

# Working together

**'Assessment of the safety and wellbeing of children is not possible without services working together. Working together (through processes that enable information exchange, cooperation, collaboration and agreed approaches to cohesive service provision) is not an optional extra. It is not an enhancement to minimum requirements but is integral to good practice and service provision.'**

(Victorian Child Health Review Committee 2013, cited in Healthcare that Counts, 2017).

## Shared responsibility

Vulnerable children and families enter the health system at a range of different points (such as maternity services, drug and alcohol services, GP clinics and emergency departments) and require a range of health, human services and other professionals to be involved in their care.

All professionals providing support to these children and their families require an understanding of their roles and responsibilities to ensure effective collaboration.

DFFH Child Protection/Aboriginal Children in Aboriginal Care (ACAC) providers, Aboriginal Community Controlled Organisations (ACCOS), Child FIRST/The Orange Door.

## Why collaboration is important

Collaboration is required through all phases of care from the initial assessment where the level of vulnerability and risk of harm is determined or not yet determined, to the delivery of interventions that are responsive to the client's needs and changing circumstances.

In cases where transfer of care becomes necessary, actively managing the transition between health services or between the primary, secondary and tertiary sectors is important. Strong working relationships need to be established, where all parties respect the views of others, in order to provide a coordinated, multidisciplinary, multi agency response that builds the right services around the needs of the child.

Healthcare that Counts, 2017

## Health professionals involved in multidisciplinary/multi agency case management should:

- understand their organisation's policies and processes regarding vulnerable children
- be respectful and open to different views and areas of expertise both in their own fields and within external services such as such as DFFH Child Protection/ACAC and Child First/The Orange Door
- provide information about individual roles and the services they deliver (be clear about the boundaries and limitations of each service and where they need to refer)
- agree on action items or tasks, and document the responsibility and expectations for each of these
- ensure that professionals working with the family agree to set tasks and time frames (this should include arrangements for involving the family wherever possible)
- share information with DFFH Child Protection/ACAC and ensure that health information to DFFH Child Protection/ACAC staff in a manner that is easily understandable

For further information about working together across the health and welfare service systems visit:

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

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## Collaborating can be difficult

Working collaboratively across disciplines and sectors can sometimes be a challenging process, with potential for professional differences and structural barriers to create problems.

### Child safety

It can be challenging to meet all of these competing demands at one time:

- professional priorities
- professional philosophies
- roles
- systems issues
- communication difficulties
- status and perceived power
- organisational priorities
- organisational philosophies
- organisational/team structure

## What happens if we don't agree

**In the event a dispute arises between agencies, it is important to ensure that differences of opinion are addressed as soon as practicable after they arise.**

The resolution of differences should be addressed at an individual and agency level. Professional conduct is critical in dispute resolution.

A dispute resolution process includes:

- clear identification by the parties of the problem or issue
- acknowledgement of relevant goals and interests
- general or practical options to address the problem
- seeking agreement when a preferred option is not agreed
- agreement on an outcome and its implementation
- escalation of the dispute to senior management of both organisations if they are unable to reach agreement.

Check with your health service that a dispute resolution process is in place and maintain regular contact with sector partners so that any disputes can be managed quickly and effectively in the child's best interest.

### Level 1 Practitioner or Supervisor

The concern should be dealt with at the local level between the Child Protection practitioner or ACAC practitioner and the hospital staff involved. This may involve a senior Child Protection practitioner or ACAC senior practitioner and relevant supervisors and managers of the organisation. The aim of the contact will be the resolution of the case-specific problems.

### Level 2 Manager or Director

If Level 1 is unsuccessful, the complaint should be addressed and resolved by the Child Protection Area Operations Manager or Director (depending on area) or for the ACAC the relevant senior position and the appropriate Manager or Director at the health service.

### Level 3 Executive Director

If Level 2 is unsuccessful, the complaint should be addressed and resolved by the Child Protection Area Executive Director or for ACAC the relevant ACCO Director or Executive Director, who may consult with the Executive Director or ACCO Principal Practitioner or equivalent and the health service Executive Director.

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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.

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