

Frequently asked questions

Loddon Healthcare that Counts Forum

Fortuna Villa, Bendigo: 2018



CHILDREN AND YOUTH
AREA PARTNERSHIP
LODDON

VULNERABLE CHILDREN

Q. WHAT DO YOU MEAN BY 'VULNERABLE CHILDREN'?

- The Department of Health and Human Services (DHHS) have a [website](#) that has information in relation to 'Vulnerable children'
- The [Health Care That Counts Framework](#) (pp. 6-7) has a section that details 'what is vulnerability' and 'factors contributing to vulnerability'.

Q. WHAT DO WE NEED TO DO TO IMPROVE ENGAGEMENT WITH DISENGAGED FAMILIES

This Practice Sheet summarises and builds upon the findings from the Engaging Hard to Reach Families and Children study (Cortis, Katz, & Patulny, 2009) and provides ideas for practitioners and policymakers about how to increase engagement of disadvantaged (or "hard to reach") families in child and family services and programs.

- [Are disadvantaged families "hard to reach"? Engaging disadvantaged families in child and family services. Australian Institute of Family Studies.](#)

Q. IS THERE A MODEL TO IDENTIFY AND ASSESS VULNERABLE/STRUGGLING CHILDREN THAT COULD BE ADOPTED IN RURAL URGENT CARE CENTRES AND COMMUNITY CARE SERVICES SO WE DON'T MISS A SINGLE CASE IN OUR COMMUNITIES?

The Loddon Health Care that Counts Project is currently looking at possible enablers for organisations to improve the identification and response to vulnerable children in the rural setting. There are a number of resources to support the understanding of risk and protective factors for child abuse and neglect and identify vulnerable families:

- [Risk and protective factors for child abuse and neglect.](#) Australian Institute of Family Studies.
- [Children at Risk Learning Portal](#)
- [Murray Health Pathways](#) Request access or log in. Go to Child Health > Assault or Abuse - Child and Youth > Child or Young Person at Risk of Abuse or Neglect. Click on the linked text in *Identify families at risk for child abuse and neglect.*

HEALTH CARE THAT COUNTS FRAMEWORK

Q. WHAT IS THE HEALTH CARE THAT COUNTS FRAMEWORK

[Healthcare that counts \(HCTC\): A framework for improving care for vulnerable children](#) has been developed to support all Victorian health services strengthen their response to vulnerable children and drive system-wide improvements to deliver coordinated and high-quality care. The HCTC framework aligns with the mandatory Child Safe Standards.

Q. WE HAVE HEARD A LOT ABOUT THE "ROADMAP FOR REFORM" – IS THIS RELEVANT TO THE HCTC FRAMEWORK?

The Health care that Counts framework aligns with [The Roadmap for Reform: Strong Families, Safe Children](#). The roadmap recognises the critical role that mainstream health services play in supporting

children, families and their carers. The Royal Commission for Family Violence recognised that health professionals are in a unique position to identify and respond to family violence. Our health system's role is crucial in responding to vulnerability because it can provide earlier and more connected care. This type of care is critical if we are to protect and promote children's health, safety and wellbeing.

Q. ALL MY WORK IS DIRECTED TO ADULTS. DOES THIS EVEN APPLY TO ME?

Parental mental health problems, misuse of alcohol, dependency on illicit drugs, homelessness, problem gambling, family violence and other difficulties, either together or in some combination, can lead to circumstances high in stress and strain that place children at serious risk of harm.

[The good practice guide to Child Aware Approaches: Keeping children safe and well report](#) outlines core philosophies and key principles underpinning Child Aware Approaches, provides "case study" examples of how the principles can be applied in practice, and highlights relevant practice considerations and additional resources.

CHILD SAFE STANDARDS

Q. WHAT ARE THE CHILD SAFE STANDARDS?

The standards are a compulsory framework that supports organisations to promote the safety of children by requiring them to implement policies to prevent, respond to and report allegations of child abuse. The legislation that creates the standards is the Child Wellbeing and Safety Act 2005. The standards are designed to drive cultural change and embed a focus on child safety by placing children's rights and wellbeing at the forefront of the organisation's mind ([Commission for Children and Young People](#)).

- The [Commission for Children and Young People](#) have resources available on creating a child safe organisation for service providers, parents and carers and for children and young people.
- There are [audio-visual resources](#) on the Child Safe Standards and the Reportable Conduct Scheme
- Relevant legislation: [Child Wellbeing and Safety Act 2005](#) (Vic)
- The [Child Safe Standards Compliance Monitoring Framework \(2018-2019\)](#) sets out the DHHS approach to monitoring the regulatory compliance of its funded and/or regulated organisations with the Child Safe Standards.

Q. WHO DO THE STANDARDS APPLY TO?

The standards apply to all organisations that provide services or facilities for children. A [list of the services/organisations](#) are available on the Commission for Children and Young People website.

ORANGE DOOR

Q. WHAT IS THE ORANGE DOOR AND WHAT IS INCLUDED?

Support and Safety Hubs, known as [The Orange Door](#), help women, children and young people experiencing family violence and families who need support with the wellbeing and development of their children.

- The physical locations of the Orange Doors are: Bayside Peninsula, Barwon, Mallee and North Eastern Melbourne, and one more to open in Inner Gippsland. New sites to open are Ballarat, Bendigo and Shepparton.
- Guided by the government action plan: [Family Violence Rolling Action Plan](#)

CULTURAL SAFETY AND ENGAGING WITH ABORIGINAL PARTNERS

Q. WHAT CAN OUR ORGANISATION DO THAT WOULD INCREASE OUR SERVICE FROM BEING "CULTURALLY COMPETENT" TO BEING TRULY COLLABORATIVE WITH OUR ABORIGINAL PARTNERS?

Cultural safety is about providing quality service that fits within the cultural values and norms of the person accessing the service that may differ from your own and/or the dominant culture (VACCHO).

- The Australian Human Rights Commission have released a [background paper](#) (2018) discusses cultural safety for Aboriginal and Torres Strait Islander children and young people to inform work on child-safe organisations in Australia
- Cultural responsiveness [framework](#): Guidelines for Victorian health services.
- Search for your local [Indigenous Corporation](#) or Victorian Aboriginal Community Controlled Health Organisation ([VACCHO](#)) for partnering opportunities.

REPORTING CONCERNS AND LEGISLATION – CHILD PROTECTION AND CHILD FIRST

Q. WHEN DO I MAKE A REPORT TO CHILD PROTECTION OR MAKE A REFERRAL TO CHILD FIRST?

There are several resources to support you to make a report to Child Protection. These include:

- DHHS [website](#) that provides information on when and how to make a report.
- A [step-by-step](#) guide to making a report to Child Protection or referral to Child FIRST, including contact numbers.
- Reporting concerns about children or young people: [a guide for professionals](#). This also provides advise on when you need to refer to Child First or Child Protection.
- Australian [legal definitions](#): When is a child in need of protection? Australian Institute of Family Studies.

Q. WHO ARE MY LOCAL CONTACTS IN CHILD PROTECTION AND CHILD FIRST?

A [step-by-step](#) guide to making a report to Child Protection or referral to Child FIRST, including local contact numbers.

Q. WHAT SUPPORT DOES CHILD FIRST PROVIDE?

On receiving a referral from a professional or community member, the Child FIRST team will conduct further assessment of the family and may consult with an experienced community-based child protection practitioner based in the Child FIRST team. This assessment may lead to the involvement of a local family services organisation. In most circumstances, Child FIRST will inform you of the outcome of your referral.

Where Child FIRST forms a view that a child or young person is in need of protection they are required to report the matter to Child Protection (excerpt from Reporting concerns about children or young people: [a guide for professionals](#)).

Q. WHO IS MANDATED TO REPORT TO CHILD PROTECTION AND WHAT MUST BE REPORTED?

Some professionals such as doctors, nurses, police and school teachers are [legally obliged](#) to report suspected child abuse. In addition, any person who believes on reasonable grounds that a child needs protection can make a report to the Victorian Child Protection Service. It is the Child Protection worker's job to assess and, where necessary, further investigate if a child or young person is at risk of harm.

Where there is a belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of [physical injury or sexual abuse](#), and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

- Relevant Legislation: [Children, Youth and Families Act 2005](#), section 182 (Vic)

Q. WHO CAN MAKE A REPORT TO CHILD PROTECTION OR MAKE A REFERRAL TO CHILD FIRST?

Any person who believes on reasonable grounds that a child needs protection can [make a referral](#) to Child First or report to the Victorian Child Protection Service.

Q. WHAT HAPPENS AFTER A REPORT IS MADE TO CHILD PROTECTION?

Once a report is received, Child Protection will seek further information. This will usually be from professionals who may also be involved with the child or family. In determining what action to take, Child Protection will also consider any previous concerns that may have been reported about the child or young person (<https://providers.dhhs.vic.gov.au/making-report-child-protection>).

When you make a report, Child Protection can tell you what action it will take. However, if an investigation is completed, Child Protection cannot tell you the outcome of the investigation without the family's consent, unless you have an ongoing role to play in ensuring the child's protection (<https://www.secasa.com.au/pages/providing-support-to-vulnerable-children-and-families/making-a-report-to-child-protection/>).

- For more detailed information on receiving and processing reports refer to the [Child Protection Manual](#)

Q. WHY DOES CHILD PROTECTION WANT SO MUCH INFORMATION WHEN I MAKE A REPORT? I NEVER HAVE ALL THE DETAILS AT HAND AND WE ARE BUSY.

For Child Protection needs this information to inform the assessment and decision-making about how the report should be managed. The information required is listed in the *Receiving a report* section of the [Child Protection Manual](#).

Q. WHY DO I GET A CALL FROM ANGLICARE WHEN I HAVE IN FACT RUNG CHILD PROTECTION? (THAT IS, WHY IS CHILD FIRST RINGING ME BACK AND NOT CHILD PROTECTION?)

If the intake practitioner, in consultation with a supervisor, has assessed that the concerns and needs of the family are complex and require an enhanced approach via services and supports or specialised services, then the report will be referred to Child FIRST, family services or a service agency as detailed in the [Child Protection Manual \(Intake outcomes-advice\)](#)

Q. WHY IS THERE SUCH A DIFFERENCE BETWEEN PRACTICES ACROSS THE STATES AND TERRITORIES?

In Australia, state and territory governments are responsible for the administration and operation of child protection services. [Legislative acts in each state and territory](#) govern the way such services are provided. *Australian child protection legislation*. Australian Institute of Family Studies.

UNBORN CHILDREN

Q. HOW DOES CURRENT VICTORIAN LAW PROVIDE PROTECTION TO UNBORN BABIES?

Victorian Government policy promotes and supports early intervention and prevention to improve outcomes for vulnerable children and their families, including expectant mothers of an unborn child. Where there is 'a significant concern for the wellbeing of the child after his or her birth' a referral to Child FIRST or a report to child protection can be made ([Child protection manual: Unborn child reports-advice](#)).

The guiding practice principle is one of supportive intervention, rather than interference with the rights of the pregnant woman. The mother's verbal consent is required in the following situations:

- Where child protection's response is to provide advice and assistance to the mother (s. 30(2)(b)). This is because any assistance or direct case work provided to the mother is voluntary as child protection's investigative and statutory powers do not apply until after the child's birth.
- Where child protection wishes to involve the father of the unborn child or partner and extended family in a case conference or any assistance and service which may be provided to the mother. This is because the response provisions in the CYFA (s. 30(2)(b) and (c)) only apply to 'the mother of the unborn child'.

COMMUNICATION AND INFORMATION SHARING

Q. WHEN SHOULD I SEEK THE CONSENT OF A CHILD OR THEIR PARENTS TO DISCLOSE INFORMATION TO CHILD FIRST OR CHILD PROTECTION?

Generally speaking, you should [seek and gain consent](#) from a child or their parents to disclose information to Child FIRST or Child Protection wherever possible, provided that doing so does not place the child at further place yourself or another person at risk of harm.

- Tips for a [conversation with a child and/or parent](#) about information sharing. Victorian

CHILD INFORMATION SHARING SCHEME (CISS)

Q. WHAT RESOURCES ARE INCLUDED WITH THE CHILD INFORMATION SHARING SCHEME (CISS)?

The [Child Information Sharing \(CIS\) Scheme](#) enables prescribed organisations and services to share information to promote the wellbeing and safety of children

- CISS one page [summary](#)
- CISS information and sharing [pathways](#)
- Victorian Government's website includes Information about [sharing reforms and resources](#) to support implementation.

CHILD AND FAMILY AWARE APPROACHES

Q. WHEN HONORING THE VOICE OF THE CHILD, THERE ARE MANY BARRIERS TO OVERCOME - FOR EXAMPLE, THE WAY TRAUMA IMPACTS MEMORY AND CHILDREN'S AGE AND DEVELOPMENTAL ABILITY TO CREATE COHESIVE NARRATIVES. WHAT ARE SOME OF THE WAYS RECOMMENDED TO APPROACH LISTENING AND VALUING CHILDREN'S EXPERIENCES?

[The good practice guide to Child Aware Approaches: Keeping children safe and well](#) includes a section on Child Aware Approaches are child-inclusive.

CAPACITY BUILDING

Q. ACCESS FOR VULNERABLE CHILDREN AND FAMILIES OFTEN IS OVERLOOKED BY SERVICES WHO PRIORITIZE MEDICAL OVER BEHAVIORAL ISSUES. HOW CAN WE ASSIST THOSE SERVICES TO PROVIDE A TRAUMA INFORMED PRACTICE?

- [Guidelines for Trauma-Informed Family Sensitive Practice in Adult Health Services](#) aim to assist workers to consider the impacts of trauma. By adopting a trauma-informed and family sensitive approach, adult health services can play a key part in identifying and meeting the needs of vulnerable families.
- *Latrobe Regional Hospital trauma informed practice 2016: [Case study](#)*
- There are several training providers that deliver Trauma Informed Practice – contact your local Primary Care Partnership or Children & Youth Area Partnership for more information.