



# Reporting to Child Protection

## and referring to Child FIRST/The Orange Door

### Child FIRST—Identifying and responding to wellbeing concerns and risk

#### Wellbeing concerns for children

A wellbeing concern is when there are risk factors which have an adverse impact on a child's safety, wellbeing or development but do not place the child at immediate risk of harm.

The impact does not immediately place the child at risk and may be ameliorated by additional supports.

Factors which affect a child's safety, wellbeing or development include:

- significant parenting problems that may be affecting the child's development
- serious family conflict, including family breakdown
- families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- young, isolated and/or unsupported families
- significant social or economic disadvantage that may adversely impact on a child's care or development.

These factors should be balanced with information regarding the family's capacity to cope with stressors or problems.

REFER to Child FIRST  
or The Orange Door.

For more information and locations  
[https://services.dhhs.vic.gov.au/  
referral-and-support-teams'](https://services.dhhs.vic.gov.au/referral-and-support-teams)

## Reporting to DFFH Child Protection- Identifying and responding to children in need of protection

The Children, Youth and Families Act 2005, S162 states a child/young person is in need of protection when:

- the child/young person has been abandoned
- the child/young person's parents are dead or incapacitated
- the child/young person has suffered or is likely to suffer significant harm and the child's parents have not protected, or are unlikely to protect, the child from this harm:
  - physical injury
  - sexual abuse
  - emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged
  - neglect or medical neglect - the child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

The harm may be constituted by a single act, omission or circumstance or accumulate through a series of acts, omissions or circumstances. It does not matter if the above conduct occurred wholly or partly outside Victoria.

REPORT to Child Protection

<https://services.dhhs.vic.gov.au/reporting-child-abuse>

## Why it's important to report to Child Protection for children at risk

**It is important that health professionals act when they believe that a child may be at risk and in need of protection.**

As health professionals we have a duty of care to protect children from harm.

It is a legal requirement for all mandated reporters to report physical and sexual abuse to Child Protection.

For more information regarding mandatory reporting:

<https://providers.dhhs.vic.gov.au/mandatory-reporting>

Children are placed at risk when health care professionals do not make a timely report—which is as soon as practical after the concerns are identified.

Health professionals might know the child and/or family well, however it is likely that they do not have the full picture of their circumstances.

Health professionals do not need to prove that a child is at risk of harm they just need to form a reasonable belief.

## Making a Child Protection report

### 1. ENGAGE the team

### 2. IDENTIFY the child's usual place of residence during business hours, and the corresponding local government area

#### Usual business hours

Contact the intake team for the local government area of the child and make a report by phone

**Contact 000 in an emergency**

#### After hours

Reports regarding concerns about the immediate safety of children outside of business hours can be made seven days per week

**Contact 000 in an emergency**

<https://services.dhhs.vic.gov.au/child-protection-contacts>

After hours Child Protection Emergency Service **13 12 78**

Response from the divisional Child Protection Offices

#### Aboriginal child under CFYA (Aboriginal Children in Aboriginal Care) Sc18

If the concern relates to an Aboriginal child who is the subject of a protection order and in respect of whom an Aboriginal agency has been authorised to act under Section 18 of the CYFA, the report will be directed to the authorised Aboriginal agency by Child Protection.

### 3. CONSULT if unsure at any time of how to make a report consult with your hospital social work department or manager

#### Parental knowledge or consent is not required for a report to Child Protection.

Consideration should be given to the particular circumstances of each case to determine whether or not the parents should be informed—seek guidance from your health service key stakeholders e.g. manager, social work.

Except in limited circumstances provided for in the CYFA, it is unlawful for a person to disclose the identity of a reporter or any information likely to lead to the identification of the reporter without the reporter's written consent.

## What information should be included in the report to DFFH Child Protection or referral to Child FIRST

### Helpful information to include when making a report or referral includes:

- child's name, address, etc.
- relevant health and disability information
- a description of the injury or behaviour observed
- a description of the parental behaviour and why you feel they are unable to protect the child
- an assessment of immediate danger to the child such as the whereabouts of the alleged abuser
- information about any siblings of the child, including names and locations
- information about the child, family, school, support services
- cultural needs if the child is Aboriginal and/or Torres Strait Islander
- cultural needs if the child is CALD
- does the family know you are making a report?
- safety issues?

## If you are unsure

### Making the distinction between children experiencing wellbeing concerns or being at risk can be challenging.

If you are uncertain regarding the situation for the child,

- engage key stakeholders within your multidisciplinary team. These clinicians may include social workers, specialist physicians or those with experience in the area
  - consider whether you require more information, and if you are the best placed clinician to gather this information
  - if in doubt about whether a child is experiencing risk of harm, make a DFFH Child Protection report
- DFFH Child Protection have the capacity to refer the report to Child First/The Orange Door if they do not feel it meets their threshold for statutory intervention.
- Child First/The Orange Door sites have a Community Based Child Protection practitioner who can provide advice to Child FIRST/The Orange Door

## Next steps after reporting to Child Protection or referring to Child First

### Documentation:

It is important to document clearly in the appropriate place in your patient file when making either a referral to The Orange Door/Child First or a Child Protection report.

Include the following items in your documentation:

- clearly time and date the entry
- the rationale for the referral or report (include any professional assessments, observations and the source of the information)
- the full name of the Child Protection intake worker who takes your report
- any plans or agreed upon actions, who is responsible and timeframes for completion

Your organisation or department might also have minimum standards or guidelines regarding documentation for vulnerable children.

### Report outcome:

It is the responsibility of Child Protection to determine whether the available information indicates that a direct response by Child Protection is required and the action to be taken.

### Feedback from report:

- Child Protection will attempt to contact the hospital reporter by phone to inform them of the outcome of a report, unless there are exceptional circumstances, or it is considered not to be in the child's best interests.
- the reporter will be advised of the outcome of the report, but not the outcome of a referral to another service provider or the outcome of an investigation unless the reporter is actively involved in the ongoing service provision, care or support relevant to the child's protection or wellbeing.

## Engage the wider team:

Professional groups within your hospital will have specialist knowledge and training in working with vulnerable children.

Consult your individual organisational procedure regarding vulnerable children to identify these key stakeholders. Key stakeholders may include social workers, specialist medical professionals, counsellors or mental health clinicians. Include these stakeholders in the management of a child wellbeing concern or risk issue. It is likely that they will be critical to the ongoing management of the case after the referral or report has been made.

Tasks that should occur before, during and after a Child First/ The Orange Door referral or a Child Protection report has been made include:

- discharge planning and coordination
- coordinated information sharing between agencies

## Summary

Assessment of wellbeing and risk is multifaceted and complex, and may not be readily apparent on an initial presentation at a health service.

The assessment therefore requires careful continuous gathering of information, including formal assessment, observation and discussion with the child and family.

Utilise the resources available to you within the hospital where possible to assess and intervene in relation to vulnerable and at risk children.

**If at any time it is clear that a child, or children, have been harmed, or at risk of being harmed, report to Child Protection and ensure their safety as soon as possible.**

This educational material has been developed to assist health professionals with decision making about appropriate health care for children and young people. The information in this resource does not indicate an exclusive course of action or standard of care. It does not replace the need for application of clinical judgement to individual cases, or variations based on locality or facility type. This educational material does not constitute legal advice and should not be treated as such. The authors accept no responsibility for any loss incurred as a result of reliance upon the material.

For more information, please contact the Department of Health via email: [healthcarethatcounts@health.vic.gov.au](mailto:healthcarethatcounts@health.vic.gov.au)



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