting Line NSW • Playgroup NSW • Raisingchildren.net.au
Refugees	<ul style="list-style-type: none"> • Asylum Seeker Centre • NSW Service for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTRTS)
Primary Health Networks	NSW Primary Health Networks
Sexual Health	Family Planning NSW
Young people	Ask for Health

Appendix 2: Health and community services and programs

	<u>Youth Action</u>
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Appendix 3: Referral Form

 SMR010270 <small>Holes Punched as per AS2828.1: 2019</small> BINDING MARGIN - NO WRITING	 NSW Health		FAMILY NAME		MRN	
	Facility:		GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	WELLBEING NURSE REFERRAL		D.O.B. ____/____/____		M.O.	
			ADDRESS			
	WELLBEING NURSE REFERRAL		LOCATION / WARD			
			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
	The Wellbeing Nurse is employed by NSW Health to work with schools to help students and their families to: <ul style="list-style-type: none"> • Identify their health and well-being needs • Connect to health and community services they need • Understand information about their health care to make decisions and how to act on it. 					
	Student Details					
	Family name			Given name		
	Preferred name			Alias(es)		
Current family name			Previous family name			
Date of birth			Sex			
Address			Phone/mobile number			
Living with: _____						
Contact Person 1			Contact Person 2			
Name			Name			
Address			Address			
Phone No.			Phone No.			
Email address			Email address			
Relationship to student			Relationship to student			
<input type="checkbox"/> Parent / Guardian has been informed about the referral <input type="checkbox"/> Student has been informed about the referral						
Student Information						
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not stated						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Not stated						
Different identity (specify): _____						
Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other: _____						
Identify as Aboriginal or Torres Strait Islander?						
<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes-Torres Strait Islander <input type="checkbox"/> Yes-Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown						
Aboriginal Liaison officer offered? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Preferred language				Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of school				Student is currently in Out of Home Care (OOHC)		
Year level				<input type="checkbox"/> Yes <input type="checkbox"/> No		
The Wellbeing Nurse does not provide an EMERGENCY service. If you or someone is at immediate risk of harm call TRIPLE ZERO (000) immediately OR Go to the nearest Hospital Emergency Department OR alert School Staff (if on school grounds).						

M-F700034 070923

WELLBEING NURSE REFERRAL

SMR010270

NO WRITING

Page 1 of 2

Appendix 4: Consent Forms

 NSW Health	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
	ADDRESS	
WELLBEING NURSE REFERRAL		
LOCATION / WARD		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
Reason for referral		
<input type="checkbox"/> Accommodation/homelessness <input type="checkbox"/> Alcohol and/or drugs		
<input type="checkbox"/> Behavioural <input type="checkbox"/> Bullying		
<input type="checkbox"/> Family/peer relationship <input type="checkbox"/> Learning difficulty		
<input type="checkbox"/> Mental/emotional health issues <input type="checkbox"/> Personal safety		
<input type="checkbox"/> Physical health <input type="checkbox"/> Not meeting developmental milestones		
<input type="checkbox"/> School non-attendance <input type="checkbox"/> Sexual health		
<input type="checkbox"/> Social support		
<input type="checkbox"/> Other (specify) _____		
List relevant history/diagnosis/assessments that might relate to this referral.		

Is the child/family receiving any health/social services supports that may be relevant to this referral (e.g., school counsellor, NDIS, Department of Communities and Justice)?		



What supports/outcomes are being requested from the Wellbeing Nurse?		

Referrer Details		
Full name:		
Position:		
School / Organisation:		
Phone number:		
Email address:		
Signature:	Print and Sign	Date: DD / MM / YYYY

Hides Punched as per AS2828.1: 2019
 BINDING MARGIN - NO WRITING

SMR010270


Appendix 4: Consent Forms

 SMR020280	 NSW Health	FAMILY NAME	MRN	
	Facility:	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		D.O.B. ____/____/____	M.O.	
	WELLBEING NURSE CONSENT			
	ADDRESS LOCATION / WARD COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
The Wellbeing Nurse helps students and their families to: <ul style="list-style-type: none"> • Identify their health and wellbeing needs • Connect them to health and community services they need • Understand information about their health care to make decisions and act on it. The Wellbeing Nurse requires consent from the parent/guardian/carer/student before help can be given. (A student must be aged 14 years and older to give consent).				
To be completed by a parent/guardian/carer/student		(Please tick and print clearly)		
I give consent for the Wellbeing Nurse to: <ul style="list-style-type: none"> • Carry out health and wellbeing assessments on my child/me as required <input type="checkbox"/> Yes <input type="checkbox"/> No • Refer my child/me to other health and/or social services for support as required <input type="checkbox"/> Yes <input type="checkbox"/> No • Share information about my child/me with school staff involved in my child's/my support <input type="checkbox"/> Yes <input type="checkbox"/> No • Share information about my child/me with prescribed bodies (agencies or organisations that have responsibility for the provision of services to children) to assist in my child's/my care. <input type="checkbox"/> Yes <input type="checkbox"/> No I have viewed the NSW Health Privacy leaflet https://www.health.nsw.gov.au/patients/privacy/Pages/privacy-leaflet-for-patients.aspx or We keep it Zipped (https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/confidentiality-resources.aspx) and understand my child's health/my information will not be shared unless needed to help in my child's/my care				
Full name: _____				
Signature: Print and Sign		Date: ____ / ____ / ____		
Relationship to student: <input type="checkbox"/> Parent/guardian <input type="checkbox"/> I am the student				
Student Details				
Family name: _____		Given name: _____		
Date of birth: ____ / ____ / ____		Medicare number: □□□□□□□□□□/□		
Home address: _____				
Name of school: _____		Year level: _____		
Telephone/mobile: _____				
Parent/Guardian/Carer Details				
Family name: _____		Given name: _____		
Home address: _____				
Telephone/mobile: _____		Email address: _____		
To be completed by Wellbeing nurse		(Please tick and print clearly)		
I have obtained verbal consent from the <input type="checkbox"/> parent/guardian/carer <input type="checkbox"/> student		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I have provided them with the information contained within this consent form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I have assessed the student to be a minor with the capacity to give consent (mature minor)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Full name: _____		Signature: Print and Sign		
Designation: _____		Date: ____ / ____ / ____		

Holes Punched as per AS2828.1: 2019
 BINDING MARGIN - NO WRITING

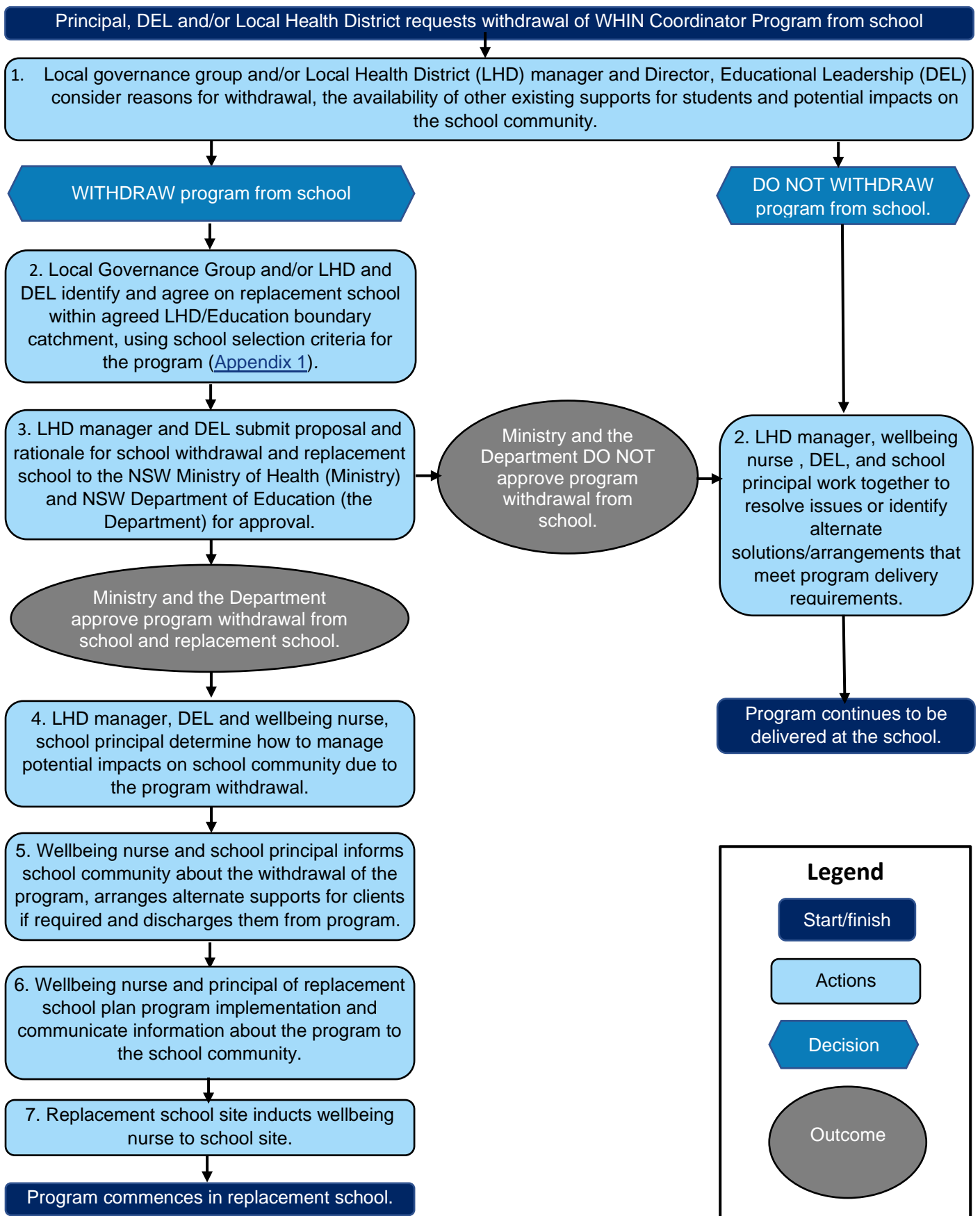
WELLBEING NURSE CONSENT

SMR020.280

NO WRITING

Page 1 of 1

Appendix 5: Guidance for resolving school-level issues



Appendix 5: Guidance for resolving school-level issues

School/wellbeing nurse report program implementation issues

1. Local Health District (LHD) manager, Director of Educational Leadership (DEL) and school principal identify, agree and oversee implementation of resolution in school.

Issues NOT RESOLVED.

Issues RESOLVED.

2. Local governance group and/or LHD manager, DEL and school principal identify and agree on temporary change to program delivery while issues are being resolved and document rationale for decisions on options (e.g. pause in program delivery in school, temporarily deliver program from alternate site).

Program continues to be delivered at the school.

3. LHD manager and DEL submit proposal and rationale for temporary changes to program delivery to Ministry and Department for approval.

4. Wellbeing nurse/school principal informs school community about temporary changes to program delivery.

Issues RESOLVED.

Issues NOT RESOLVED.

WITHDRAW program from school

5. Follow steps 2-7 'WITHDRAW program from school'

Program commences in replacement school