

Vulnerable Children Policy Guide

21 June 2019

This document is a guide for health services to support the development of policies and procedures that aim to respond to children at risk of abuse and neglect, reduce harm and improve child and family wellbeing. It is designed to be broad to help organisations to have a comprehensive knowledge of their responsibilities from a governance point of view. Each service can adapt these guidelines according to their size and type of service.

Health services will have their own operating procedures, which may include: legal responsibilities, building a child safe culture, employment of new personnel, risk management, responding to concerns about staff members, volunteers, contractors or visitors, assessment of risk, steps for responding to suspected child abuse, referral and reporting, sharing information, child and family-centred practice, diversity and inclusion. This guide can help inform them.

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1. Underlying Principles for Victorian Health Services to Support Vulnerable Children

All **adult-oriented services** need to consider (as part of routine care) risk and protective factors for dependent children.

All **child-oriented services** need to take into account the broader context of the family and parenting, and put in place appropriate parental supports where needed.

The [Statement of Commitment to Child Safety](#) should be the overarching policy of all policies related to child vulnerability and child safety.

Disclaimer

This document is provided for policy guidance. It is relevant to health services in Victoria, Australia. Organisations are responsible for ensuring their policies and procedures are up to date and comply with the relevant standards and legislations.

2. Statement of Commitment to Child Safety

The Statement of Commitment should be the overarching policy of all policies related to child vulnerability and child safety within the organisation.

The [organisation name] is committed to the safety and wellbeing of all children and young people. It is committed to providing best practice care to children who are vulnerable to child abuse and neglect and to their families. This will occur by:

- Holding zero tolerance for child abuse
- Instilling an organisational culture of child⁷ and family-centred practice¹⁰ and child safety
- Ensuring the [organisation name] complies with the Victorian Government's Child Safe Standards⁹, Healthcare That Counts Framework¹⁶, Child Information Sharing Scheme⁹, Reportable Conduct Scheme¹³, *Child Wellbeing and Safety Act 2005 (Vic)*¹⁵ and the *Children Youth and Families Act 2005 (Vic)*¹⁵
- Responding appropriately, effectively and in a timely way to reduce risk and support children and their families, including unborn babies, to achieve improved outcomes
- Ensuring the [organisation name] has systems to protect children from abuse⁷, consider all allegations and concerns as serious, and respond to all allegations consistently in line with the organisation's policies and procedures and the Victorian Government's Reportable Conduct Scheme¹³
- Ensuring all injured babies, children and young people will be evaluated to determine, as possible, the cause and extent of their injuries
- Ensuring staff, volunteers and contractors are aware of their responsibility³ to understand:
 - the important role they play to ensure the wellbeing and safety of all children and young people
 - the process for responding to and reporting¹⁸ concerns of child vulnerability¹⁴ and allegations about child abuse⁷ and/or neglect¹², and
 - their obligations in relation to mandatory notification to Child Protection⁹ and in relation to information sharing with statutory intervenors (Child Protection workers and members of Victoria Police)

- Ensuring a safe, inclusive and respectful environment⁴ for disadvantaged, vulnerable or isolated population groups¹⁴, including Aboriginal¹⁶, culturally and linguistically diverse¹⁶ (especially newly arrived and refugee families), disability, and Lesbian, Gay, Bisexual, Trans and Gender Diverse, and Intersex (LGBTI)^{16,16} populations
- Ensuring clear and accessible procedures and guidelines to define responsibilities and inform decision making, including the duty of care of the board and management
- Committing to working together across disciplines
- Communicating clear expectations for staff and volunteers regarding appropriate behaviour with children in the Code of Conduct that complies with the Victorian Government’s Child Safe Standards⁹
- Ensuring all staff, volunteers and contractors have a valid, current Working with Children Check¹⁸
- Annually assessing and document their progress in implementing and embedding the Healthcare that Counts Framework¹⁶ into the organisational governance structure and service priorities.

2.1 RESPONSIBILITIES

Protecting and responding to child vulnerability is a shared responsibility¹⁶.

2.1.1 ALL STAFF

All health professionals have a responsibility to maintain and enhance their individual competencies to enable them to recognise factors that contribute to vulnerability and identify risk of harm. They 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 abuse⁷ or neglect¹² exists, health professionals must report¹⁸ and refer¹⁸ according to [organisation name] guidelines/procedures and legislative requirements.

2.1.2 EXECUTIVES, MANAGERS AND THE BOARD

The [organisation name] **executives, managers and board** are responsible for identifying need, developing strategies for engaging hard-to-reach groups, supporting and maintaining a competent workforce and for ensuring organisational and clinical governance systems, processes and protocols are in place that meet the needs of the vulnerable populations¹⁴ they serve. This includes the safety, health, wellbeing and cultural needs of children within their health service.

The **Board** has ultimate responsibility for the detection and prevention of child abuse⁷ and is responsible for ensuring that appropriate and effective internal control systems are in place, including policies, procedures and codes of conduct¹⁵.

The **CEO** of [organisation name] is responsible for:

- dealing with and investigating reports of child abuse
- ensuring that all staff, contractors, and volunteers are aware of relevant laws, organisational policies and procedures, and the organisation’s Child Safe Code of Conduct¹⁵
- ensuring that all adults within the [organisation name] community are aware of their obligation to report¹⁸ suspected sexual abuse of a child in accordance with these policies and procedures
- ensuring that all staff, contractors and volunteers are aware of their obligation to observe the Code of Conduct¹⁵ (particularly as it relates to child safety)⁵
- providing support for staff, contractors and volunteers in undertaking their child protection⁹ responsibilities.

All **managers** must ensure that they:

- promote child safety at all times
- assess the risk of child abuse⁷ within their area of control and eradicate / minimise any risk to the extent possible
- educate employees about the prevention and detection of child vulnerability¹⁴ and child abuse⁷
- facilitate the reporting of any inappropriate behaviour or suspected abusive activities¹².

2.1.3 STAFF, VOLUNTEERS AND CONTRACTORS

All **staff/volunteers/contractors** share in the responsibility for the identification and protection of vulnerable¹⁴ children and responding to child abuse⁷, and must:

- familiarise themselves and comply with the relevant laws, the Code of Conduct¹⁵, and [organisation name] policy and procedures in relation to child protection⁹
- report any reasonable belief that a child's safety is at risk to the relevant authorities (such as the police and the child protection service⁹) and fulfil their obligations as mandatory reporters¹⁸
- report any suspicion that a child's safety may be at risk or that sexual abuse¹³ by an adult has occurred within the organisation to their supervisor (or, if their supervisor is involved in the suspicion, to a responsible person in the organisation)
- provide an environment that is supportive of all children's emotional and physical safety¹⁷.

3. Child and Family-Centred Practice

The [organisation name] is committed to creating an environment that supports child⁹ and family-centred care¹⁰, positive health outcomes and the safety and security of children⁵. It recognises that families, including children and young people, are agents in their own life and that families have significant expertise in relation to their children's lives, and have the right to seek the best possible services and supports for them. This practice model is based on the relationships that health professionals develop with children and families that engage them in a process of change. The [organisation name] acknowledges the clear link between better outcomes for children and greater involvement of parents and enables better identification of vulnerable children¹⁴ when parents are accessing adult-oriented services.

The [organisation name] believes that child⁹ and family-centred practise¹⁰ is the first principle for guiding the delivery of health services and will be responsive to individual differences, cultural and community diversity⁹, and preferences of the people receiving care. This will occur by:

- promoting a family-sensitive and inclusive culture¹⁷ within the organisation that sustains effective relationships between clients, family members, carers, health professionals and other staff members
- identifying adults who are parents or carers and consideration of the needs of children as part of the everyday service engagement with clients/patients
- taking opportunities for early intervention¹⁸ and the promotion of child safety and development with parents/carers empowered to lead this process¹⁶
- intervening at the earliest signs of vulnerability¹⁴ and promoting positive parenting to provide a safe home environment

- ensuring the implementation of family-sensitive and inclusive practice¹⁷ occurs at every level of the organisation, including intake and reception
- strengthening staff’s capacity to identify parents and/or carers with dependent children and to respond to the care needs of children¹⁸.

4. Child Safety and Reportable Conduct

This policy reflects and must be read in conjunction with The Victorian Child Safe Standards and the Reportable Conduct Scheme.

The [organisation name] acknowledges its responsibility to provide an environment that is safe and free from abuse⁷ for all children. The [organisation name] takes its legal responsibilities¹⁵ seriously, including protecting children from abuse⁷ and immediately reporting suspected child sexual abuse¹³ to police.

The [organisation name] will enable this by:

- taking a zero-tolerance approach to child abuse
- embedding a culture of child safety across the organisation, including staff, volunteers and contractors
- ensuring that child safety is a part of its overall risk management approach
- incorporating child safety into its quality care governance approach
- ensuring staff, volunteers and contractors are aware of their responsibilities in relation to child protection and in reporting complaints of suspected abusive behaviour or misconduct toward children⁵
- ensuring the commitment to child safety is well communicated to staff, volunteers, children, families and the community and requiring all staff and volunteers to uphold this approach
- screening all potential staff and volunteers using a Working with Children Check¹⁸, police checks, referee checks and identity checks
- committing to the cultural safety of Aboriginal children⁷, the cultural safety of children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability^{9,16}
- providing a safe, supportive working environment that will allow staff and volunteers to report child abuse⁷ and misconduct¹² towards children by staff, volunteers or contractors
- having robust recruitment and assessment to engage only the most suitable people to work with children and deterring unsuitable people
- providing accessible information that is child-friendly using a range of media
- taking seriously the concerns and disclosures of children in all instances
- ensuring employees who are mandatory reporters know and comply with their duties¹⁸
- taking its legal responsibilities seriously, including:
 - Failure to disclose¹⁰
 - Failure to protect¹⁰.

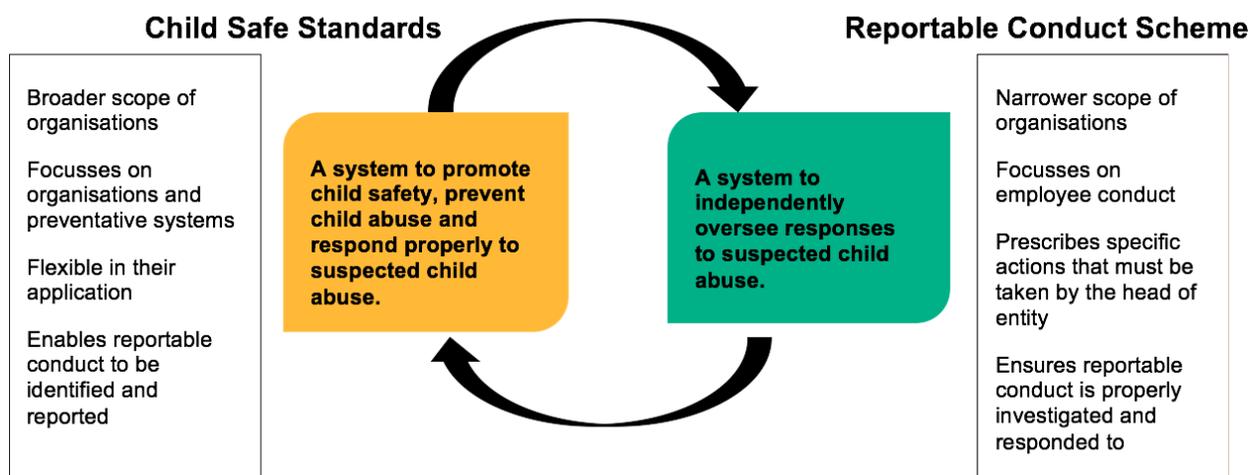


Diagram from *Information Sheet 6: Child Safe Standards and the Reportable Conduct Scheme*¹⁸

5. Information Sharing

The [organisation name] understands that keeping children safe from harm requires our staff to work together and share information about a child’s health, family circumstances, development and exposure to possible harm is fundamental to improving outcomes for vulnerable children.

Collaboration between agencies and departments/health professionals across the organisation will enable potential risks to children to be identified early so that appropriate safeguards can be put into place.

For larger organisations:

Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation; an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.

The [organisation name] will ensure that structured organisation-wide mechanisms are in place that promote open communication and information sharing in the interests of protecting and supporting vulnerable and at risk children. It will do so by:

- promoting a culture of collaboration across disciplines and sectors, and establishing robust structures that help build and manage intra- and inter-agency relationships, including¹⁶:
 - establishing a multidisciplinary committee (such as the vulnerable children committee)
 - executives and managers demonstrating collaborative practice by building effective relationships across disciplines and sectors with a focus on achieving the best outcomes for vulnerable children and families and participating in interagency meetings
 - strengthening workforce capability and capacity to work effectively across disciplines and sectors
- documenting communication, referral and reporting policies, pathways and processes in relation to vulnerable children¹⁸

- establishing protocols to guide appropriate information sharing that reflects the best interests of the child and follows relevant legislation¹⁹
- authorising health professionals to share information with Child Protection⁹ and Family Services (including Child FIRST⁸ / The Orange Door¹⁴ intake teams) about vulnerable children¹⁴ and families, in consultation with managers and child protection practitioners (as applicable)
- establishing a system that initiates case conferences to discuss and allocate responsibility for meeting the needs of vulnerable children and families in their care¹⁶
- educating employees about the requirements of information sharing in the best interests of children and the interface with health privacy and confidentiality
- adhering to legislative requirements under the *Children Youth and Families Act 2005* (Vic)¹⁵, Child Information Sharing Scheme¹⁹ and Family Violence Information Sharing Scheme¹⁹, and other laws, such as the *Privacy and Data Protection Act 2014* (Vic)¹⁸ and the *Health Records Act 2001* (Vic)¹⁸
- complying with mandatory reporting obligations¹⁸, reporting to Child Protection⁹ if there is a significant risk of harm¹⁸, and information sharing with Child Protection under the *Children, Youth and Families Act 2005* (Vic)¹⁵ (refer to [Child Safety and Reportable Conduct](#))
- ensuring health professionals share information in good faith and with reasonable care (offences and penalties may apply if information is shared in ways that are not permitted by the Child Information Sharing Scheme)^{16,19}
- ensuring secure systems are in place for accuracy and currency of records^{19,18} to ensure quality information can be held and shared, which may in turn impact on children’s wellbeing and safety
- *for prescribed information sharing entities*¹¹: authorising health professionals to disclose information on a child upon receipt of a request from a prescribed information sharing entity to share information under the Child Information Sharing Scheme⁹ – or refuse a request if they do not believe it satisfies the threshold for sharing
- *for prescribed information sharing entities*¹¹: complying with the record keeping and information management requirements of the Child Information Sharing Scheme¹⁹ as outlined in the Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)¹⁸ and record keeping obligations under other applicable legislation^{18,19}.

6. Definitions

Aboriginal child

A person under the age of 18 who:

- is of Aboriginal or Torres Strait Islander descent
- identifies as Aboriginal or Torres Strait Islander, and
- is accepted as Aboriginal or Torres Strait Islander by an Aboriginal or Torres Strait Islander community.

In this document, term ‘Aboriginal’ is used to refer to both Aboriginal and Torres Strait Islander peoples.

Abuse

All forms of physical abuse¹², emotional ill-treatment, sexual abuse¹³ and exploitation, neglect¹² or negligent treatment, commercial (e.g. for financial gain) or other exploitation of a child¹⁰ and includes any actions that result in actual or potential harm⁷ to a child.

Belief on reasonable grounds

A belief based on reasonable grounds that child abuse⁷ has occurred and that the child is in need of protection⁹, also known as ‘reasonable belief’. Reasonable grounds transpire when all known considerations or facts relevant to the formation of a belief are taken into account and these are objectively assessed. Circumstances or considerations may include the source of the allegation and how it was communicated, the nature of and details of the allegation, and whether there are any other related matters known regarding the alleged perpetrator¹⁵.

A ‘reasonable belief’ might be formed when:

- a child states that they have been sexually abused¹³
- a child states that they know someone who has been sexually abused (sometimes the child may be talking about themselves)
- someone who knows a child states that the child has been sexually abused¹³
- professional observations of the child’s behaviour or development leads a mandated professional to form a belief that the child has been sexually abused
- signs of sexual abuse lead to a belief that the child has been sexually abused.

Further information on reasonable belief and failure to disclose¹⁰ can be found on [Department of Health and Human Services](#) site.

Carer

A person who fulfils the functions of parental responsibility for the child.

Child

In terms of vulnerability, a child is considered to be a person who is under the age of 18 years, including an infant and unborn child.

*Child Safe Standards definition*¹⁷: A person who is under the age of 18 years.

*Children, Youth and Families Act 2005*¹⁵ – *Sect 3 definition*: A person who is under the age of 17 years.

Exceptions:

- A sexual offence¹³ committed by an adult against a child under 16 must be reported to police. See definition for **Failure to disclose**¹⁰ and **Failure to protect**¹⁰ (see [child protection](#)) under [Child Safety and Reportable Conduct](#).

Where a child protection order is in force, it applies to a child under the age of 18¹⁶.

Child FIRST

Child FIRST¹⁵ (Child and family information, referral and support teams) provide a community-based referral point into family services. This is the entry point into integrated family services¹² in a service area. Children and families are referred to Child FIRST where there are significant concerns about a child’s wellbeing. Child FIRST will assess the risk to and needs of the child and the family and prioritise accepted referrals on the basis of need, then allocate to family services. Child FIRST teams are located across Victoria and

	<p>deliver their services in local areas through a community service (e.g. Anglicare). Child FIRST is progressively transitioning to The Orange Door¹⁴.</p>
Child Information Sharing Scheme	<p>The Child Information Sharing Scheme, created under Part 6A of the <i>Child Wellbeing and Safety Act 2005</i> (Vic)¹⁵ permits the requesting and disclosure of confidential information between prescribed organisations¹¹ for the purpose of promoting the wellbeing or safety of a child or group of children.</p>
Child protection (protecting a child)	<p>Any responsibility, measure or activity undertaken to safeguard children from harm⁷ and to promote the safety, stability and development of children. See Failure to protect under Child Safety and Reportable Conduct.</p>
Child Protection (statutory body)	<p>The Department of Health and Human Services has a statutory responsibility under the <i>Child Wellbeing and Safety Act 2005</i> (Vic)¹⁵ to provide child protection services for children and young people in Victoria under the age of 17 years who are in need of protection or, when a protection order is in place, children under the age of 18 years. Child Protection may intervene in family settings because of an allegation of harm or significant risk of harm to a child.</p>
Child Safe Standards	<p>Victorian organisations that provide services or facilities for children are required by law to implement the Child Safe Standards¹⁷. The aim of the Standards is to enable organisations to prevent and respond to child abuse that occurs within the organisations.</p> <p>Child abuse includes physical violence, sexual offences, serious emotional or psychological abuse and serious neglect.</p>
Child-centred practice	<p>Emphasises the importance of:</p> <ul style="list-style-type: none"> • recognising critical timeframes in childhood and adolescence including assisting children and young people as early as possible – early in the life of the child and early in the life of the issue; • taking into account the developmental needs of children and young people in all interventions; • providing children and young people with appropriate opportunities to participate in all aspects of child protection interventions which affect them; and promoting a collaborative approach to the care and protection of children, including the strengthening of networks that are critical to their wellbeing. <p>See also Family-centred practice.</p>
Children from culturally and/or linguistically diverse backgrounds	<p>A child or young person who identifies as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home or because of their parents' identification on a similar basis.</p>
Clinician	<p>See Health professional.</p>
Cultural competency	<p>A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals that enable them to work effectively in cross-cultural situations.</p>

Early childhood intervention	Engaging as early as possible to work on a child’s developmental, health and support needs. It involves providing specialized support to children and families in the early years (from birth to school entry).
Emotional and psychological harm/abuse	Refers to a parent or caregiver’s ⁸ repeated failure over time to provide a baby, child or young person with adequate non-physical nurturing and emotional availability or uses threats or symbolic acts to frighten them. It may involve rejection, name-calling, put-downs, continual coldness, isolation, terrorizing, corruption (‘mis-socialising’), humiliation or open hostility.
Exploitation (child sexual exploitation)	Child sexual exploitation involves children being forced or manipulated into sexual activity for something – money, gifts, drugs, alcohol or something less tangible such as affection, status or love.
Failure to disclose	Failing to report information about child sexual abuse ¹³ to police is a criminal offence. Any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 has an obligation to report that information to police.
Failure to protect	Failing to protect a child ⁹ under the age of 16 from a risk of sexual abuse ¹³ in this organisation is a criminal offence. It applies where there is a substantial risk that a child under the age of 16 who is under the care, supervision or authority of a relevant organisation will become a victim of a sexual offence committed by an adult associated with that organisation.
Family	Refers broadly to the client or patient and those with a significant personal relationship to the client or patient, including biological relatives, partners, children, parents, siblings and carers. It includes Lesbian, Gay, Bisexual, Trans and Gender Diverse, and Intersex (LGBTI) parent(s) and carer(s).
Family violence	<p>An ongoing behaviour by a person in an intimate or familial relationship that controls or dominates the family member and causes them to feel fear for their safety or wellbeing. The violence gradually undermines the victim’s confidence and ability to leave that person. The severity and frequency of violence often escalate over time. The violence may be physical, sexual, emotional or psychological, social, spiritual and/or economic. Examples include isolating the person from family and friends, controlling access to money, verbal diminishing of self-esteem, prohibiting practicing of religious beliefs, intimidation, threatening, physical abuse, forced or unwanted sexual contact and stalking.</p> <p>Family violence includes behaviour that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviours.</p>
Family-centred practice	Recognises the importance of families in improving outcomes for children. Families are the primary influence on children’s learning and development. In understanding the pivotal role of families in children’s lives, health professionals can play a role in advancing children’s development. Family-centred practice:

- recognises the centrality of families in the lives of children and young people
- is grounded in respect for the uniqueness of every child and family, and a commitment to partnering with families and communities to support children and young people with a delay or disability to learn, grow and thrive puts family life – and the strengths¹⁴, needs and choices of people with a disability and their families – at the centre of service decisions, planning, development, implementation and evaluation.

See [Resources](#) for further information.

Family Services

See [Integrated family services](#).

Health professional

Refers to all clinicians and practitioners working in any health and community environment. It includes people who are employed by health services and who are working in the field of medicine, nursing, midwifery, allied health, social work, counselling, teaching, health promotion, refugee settlement, community work, or another role that works directly with clients of the health service. In some health services volunteers also provide some of these roles and are included in this definition.

Information sharing entity

An information sharing entity can **request** or **disclose** information about any person for the purpose of promoting the wellbeing or safety of a child or group of children.

These organisations/services, prescribed by the Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)¹⁸, are authorised to share and request information under the Child Information Sharing Scheme.

Key principles to sharing information are: to give precedence to the wellbeing and safety of a child or group of children over the right to privacy; to continue to respect the child’s social, individual and cultural identity, and family relationships, and; to only share confidential information to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children.

Refer to [Child and Family-Centred Practice](#).

Prescribed information sharing entities include (but not limited to):

- alcohol and other drug services
- Child FIRST and The Orange Door
- Child Protection
- community-based child and family services
- designated mental health services
- maternal and child health services
- out-of-home care services.

In 2020, other services will be added to this list which **may include** (subject to consultation):

- aged care services
- allied health services
- ambulance Victoria
- community health services
- community housing associations
- disability services
- early childhood services
- hospitals
- midwives.

Integrated family services

Integrated family services provide a comprehensive range of services for vulnerable children (from pre-birth up to 17 years old) and their families to promote children’s safety, stability and healthy development. Services focus on diverting families from child protection and providing early intervention to address problems before they escalate. It includes child and family information, referral and support teams (Child FIRST⁸ / the Orange Door¹⁴).

Go to [Department of Health and Human Services](#) for further information.

Mandatory reporting

Refers to the legal requirement¹⁸ for certain professional groups to report a reasonable belief⁸ of child physical¹² or sexual abuse¹³ to child protection authorities. In Victoria, mandated reporters must make a report to Child Protection⁹, if, in the course of practising their profession or carrying out duties of their office, position or employment:

- they form a reasonable belief¹³ that a child has been or is at risk of significant harm as a result of physical¹² or sexual abuse¹³
- the child’s parents (or carers) have not protected or are unlikely to protect the child from that abuse.

Mandatory reporters include legally qualified medical practitioners, registered psychologists, registered nurses and social/youth/welfare workers who work in the health service field.

Misconduct

See [Reportable conduct](#).

MARAM Framework

The Multi-Agency Risk Assessment and Management Framework¹⁹ is designed to guide services in assessing and managing the risk of family violence.

Neglect

Failure of the parent or carer⁸ to provide for the development and wellbeing of the child in one or more of the following areas: health (e.g. nutrition and medical care), clothing, education, emotional development, shelter and safe living conditions. A child is neglected if they are abandoned or left uncared for over unreasonable periods of time that is inconsistent with their age, stage and development.

Physical harm/abuse

The intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting,

strangling, scalding, burning, poisoning and suffocating. Physical harm may also be the result of neglect¹² by a parent or caregiver⁸ or from failure to adequately ensure the safety of the baby, child or young person. It may be a single act, omission or circumstance or cumulative. Much physical violence against children in the home is inflicted with the object of punishing.

Reasonable belief

See [Belief on reasonable grounds](#).

Reportable conduct

Under the Reportable Conduct Scheme¹⁷, reportable conduct will include allegations against workers or volunteers of child abuse and misconduct involving children. For example, sexual misconduct or offences, grooming, 'sexting', inappropriate physical contact with a child or other conduct that crosses professional boundaries concerning children.

Reportable Conduct Scheme

The Victorian Reportable Conduct Scheme¹⁷ requires reporting to the Commission for Children and Young People¹⁵ by relevant organisations of any allegations of child abuse⁷ and misconduct¹³ towards children made against their staff, volunteers or contractors.

The Commission is responsible for:

- supporting and guiding organisations that receive allegations in order to promote fair, effective, timely and appropriate responses
- independently oversight, monitoring and, where appropriate, making recommendations to improve the responses of those organisations.

There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

The Reportable Conduct Scheme does not replace the need to report allegations of child abuse, including criminal conduct and family violence to Victoria Police. In all circumstances, allegations of criminal conduct must be reported to Victoria Police as the first priority.

Sexual assault

Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child to lower the child's inhibitions in preparation for sexual activity with the child.

Strengths-based approach

A care approach that focuses on the inherent strengths of the child and/or family. It looks for what parents and children do despite problems, how they have tried to overcome their problems, what they do well and explores their aspirations and hopes. The health professional deploys these strengths in their intervention, to improve health outcomes and empowerment. In essence, the goal is to promote the positive, which may be in the family's capacity, skills, knowledge, connections and potential in individuals and communities.

The underlying principles of the strength-based approach¹⁷ include:

- all people have strengths and abilities, and grow and develop from them
- the problem is the problem – the person is not the problem
- the goals of the intervention are developed with the immediate and extended family.

The Orange Door

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children. Child FIRST⁸ is progressively transitioning to The Orange Door, and services are delivered in [local areas](#). [Family Safety Victoria](#) is leading the establishment of The Orange Door.

Vulnerability

The presence of vulnerability factors does not mean that child abuse⁷ or neglect¹² will occur, but health professionals should use their professional judgement to assess their significance in a particular child, young person or family. Vulnerability factors can be interrelated and separate factors can combine to increase the risk of harm to a child or young person.

Sometimes the safety and wellbeing of families and children may be threatened by individual, parental, family or social circumstances. In some cases, these circumstances or vulnerabilities will be time limited. For others, vulnerability can be significant and long-lasting and can affect children into adulthood. What is clear is that vulnerability is a multifaceted problem that may not be readily apparent on an initial presentation at a health service.

Information gained about factors associated with risk or vulnerability should be balanced with information regarding the family's capacity to cope with stressors or problems¹⁸. For example, availability of extended family support, good relationships with friends or neighbours and factors promoting personal resilience need to be taken into account.

Vulnerable populations

Children from all cultural and socio-economic backgrounds are vulnerable to adversity, child abuse⁷ and neglect¹², however, evidence suggests that some are at higher risks of some forms of harm, these groups are:

- Children in situations of family violence
- Aboriginal babies, children and young people⁷
- Children with a disability
- Children with ongoing acute or chronic medical needs

- Children with Fabricated or Induced Illness by Carers (FIIC) – previously known as Munchausen by proxy syndrome
- Children in out of home care
- Children with parents with a drug or alcohol problem
- Children of parents with a mental illness
- Children of a parent with an intellectual disability
- Children involved with [Child Protection](#) or family services.

7. References and Related Documents

7.1 POLICY FOR PROTECTING VULNERABLE CHILDREN

Boort District Health, *Child Safety* policy (accessed January 2019) <http://bdh.vic.gov.au/>

Child Wellbeing and Safety Act 2005 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt10.nsf/DDE300B846EED9C7CA257616000A3571/AEC2C69107CDD517CA25814D007E870B/\\$FILE/05-83aa021%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt10.nsf/DDE300B846EED9C7CA257616000A3571/AEC2C69107CDD517CA25814D007E870B/$FILE/05-83aa021%20authorised.pdf)

Children, Youth and Families Act 2005 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/15A4CD9FB84C7196CA2570D00022769A/\\$FILE/05-096a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/15A4CD9FB84C7196CA2570D00022769A/$FILE/05-096a.pdf)

Children at Risk Learning Portal <http://vulnerablechildren.e3learning.com.au/>

Cobaw Community Health, *Child Safety and Reportable Conduct* policy

<https://www.cobaw.org.au/>

Code of Conduct <https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2018-11/Code%20of%20conduct.docx>

Commission for Children and Young People – resources for organisations on the Reportable Conduct Scheme <https://ccyp.vic.gov.au/child-safety/resources/guides-and-information-sheets/#TOC-2> accessed 28 May 2019

[Information sheet 1: About the Reportable Conduct Scheme](#)

[Information sheet 2: What is reportable conduct?](#)

[Information sheet 3: Responsibilities of the head of an organisation](#)

[Information sheet 4: Investigation overview](#)

[Information sheet 5: Other reporting obligations](#)

[Information sheet 6: Child Safe Standards and Reportable Conduct Scheme](#)

[Information sheet 7: Reporting to the Commission](#)

Department of Health and Human Services – Child FIRST and family services

<https://services.dhhs.vic.gov.au/child-first-and-family-services>

Department of Health and Human Services – services <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/about-child-abuse>

Department of Health and Human Services – standards and guidelines

<https://dhhs.vic.gov.au/publications/standards-and-guidelines>

Department of Health and Human Services – vulnerable children

<https://www2.health.vic.gov.au/about/populations/vulnerable-children>

Department of Health and Human Services, *Child Protection Manual*

<http://www.cpmanual.vic.gov.au/>

Department of Health and Human Services, *Designing for Diversity*

<https://www2.health.vic.gov.au/about/populations/designing-for-diversity> accessed 21 June 2019

Department of Health and Human Services *Healthcare that counts: A framework for improving care for vulnerable children in Victorian health services* 2017

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/healthcare-that-counts-framework>

Department of Health and Human Services, *Identifying Aboriginal and/or Torres Strait Islander children*

<http://www.cpmanual.vic.gov.au/sites/default/files/Identifying%20Aboriginal%20and%20Torres%20Strait%20Islander%20children%20-%20for%20families.pdf> accessed 22 May 2019

Department of Health and Human Services, *Rainbow eQuality Guide*

<https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality> accessed 28 May 2019

Department of Health and Human Services, *Mandatory reporting to child protection in Victoria – generic fact sheet* 2019

<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2019-02/Mandatory%20reporting%20to%20child%20protection%20in%20Victoria%20-%20generic%20fact%20sheet-20190225.docx> accessed 10 June 2019

Department of Health and Human Services, *Working with LGBTI people with disabilities*

<https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality/working-with-specific-groups/people-with-disabilities> accessed 21 June 2019

Echuca Regional Health *Vulnerable Babies, Children and Young People at Risk of Harm Policy and Procedure* (accessed January 2019)

<http://www.erh.org.au/>

National Safety and Quality Health Service Standards, *User Guide for Aboriginal and Torres Strait Islander Health* 2017

<https://nationalstandards.safetyandquality.gov.au/sites/default/files/2018-05/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

The Crimes Act 1958 (Vic) <https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-disclose-offence>

The Crimes Amendment (Grooming) Act 2014 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/D9C89EA3CD5464C4CA257C8A00168E8B/\\$FILE/14-007abookmarked.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/D9C89EA3CD5464C4CA257C8A00168E8B/$FILE/14-007abookmarked.pdf)

The Orange Door <https://orangedoor.vic.gov.au/> accessed 17 May 2019

Victorian Government *Betrayal of trust fact sheet: The new organisational duty of care to prevent child abuse* <https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/betrayal-of-trust-fact-sheet-the-new> accessed 17 May 2019

7.2 POLICY FOR CHILD AND FAMILY CENTRED PRACTICE

Cobaw Community Health *Person, Child and Family Centred Practice* policy (accessed January 2019) <https://www.cobaw.org.au/>

Department of Education and Early Childhood, *Victorian Early Years Learning and Development Framework Evidence Paper Practice Principle 1: Family-Centred Practice Development* by Caroline Cohrssen, Amelia Church & Collette Tayler, <https://www.education.vic.gov.au/Documents/childhood/providers/edcare/evifamilyc.pdf>, accessed 20 May 2019

Department of Health and Human Services, *Best Interests Case Practice Model Summary Guide* 2012 <http://www.cpmmanual.vic.gov.au/sites/default/files/Best%20interests%20case%20practice%20model%20summary%20guide%202012%203002.pdf>

Mental Health Act 2014 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0001F48EE2422A10CA257CB4001D32FB/\\$FILE/14-026abookmarked.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0001F48EE2422A10CA257CB4001D32FB/$FILE/14-026abookmarked.pdf)

The Royal Children's Hospital *Patient and Family Centred Care* policy https://www.rch.org.au/policy/public/Patient_and_Family_Centred_Care accessed 10 June 2019

Victorian Department of Health *Person and Family Centred Care, Standard 2: Partnering with Consumers* 2014 <https://www2.health.vic.gov.au/Api/downloadmedia/%7BC01F2883-E449-4369-96FC-7E0D411244F1%7D>

7.3 POLICY FOR CHILD SAFETY AND REPORTABLE CONDUCT

Child Safe Standards <https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/the-child-safe-standards/>

Cobaw Community Health, *Child Safety and Reportable Conduct* policy (accessed January 2019) <https://www.cobaw.org.au/>

Commission for Children and Young People – Reportable Conduct Scheme <https://ccyp.vic.gov.au/reportable-conduct-scheme/>

Commission for Children and Young People, *A Guide for Creating a Child Safe Organisation* 2018, <https://ccyp.vic.gov.au/assets/resources/CSSGuideFinalV4-Web-New.pdf>

Commission for Children and Young People, *Early Years Reporting Flowchart*, <https://ccyp.vic.gov.au/assets/Uploads/Early-Years-Reporting-Flowchart.pdf> accessed 20 May 2019

Commission for Children and Young People, *Information Sheet 1: About the Victorian Reportable Conduct Scheme* 2018

<https://ccyp.vic.gov.au/assets/resources/RCSInfoSheetUpdates/AboutRCS120718.docx>

Commission for Children and Young People, *Information Sheet 6: Child Safe Standards and the Reportable Conduct Scheme* 2018 <https://ccyp.vic.gov.au/assets/resources/Child-Safe-Standards-and-Reportable-Conduct-Scheme.docx>

Department of Health and Human Services, *An Overview of the Victorian Child Safe Standards* 2015 <https://www.eciavic.org.au/documents/item/1039>

Department of Health and Human Services, *Mandatory reporting to child protection in Victoria – generic fact sheet* 2019 <https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2019-02/Mandatory%20reporting%20to%20child%20protection%20in%20Victoria%20-%20generic%20fact%20sheet-20190225.docx> accessed 10 June 2019

Information sharing schemes and the MARAM framework <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>

Justice and Community Safety, *Failure to Protect: a new criminal offence to protect children from sexual abuse*

https://www.justice.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2018/07/ce/17f8936a6/failure_to_protect_betrayal_of_trust_factsheet_2017.doc accessed 20 May 2019

Justice and Community Safety, *The ‘failure to disclose’ offence*

https://www.justice.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2018/07/f0/bbce5bd2b/failure_to_disclose_betrayal_of_trust_factsheet_2017.pdf accessed 17 May 2019

Working with Children Checks in Victoria <https://www.workingwithchildren.vic.gov.au/>

7.4 POLICY FOR INFORMATION SHARING

Central Victorian Primary Care Partnership, *Vulnerable Children’s Referral Pathways*

<https://centralvicpcp.com.au/hctc-referral/> accessed June 2019

Child Wellbeing and Safety (Information Sharing) Regulations 2018

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/E9BAA1EE1C6E7EAACA2582FE001AD460/\\$FILE/18-119sra%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/E9BAA1EE1C6E7EAACA2582FE001AD460/$FILE/18-119sra%20authorised.pdf)

Department of Health and Human Services, *Mandatory reporting to child protection in Victoria – generic fact sheet* 2019 <https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2019-02/Mandatory%20reporting%20to%20child%20protection%20in%20Victoria%20-%20generic%20fact%20sheet-20190225.docx> accessed 10 June 2019

Health Records Act 2001 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt6.nsf/DDE300B846EED9C7CA257616000A3571/77FAA53ECDC0DA44CA2579030015D701/\\$FILE/01-2aa023%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt6.nsf/DDE300B846EED9C7CA257616000A3571/77FAA53ECDC0DA44CA2579030015D701/$FILE/01-2aa023%20authorised.pdf)

Privacy and Data Protection Act 2014 (Vic)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/05CC92B3F8CB6A6BCA257D4700209220/\\$FILE/14-060abookmarked.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/05CC92B3F8CB6A6BCA257D4700209220/$FILE/14-060abookmarked.pdf)

Victorian Government, *Child Information Sharing Scheme Ministerial Guidelines: Guidance for information sharing entities* 2018 <https://www.vic.gov.au/sites/default/files/2019-05/Child-Info-Sharing-Scheme-Ministerial-Guidelines-accessible.docx>

Victorian Government Family Safety Victoria, *Summary of The Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities*

<https://www.vic.gov.au/sites/default/files/2019-01/Family%20Violence%20Information%20Sharing%20Guidelines%20-%20Summary.pdf> accessed 20 May 2019

Victorian Government, *Child Information Sharing Scheme summary*

https://www.vic.gov.au/sites/default/files/2019-05/Child-Info-Sharing-Scheme-summary-accessible_0.docx accessed 20 May 2019

Victorian Government, *Information sharing schemes and the MARAM framework*

<https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework> accessed 20 May 2019