Health Care that Counts

Identifying and responding to vulnerability
I would like to acknowledge the traditional owners of the land, elders past and present, emerging leaders and any Aboriginal people in the room.
Housekeeping

- Mobile phones off or on silent
- Break times
- Emergency procedures
- Confidentiality
- Safe space
- Active listening
- Respecting each other
- Networking
- Brain storming opportunities
- Location of amenities
Learning Intentions

To understand health care that counts framework action areas

To increase knowledge and understand how vulnerable families present

To increase knowledge of the most effective strategies and skills that ensure safety and well being of vulnerable families

To practice skills in a range of scenarios using principles of collaboration and inclusion
Communication systems working to collaborate to make sure that vulnerable children have a coordinated response to their needs.
Part One
Identifying vulnerability
Intro

Healthcare that counts: 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.
Healthcare that counts emphasises the health provider’s role in recognising factors that contribute to risk and intervening earlier to reduce or prevent further harm.

The framework also promotes collaborative partnerships across all sectors working with vulnerable children and families so that responsibility for ensuring children’s safety and wellbeing is shared.
Duty of Care

Health professionals have a responsibility to maintain and enhance their individual competencies to enable them to recognise factors that contribute to vulnerability. Once vulnerability has been recognised, health professionals are in a position to identify risk of harm, and have a responsibility to intervene and respond early to reduce that risk, prevent harm and support the wellbeing of the child. Where there is a belief that child abuse or neglect exists, health professionals must report and refer according to organisational guidelines and legislative requirements.

Child safe standards The Child Safe Standards are comprised of three overarching principles and seven broad standards. These have been designed to drive cultural change in organisations, so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.
Promoting the needs of children

For health services that work with adult clients, the framework highlights the need for **family-sensitive and inclusive practice** so that the needs of dependent children are visible and promoted.

The sustaining vision of Healthcare that counts is that all Victorian children benefit from health services that promote and protect the safety, health, and wellbeing of vulnerable children and families.
Health Care that Counts

**Vision**

That all Victorian children benefit from health services that promote and protect the safety, health and wellbeing of vulnerable children and families.

**Principles**

Respond appropriately, effectively and in a timely way to reduce risk and support children and their families to achieve improved outcomes.

**Action areas**

- Action area 1: High quality governance for vulnerable children and families
- Action area 2: Access for vulnerable children and families
- Action area 3: Family sensitive and inclusive practice
- Action area 4: Working Together
- Action area 5: Effective communication and information sharing

Promote culturally competent and responsive healthcare.

Recognise vulnerability and identify risk and harm to children early.

Work together with families, community services providers and the statutory system in the best interests of children.

Protect and promote the health, safety and wellbeing of all children.
What makes children vulnerable?
What makes a child vulnerable?

- Disability
- Developmental delay
- Medical
- Family violence
- Socio Economic factors
- Childhood Trauma
- Neglect
- Mental health
- Refugee
- Stolen Generation
- Attachment
Van Der Kolk on Safety

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.”
Children with healthy development

- Registered and accesses GP, dentist and ophthalmic services – all health advice accessed and followed
- No repeated or persistent injuries, infections or infestations
- Immunisations, development and medical appointments up to date
- Child takes exercise, eats a healthy diet and has a healthy lifestyle
- Child self care both age and developmentally appropriate
- Meeting developmental (physical and mental) milestones
How do vulnerable children present?
What are the ways that we identify these children?

- Identified health needs and development delay not being met
- Persistent missed appointments
- Non-compliance with medical treatment and advice
- Poor dental hygiene – widespread cavities
- Mental health concerns not being addressed
- Poor hygiene causing health difficulties
- Complex health needs and children with disabilities
- Risk-taking behaviour impacting on safety and sexual health
- Identified substance and alcohol misuse
Impact of Trauma

• Traumatic experiences cannot be processed easily, leading to a tendency to avoid, deny, shutdown or over-cope.
• Flight, fight, freeze and faint
• Sometimes efforts to avoid, deny, shut down or over-cope create more problems long-term than the initial trauma: e.g. alcohol and other drugs, gambling, ‘pokies’, violence, gaming, pornography
• Peoples’ histories influence their attempts to cope and adapt to trauma. Trauma can influence across generations.
Substance use

- **Experimental**: Single or short-term use
- **Recreational/social**: Controlled use in social settings
- **Situational**: Use for specific reasons
- **Intensive**: High doses - binge
- **Compulsive**
Dependant Drug Use

A person becomes dependent on a drug after prolonged or heavy use over time. They feel a need to take the drug consistently in order to feel normal or to avoid uncomfortable withdrawal symptoms.
Manifestations of Trauma

• Blame of others
• Over-protectiveness
• Reactivity and irritability
• Difficulty communicating
• Withdrawal and isolation from others
• Loss of trust and openness
• High levels of distress
• Conflict
<table>
<thead>
<tr>
<th>Classification</th>
<th>Required response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Families that are highly vulnerable, children subject to abuse or neglect</strong></td>
<td>Children require protective intervention</td>
</tr>
<tr>
<td>(&lt;1 per cent) 4000 families (around 8700 children and young people) per annum</td>
<td></td>
</tr>
<tr>
<td><strong>Families that are vulnerable, with children at risk of harm</strong></td>
<td>Risk of maltreatment requires further investigation</td>
</tr>
<tr>
<td>(1.5 per cent) 10,000 families per annum</td>
<td></td>
</tr>
<tr>
<td><strong>Families that are vulnerable</strong></td>
<td>Early intervention to address vulnerability, including referral to secondary and tertiary services when required</td>
</tr>
<tr>
<td>(8 per cent) 54,000 families</td>
<td></td>
</tr>
<tr>
<td><strong>Families that might become vulnerable, risk factors present</strong></td>
<td>Families should be supported to reduce vulnerability and prevent abuse and neglect. Optimize participation in universal services</td>
</tr>
<tr>
<td>(20 – 30 per cent) 130,000 to 195,000 families</td>
<td></td>
</tr>
</tbody>
</table>
Group Activity

In a *multidisciplinary team* consider and discuss the following:

- How would you identify a vulnerable client?
- What current policies do you have to help you to recognise a vulnerable client?
Part Two
Responding to vulnerable Families
How to listen to children

Often children in distress are not always able to communicate.

How do we support children to communicate?
Overarching principles

Unqualified Positive Regard builds trust and safe relationships through consistency in approach/program and staff;

Attunement to the child is the overarching principle of the Service delivery and the key interpersonal approach:

Non judgemental and not making assumptions about why the child behaves the way they do;

Show interest in child and their life;

Non punitive not emphasising consequences working to create positive acknowledgement

Take up time and waiting for positive choice and a belief that they can do it. The belief that the child can succeed is key to the staff approach.
Attunement

The ability to read and respond to the communicated needs of another. This involves synchronous and responsive attention to the verbal and non-verbal cues of another.
Building relationships

- Eye contact with children.
- Step into their personal space to show that you are listening to them (one step).
- Quiet and calm voice of acknowledgement.
- Simple statement with not too complicated language.
- Use of repetition to help soothe.
- Cue words that offer predictable response from adults.
- Calm even facial expression that is not overly animated; genuine and happy to be with the child.
Working collaboratively with families
Working Collaboratively  Examples

Explore case studies and discuss how working collaboratively is demonstrated
SOLER Active Listening Skills

Square up
Open posture
Lean in slightly
Eye contact (empathy)
Respond respectfully
The problem - Group Activity

Sometime we are so focused on dealing with the acute needs of patients that we do not have a systems response for prevention and ongoing support.

Reflect on what you would think a vulnerable child/family would look like in your service area? Was there a time when you were not sure if you were working with a vulnerable child/family? What did you notice? What were your concerns? How was this responded to?
Jig Saw

Each table team (expert group) present to whole group their responses.

Describe a scenario where your team offered support to a vulnerable family. How did you identify this need? And what services did you link with?

Each team will be provided with resources to stimulate discussion.
LUNCH?

YES!
Best Interest Case Planning

The BICPM provides a foundation for working with children, including the unborn child, young people and families. It aims to reflect the new case practice directions arising from the CYFA and Child Wellbeing and Safety Act 2005.

Focus on children’s:
- Safety
- Stability
- Development
Organising the system around the child and being flexible and socially inclusive

Collaborative practice

Coordinated approach to service delivery

Rethinking service delivery model

Filling the gaps in service delivery
Brainstorming activity

- What internal supports currently exist for vulnerable children/families?
- What external supports currently exist for vulnerable children/families?
What can we do to support our staff work effectively with vulnerable children/families?

Problem solving process

1. Recognizing the difficulty
2. Defining the vulnerability
3. Developing possible supports
4. Selecting an optimal supports
5. Following through with action/referrals
6. Evaluation
Part Three
Case studies - addressing the gap in service delivery
Empathy vs Sympathy
How do you form a belief that a child is unsafe?
Often the stress and emotion of the problem makes taking this rational approach difficult supporting the process by assisting it with de-escalation and coping strategies to manage the emotions assists the process.
“When you plant lettuce, if it does not grow well, you don’t blame the lettuce.

You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun.

You never blame the lettuce”.

Thich Nhat Hanh
Acknowledgements

http://childtrauma.org/


https://besselvanderkolk.net/index.html